



# Health For All

## Overview

California has made great strides in the implementation of the Affordable Care Act. We were among the first states to embrace health care reform from the beginning and as a result millions of people have been enrolled into health care coverage.

According to a recent study by the California HealthCare Foundation, safety-net clinics are providing care to 54 percent of new Medicaid patients who are enrolled in managed care plans.

Unfortunately, millions of Californians remain both uninsured and underinsured. In these situations, people who are sick or injured turn to emergency departments for primary care, or worse, ignore the need for necessary care and treatment.

Community health centers provide primary care to everyone, regardless of their insurance status or ability to pay. Therefore, as the major access point in our most vulnerable communities, community health centers are deeply invested in advancing the effort to provide health care to all.

Our leadership and support for this issue continues, and this May, California will expand state-only Medicaid coverage to another 170,000 children who were previously uninsured due to their immigration status.

## Health for All

The California Primary Care Association has championed state legislation that allows all children to enroll in state-only Medicaid.

In the coming year, CPCA will support state legislation that will expand Medicaid services to everyone, regardless of age or immigration status. This legislation will also allow people to enroll in California's health insurance marketplace without subsidy if they do not meet federal enrollment qualifications.

Enrollment without subsidy will require the state to seek, and the federal government approve, a 1332 Waiver request.

## Immigration Reform

The California Primary Care Association has a long history of supporting immigration reform efforts that includes a path to citizenship for undocumented individuals and health care benefits for everyone, regardless of their immigration status.

CPCA supports President Obama's recent executive action on immigration matters related to DACA (Deferred Action for Childhood Arrivals) and DAPA (Deferred Action for Parents of Americans).

CPCA joined a broad based coalition of advocates who urged, through amicus briefs, both the 5th Circuit Court of Appeals and the Supreme Court to hear United States v. Texas so that they can affirm the President's executive authority on these matters.

## *TALKING POINTS*

- Community health center's mission is to provide high quality care to everyone, regardless of their ability to pay. In California, we provide care to nearly 6 million people, which is 1 in 7 Californians.
- Those 6 million patients include people and communities who, due to their individual circumstances, would not have access to healthcare services if it were not for community health centers. They include people who are low income, underinsured and uninsured, undocumented, homeless, suffering from mental illness and more.
- Community health centers are committed to ensuring that everyone has access to health care, or as we refer to it in California, Health for All.
- In recent years, we have successfully supported the Affordable Care Act and its implementation. We have also supported state legislation that extends state-only Medicaid to children who are not eligible for the federal program.
- This year, we will support state legislation that expands state-only Medicaid to adults and allows people to purchase health coverage, without subsidy, through California's health insurance exchange – Covered California. Our support for DACA and DAPA programs continues as well.



# Integrated Care Vital to Patient Health

## Background

Americans with major mental illness die 14 to 32 years earlier than the general population — a life span on par with sub-Saharan African countries like Sudan and Ethiopia. This statistic shared by Dr. Thomas Insel, former Director of the National Institute for Mental Health, lays out the stark reality of what faces our community.

Community health centers, including Federally Qualified Health Centers (FQHC), have been working to eliminate such disparities nationwide by providing comprehensive health and mental health services to our nation's most vulnerable people and communities for 50 years.

The community health center model of care provides a trusted community resource in a single location where people can access a wide variety of services to improve their health.

We believe that getting the help you need should be a simple and reasonable process that empowers patients to access coordinated services by trusted providers.

## Arbitrary Delays in Care

As currently allowed by Medicaid, California has structured the provider reimbursement rules in a way that prohibits patients from receiving both physical health and mental health services at an FQHC on the same day.

This structure differs from 32 other state Medicaid programs, which allow same day visits for both physical and mental health services. It also runs contrary to federal initiatives like the SAMHSA-HRSA Center For Integrated Health Solutions that encourage mental health and physical health integration.

Believed to be a cost saving measure, patients who require physical and mental health care must make two separate appointments on two separate days regardless of their need or other barriers, such as time off from work, transportation, or childcare requirements.

## Patients First

Community-based primary care is often the first line of defense for detection and treatment of mental health issues, including crisis intervention, and is often the first point of contact to identify and treat individuals who otherwise might face stigma, cultural or other barriers to accessing traditional mental health services.

A January 2015 report from the UCLA Center for Health Policy Research found that 70 percent of behavioral health conditions are first diagnosed in the primary care setting.

When a primary care provider offers their patient a "warm hand-off" to a mental health provider, the patient is more likely to trust the new provider, accept the care, and engage in a treatment plan. Integrated behavioral health also demonstrates positive effects in health promotion and disease prevention in physical health chronic disease management.

