



**Ohio Association of Community Health Centers  
Senate Finance Committee  
Testimony on Substitute House Bill 166 – May 28, 2019**

Chairman Dolan, Ranking Member Sykes and Members of the Senate Finance Committee, thank you for the opportunity for the Ohio Association of Community Health Centers (OACHC) to provide testimony on Substitute House Bill 166.

The Ohio Association of Community Health Centers (OACHC) represents all of Ohio's 55 Federally Qualified Health Centers and FQHC Look-Alikes (more commonly referred to as Community Health Centers, or CHCs), providing care to more than 780,000 Ohioans across 345 healthcare delivery sites spread throughout the state. Community Health Centers are non-profit health care providers that deliver affordable, quality comprehensive primary care to medically underserved populations, regardless of insurance status.

For more than 50 years, Community Health Centers have provided integrated whole person care, often times providing **dental, behavioral, pharmacy, vision and other needed supplemental services under one roof.**

Health Center patients are among the nation's most vulnerable populations – people who are isolated from traditional forms of medical care because of where they live, who they are, the language they speak, and their higher levels of complex health care needs. With a proven record of delivering high-quality, low-cost health care, coupled with a strong presence in vulnerable/highest need communities – including impoverished urban neighborhoods, small towns and rural counties where poverty and unemployment are historically high -- Health Centers produce positive results for their patients and the communities they serve while their **costs of care rank among the lowest.**

**Quality Coverage and Care for all Ohioans**

We commend Governor DeWine and the Ohio House for the continued coverage of all individuals under the age of 65 and up to 138% of the Federal Poverty Level. We also applaud the continuation of the current Adult Vision and Dental Medicaid Programs, particularly because its impact directly coincides with the overall health of our low-income children and families as well as it is vital to the sustainability of Ohio's established health care delivery systems in our underserved communities.

Day in and day out, Ohio's Community Health Centers see the tremendous need for greater health care coverage across our state. **Medicaid eligibility levels are directly associated with the enhanced ability of safety net providers like Community Health Centers to invest in primary care capacity, increased access, and the ability to better meet the needs of patients and our communities, particularly our patients on the path to recovery via a greater number of sites, expanded hours of operation and higher staffing levels for clinicians and other personnel.**

### **Fighting Ohio's Opioid Epidemic**

According to a report published in 2017 by the Centers for Disease Control and Prevention (CDC), 130 Americans die every day from opioid overdoses. The CDC further reports that drug overdose deaths are up among both men and women, all races, and adults of nearly all ages with two out of three drug overdose deaths involving an opioid. And in Ohio specifically, the [Ohio Department of Health](#) notes that, “from 2000 to 2017, Ohio’s death rate due to unintentional drug poisonings increased 1,081 percent, and the increase in deaths has been driven largely by opioid-related overdoses. In Ohio, there were 411 fatal, unintentional drug overdoses in the year 2000, growing to 4,854 deaths in 2017.”

With OUD becoming endemic in our state, a bright spot for Ohioans was the extension of coverage through the Medicaid Program. As communities across Ohio cope with a dramatic increase in the prevalence of substance use disorder (SUD), including opioid addiction, health centers are meeting this challenge by providing much needed SUD/Medication Assisted Treatment (MAT) and behavioral health services to their patients. Currently, **more than 75% of Community Health Centers** offer this critical treatment to curb opioid misuse and abuse, coupled with intensive counseling services. In large part, this **growth and focus is because of the resources and access that the extension of Medicaid has offered** to both Health Centers and those fighting the disease of addiction.

We applaud and thank the Governor and the Ohio General Assembly for the many efforts that have been initiated to combat this terrible tide of addiction. This, along with the reauthorization of the Medicaid Program in Ohio, will allow Community Health Centers to remain fully engaged to offer addiction treatment services, along with physical health care, that those fighting this addiction so desperately need to stay on the recovery path.

As Community Health Centers position themselves to be at the forefront of the fight against opioid abuse in underserved communities, several key factors - operational and cultural - must be considered in order to properly address substance use disorders.

### **Strategies for Infant Vitality to Thrive**

OACHC and member Health Centers from all over the state are involved in a number of strategies to decrease Ohio’s rate of infant deaths, including: the Ohio Perinatal Quality Collaborative’s Progesterone Project, CenteringPregnancy, Perinatal Tobacco Cessation Project, Ohio Chapter AAP’s Injury Prevention and Safe Sleep Learning Collaborative, Community Hubs and targeted care management, FQHC Birth Spacing Initiative – to name a few. All are evidence-based interventions that are focused on process and system improvements, and identify a solution to a local need. To that end, we commend local solutions that attack our abysmal infant mortality rates and offer full support to the following priorities included in HB 166:

- ✓ Allowing pregnant women on Medicaid to keep their coverage for 12 months post-delivery
- ✓ Continuation of Infant Mortality grants (\$26M) to nine communities;
- ✓ Support Comprehensive Primary Care (CPC) Program, including enhanced design for children
- ✓ Design for reimbursement around home visiting for healthy moms and babies;
- ✓ Support NAS (Neonatal Abstinence Syndrome) treatment/pregnant, addicted moms and the DYAD care model

### **Facilitating Access to Schools and Communities**

Across the state, over fifty percent of Ohio’s, School Based Health Centers (SBHCs) are sponsored by FQHC (like the nationally recognized Oylar SBHC in Cincinnati), providing continuity for the child(ren) and the entire family, 365 days a year. We commend the Governor for proposing and the House for increasing funding for the Student Wellness and Success Funds. This program would require school districts and

schools to partner with local organizations, such as Community Health Centers, for certain initiatives including mental health and physical health care services. We see the demand for additional investments for health care in our schools, including mental health and wraparound services. **Therefore, OACHC supports School Wellness and Success Funds and respectfully ask the Senate to maintain this pivotal program so Community Health Centers can connect more school-age children and families to comprehensive care.**

Similarly, Community Health Centers are increasingly using telehealth to better meet their patients' needs and to overcome persistent clinical workforce shortages. Telehealth encompasses a variety of technologies used to deliver virtual medical, health, and education services. These technologies include live video, store-and-forward, remote patient monitoring, and mobile health.

