



House Finance and Appropriations Subcommittee on Health and Human Services
Testimony of the Ohio Association of Community Health Centers • House Bill 64
Submitted March 18, 2015

Chairman Sprague, Ranking Member Sykes, and Members of the Health and Human Services Subcommittee,

The Ohio Association of Community Health Centers (OACHC), represents all of Ohio's 44 Federally Qualified Health Centers and FQHC Look-Alikes (commonly referred to as Community Health Centers) serving over 550,000 Ohioans annually. For over 50 years, Community Health Centers have offered a unique, innovative model of care that sets them apart from other primary care providers. Health Centers reduce or eliminate barriers to care and health disparities, improve health, and lower health system costs – while allowing communities to actively lead in the direction of their own care. Health Centers target underserved communities and populations where care is needed but scarce and accept all patients regardless of insurance status, and tailor their services to fit the special needs and priorities of their diverse communities. Their comprehensive model reaches beyond the traditional scope of primary care to include dental, mental health and substance abuse, vision, and pharmacy services, offering much more than medical care. Health Centers also offer services that remove common, persistent barriers to accessing health care, such as transportation, translation, insurance enrollment, case management, health education, and home visitation.

Approximately 220 Health Center delivery sites serve over 562,000 patients in Ohio, 94% of which are low income (below 200% FPL) and 71% have family incomes at or below poverty (100% FPL). In the past year, the rate of uninsured patients has decreased from 32% to 19% while Medicaid patients have increased by approximately 10% making up approximately 53% of all Ohio Health Center patients.

The Governor's proposed budget continues to reform Ohio's Medicaid Program, supports care development models and supportive services that are person-centered while requiring some personal responsibility on the part of participants. We believe this budget makes changes which will lead to improved health outcomes and lower overall health system costs while also implementing new efficiencies to the benefit of all Ohio taxpayers. We also support dollars included in this budget to support an FQHC/FQHCLA primary care workforce initiative.

Governor's Proposed Budget Includes FQHC Primary Care Workforce Strategy

As we think about reinventing our health care delivery system to emphasize prevention and primary care, and push to deliver more cost-effective and patient-centered comprehensive care, Community Health Centers are uniquely positioned to lead this transformation and make it a reality. Specifically, Ohio's Community Health Centers stand ready to expand access to high quality, affordable primary and preventive care to underserved Ohioans, and bring needed health care professionals who will stimulate economic activity in some of our most economically hard-pressed communities.

According to the American Academy of Family Physicians, various studies and projections show a current and predicted worsening primary care physician shortage. With nearly 209,000 primary care physicians in 2010, the United States will require almost 52,000 additional primary care physicians by 2025. 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 access to health insurance will likely increase substantially, 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 illustrates the physician side of the primary care equation, but this is certainly also true for Advanced Practice Nurses (APNs) and Physician Assistants (PAs). And while there appears to progress toward growing an adequate U.S. health care workforce, it is threatened by the escalating shortage of clinical training sites to accommodate many of our learners.

HB 64 *As Introduced* includes funding (440-465; \$2.68M per FY) for a FQHC/FQHCLA primary care workforce strategy. **Eighty-four (84) of our health care delivery sites have received national recognition as Patient-Centered Medical Homes, and the remaining (as applicable) are well on their way.** And even more, we are developing person centered medical neighborhoods and understand what primary care clinicians do and how it all works together in the medical neighborhood for increased value at decreased cost.

As leaders in advanced primary care, coupled with recent investments that have allowed many of our facilities to modernize and increase their literal space and functionality coupled with the Medicaid EHR Incentive Program which has enabled nearly 100% EHR adoption, Community Health Centers are uniquely poised to teach, inspire, and put to work our next generation of primary care providers. Our goal is to expose students to PCMHs in practice and provide a standardized high quality educational experience while accounting for the loss of productivity associating with precepting. These structured clinical experiences in our modern primary care FQHC sites will lead to increased primary care capacity in some of the most depressed and underserved neighborhoods.

HB 64 and Medicaid

We commend the Governor for his 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. Expanded Medicaid eligibility levels are directly associated with the enhanced ability of safety net providers like Community Health Centers to invest in capacity, increase access and better meet the needs of patients and our communities.

Simply put, Health Centers have seen many presently uninsured patients become Medicaid enrollees and access primary and preventative health services at a greater rate than before. Health Centers have also invested in more patient capacity through a greater number of locations, expanded hours of operation and higher staffing levels for clinicians and other personnel. We also believe that providing health care coverage to additional people will save the state money over the long term and immediately begin to save lives. People without insurance who don't have access to primary and preventative care get more sick, do not treat their chronic diseases and end up costing the entire system far more than if they were covered and managed through Medicaid and sought appropriate care at the right time and in the appropriate cost-effective primary care setting.

Further Opportunities for Transformation in HB 64:

HB 64 *As Introduced* reduces the eligibility limit for pregnant women from 200% of FPL to 138% and eliminates programs serving women with breast and cervical cancer. While we understand the strategy to move these women from Medicaid to the marketplace, we do not believe now is the appropriate time for such a transition and advocate for restoration of the 200% eligibility limit.

The federal marketplace Ohio uses for coverage has just a single enrollment period each year panning 3 months, and becoming pregnant is not a qualifying event for a special enrollment period outside the three month enrollment window. Thus, if a woman was unable to secure coverage in the marketplace and is between 138% and 200% of FPL, then becomes pregnant, she will be without health care coverage until the next open enrollment

period. This hypothetical situation certainly will not assist with improving Ohio's abysmal infant mortality rating. Keeping the eligibility level at 200% FPL ensures Ohio women do not fall into this coverage gap and will have a path to access the prenatal care they need.

Women who may need the Breast and Cervical Cancer Program (BCCP) are put in a similar situation with regards to obtaining coverage through the federal marketplace. Because of the same federal guidelines regarding what is a qualifying event for a special enrollment, we support the existing eligibility levels for this program and not those proposed for reduction in HB 64 *As Introduced*. As Ohio rightly focuses in on reducing our infant mortality rate, it would not appear now is the time to erase the path to healthcare coverage.

And finally, we note that the Governor's budget proposal includes the concept of charging premium to Medicaid Group 8 enrollees with incomes between 100 and 138% FPL. Community Health Centers are very familiar with the concept of "skin in the game" as we do charge all our uninsured patients fees based on a sliding scale that reflects ability to pay. We remain hopeful that the Administration's premium proposal to be outlined in a future State Plan Amendment will include maximum flexibility and not include unyielding rules that leave some of our most vulnerable Ohioans without necessary coverage.

In closing, and on behalf of our 44 member Health Centers and 562,000 patients served, the Ohio Association of Community Health Centers appreciates the opportunity to submit testimony on HB 64. Please contact Julie DiRossi-King at jdirossi@ohiochc.org; 614.884.3101 with questions or further information.