Requiring an arbitrary waiting period to receive care creates a significant challenge for those already grappling with mental illness and other challenges of life.

## Request

**California's community health centers strongly support language that federally mandates same-day visit reimbursement in Medicaid.**



# Integrated Care Vital to Patient Health

## *TALKING POINTS*

- A January 2015 report from the UCLA Center for Health Policy Research confirmed that community-based primary care is often the first line of defense for detection and treatment of mental health issues when it found that 70% of behavioral health conditions are first diagnosed in the primary care setting.
- Unfortunately, California has structured its Medicaid rules in a way that prohibits patients at community health centers from receiving both physical health and mental health services on the same day.
- 32 states already allow for these visits to occur on the same day.
- We support language that federally mandates same-day visit reimbursement in Medicaid for all states.
- The original draft of H.R. 2646, Congressman Murphy's mental health legislation and the current draft of S. 1945, Senators Cassidy and Murphy's mental health legislation include such language.
- Addressing our nation's behavioral health crisis cannot wait any longer.



# Health Care Workforce Crisis

## Background

The United States is facing an unprecedented healthcare workforce crisis that touches every aspect of care in community health centers.

- California ranks 32<sup>nd</sup> in physician access.
- Our ratio of primary care physicians in Medicaid is half the federal recommendation.
- Six out of nine regions in California have a primary care provider shortage, with three of those six regions having a severe shortage.
- Thirty percent of our state's doctors are over 60 years-old and are nearing retirement.
- Twenty percent of all physicians devote less than 20 hours per week to patient care.
- Rural Health Centers report that it takes up to two years to recruit health care providers.
- According to a J.P. Morgan Middle Skill Workforce Report, there is high need for middle skill workers in outpatient health care. Nursing, administration, and IT jobs offer long term careers with family-sustaining wages.
- California will need 8,243 additional primary care physicians, or 32 percent of our current workforce, by 2030.

## Limited Resources

- Federal funding for Teaching Health Centers has been cut by nearly 40% per resident.
- The Health Professional Shortage Area scoring system is currently designed in a way that effectively prohibits urban health centers from accessing federal workforce recruitment tools like the National Health Service Corps loan repayment program.
- The President's budget proposal eliminates funding for California's 13 Area Health Education Center (AHEC) Programs.

## Teaching Health Centers

California currently has six Teaching Health Centers, who are community-based primary care training programs committed to preparing physicians to serve the needs of the community.

## National Health Service Corps (NHSC)

The National Health Service Corps (NHSC) is a vital recruitment tool for community health centers in California. According to a 2014 survey of California community health centers, 75 percent of respondents employ NHSC providers.

## Area Health Education Center (AHEC) Program

AHEC's enhance access to quality health care by improving the supply and distribution of healthcare professionals, through community and academic educational partnerships. In 2015, the program had more than one million program participants, including 13,623 from California.

## Empowering Volunteers

The Federal Tort Claims Act (FTCA) currently provides medical malpractice insurance protection to health center employees. If FTCA coverage was extended to health center volunteers, it would empower health centers to expand volunteer-provider programs in both primary care and specialty care services.

## Request

1. **Save our Teaching Health Centers through both short-term supplemental and long-term sustainable funding;**
2. **Fund the National Health Service Corps as detailed in the President's Budget Request;**
3. **Empower health centers to build volunteer-provider programs by extending FTCA coverage to health center volunteers;**
4. **Allocate \$40 million to the Area Health Education Center (AHEC) Program.**

## TALKING POINTS

- The United States is facing an unprecedented healthcare workforce crisis that touches every aspect of care in community health centers.
- California currently ranks 32<sup>nd</sup> in the nation for physician access, and our ratio of primary care physicians in Medicaid is half the federal recommendation.
- The workforce shortage includes not just physicians but also nurses, health care administration, and health information technology workers.
- California's health centers have difficulty recruiting and retaining quality personnel, and we need the help of federal programs to ensure we have the personnel to meet our expanding patient demands.
- To help get us back on track, we are making four requests:
  1. Save our Teaching Health Centers through both short-term supplemental funding in FY 2017 appropriations and long-term sustainable funding through a multi-year authorization;
  2. Fund the National Health Service Corps as detailed in the President's Budget Request - \$380 million. This includes \$70 million in additional funding for behavioral health, opioid treatment and mental health initiatives.
  3. Empower health centers to build volunteer-provider programs by extending FTCA coverage to health center volunteers - a provision to achieve this is included in House and Senate draft mental health bills;
  4. Include \$40 million for the Area Health Education Center (AHEC) Program in FY 2017 appropriations.