**Telehealth services help address geographic, economic, transportation, and linguistic barriers to health care access.** Because Community Health Centers are required to offer comprehensive services in areas of high need, including sparsely populated rural areas, Health Centers are pioneering the use of telehealth to expand access to quality health care services.

Telehealth is a crucial tool to deliver comprehensive primary and preventive health care for all populations, resulting in **better outcomes for patients** (NCSL 2015, *Telehealth Policy Trends and Considerations*). The primary challenge in Ohio, however, is that while many Health Centers have utilized grants and other one-time funding opportunities to integrate telehealth technologies into their practice, **reimbursement for telehealth is critical to the long-term sustainability and full utilization of telehealth services. Reimbursement of telehealth will capture the unmet "potential", and put it into practice, allowing for the full realization of telehealth's impact.**

As such, we support the Ohio Department of Medicaid's efforts to broaden Medicaid's telehealth policy "to facilitate access to behavioral health care in schools". In addition, we commend the Ohio Department of Insurance's provision in the As-Introduced HB 166 requiring health insurers to provide coverage for telemedicine services if the service in question would be covered by the health insurer when provided in person by a health provider. As we understand it, the proposal only applied to commercial insurers. For reasons stated above, **we respectfully request the Senate include the As Introduced proposal broadening Ohio's telehealth policy and apply it to Medicaid insurers as well.**

### **Support and Growth for Front-Line Providers**

According to [U.S. Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Workforce](#), there will be a 1,200 primary care practitioner shortage by 2025. Further, the [Congressional Budget Office](#) notes that there will be an 18 percent increase in demand of primary care physicians through 2023. Coupled with the United States not only facing a shortage but also a maldistribution of primary care physicians, this deficit is of particular concern given that the elderly population continues to grow, and many rural, poor, and minority communities remain medically underserved. However, fewer medical school graduates are choosing primary care as a specialty today than in the past.

The above statement is true not just for physicians, but for many primary care providers. Progress is being made to find students, but there is a growing shortage of clinical sites in the community in which to train them. Recognizing that need, Community Health Centers, along with the Administration and the General Assembly, created the FQHC Primary Care Workforce Initiative (PCWI) during the FY16-17 operating budget.

This line item, housed in the Department of Health, is **the only primary care workforce strategy exclusively targeting underserved populations in the state**. The funds are used to provide a stipend to the Community Health Centers who bring on primary care students (medical and dental students, APNs, PAs, and behavioral health) for clinical rotations and expose students to the advanced Patient Centered Medical Homes (PCMH) model of practice and provide a standardized, high-quality educational experience. Checks and balances are built into the program to ensure quality rotations are provided: only Community Health Centers nationally recognized as a PCMH are eligible to participate, and the stipend to the Health Center is only awarded if the student rates their experience 4 out of 5 or higher in their student evaluation. This Program helps health centers address the loss of productivity associated with precepting students.

To date the program is at teaching capacity. Our three-year data (July 1, 2015 to June 30, 2018) shows:

- 40 participating Health Centers
- 3,076 Student Rotations
- 92 Health Professional Programs representing 50 schools/universities placed students
- Student evaluations of their clinical experience received at the Health Center averaged 4/5

Bottom line, Ohio needs well-trained health care professionals who want to practice primary care in our underserved areas, particularly as we combat public health crises like Ohio's abysmal rates of infant deaths and the opioid epidemic. **Ohio Community Health Centers want to turn medical, dental, behavioral health, PA and APRN students on to primary care, keep them in Ohio and bring them back to work with our underserved populations, and OPCWI is the key.**

While HB 166 As Introduced unfortunately did not include funding for the Ohio Primary Care Workforce Initiative (Line 440-465), we commend the House for including funding for PCWI at \$1.3 million per SFY. However the demand from our Community Health Centers to participate in OPCWI is growing and if Ohio wants to succeed and lead in areas such as infant vitality, school wellness and fighting the opiate epidemic, we must grow our primary care workforce, not remove capacity to do so particularly in our underserved communities. Therefore, **we respectfully request funding for this critical pipeline initiative (OPCWI) be fully restored back to 2016/17 funding levels in ODH ALI 440465 / \$2,686,688 per SFY so Ohio Community Health Centers can continue to teach, inspire and put to work our next generation of the primary care workforce.**

### **Summary**

In closing, as we think about reinventing our health care delivery system to emphasize prevention and primary care, push to deliver more cost-effective and patient-centered comprehensive care for all Ohioans, including those on their path to recovery, Community Health Centers are uniquely positioned to continue to lead this transformation and make it a reality. We look forward to partnering with the Ohio General Assembly to keep Ohio healthy. On behalf of our 55 member Health Centers and 780,000+ patients served, the Ohio Association of Community Health Centers appreciates the opportunity to submit testimony on HB 166. Please contact Julie DiRossi-King at [jdirossi@ohiochc.org](mailto:jdirossi@ohiochc.org); 614.884.3101 with questions or further information.