



**Ohio Association of Community Health Centers
House Finance Committee
Testimony on House Bill 33
April 19, 2023**

Chairwoman Edwards, Ranking Member Sweeney, and Members of the House Finance Committee, thank you for the opportunity for the Ohio Association of Community Health Centers (OACHC) to provide written testimony on Substitute House Bill 33, state operating budget.

The Ohio Association of Community Health Centers (OACHC) supports all of Ohio's 57 **F**ederally **Q**ualified **H**ealth **C**enters and FQHC Look-Alikes (more commonly referred to as Community Health Centers), providing care to nearly a million Ohioans across 485+ sites spread throughout 76 of Ohio's 88 counties. Community Health Centers are non-profit health care providers that deliver affordable, quality comprehensive primary care to medically under resourced populations, regardless of insurance status.

While there are many areas, we support in Substitute HB 33, we appreciate the opportunity to highlight a few priorities and requests on behalf of Ohio's Community Health Centers.

OACHC fully supports continued access to quality, affordable health care for Ohioans, development of Ohio's healthcare workforce, particularly in under resourced areas, investments in student wellness and success, and school-based health centers. **Additionally, OACHC respectfully urges the removal of a burdensome, duplicate regulation by Ohio Mental Health and Addiction Services (OMHAS) for Ohio's Community Health Centers.**

Removal of Duplicative Certification

OACHC respectfully urges an exemption for Ohio's Community Health Centers from provisions included in HB 33 requiring all mental health, alcohol, and addiction treatment services to be certified by Ohio Department of Mental Health and Addition Services (OMHAS) unless exempt under state law.

Community Health Centers are highly regulated by the Health Resources and Service Administration (HRSA) under the U.S. Department of Health and Human Services. HRSA holds the Health Center program to high quality, financial, administrative, and clinical standards with required annual data reporting, and onsite reviews. For many years, Health Centers have been strongly encouraged by HRSA to integrate behavioral health services onsite and as such, have been partnering with the state in many areas where mental health and substance use treatment services are in critical need.

It is important to note, Community Health Centers are **not** primarily mental health or substance use providers and do not provide Opioid Treatment Programs (OTPs), residential care nor other higher levels of care. Community Health Centers are primary care providers who are practicing evidence-based integration of whole person care into primary care. This includes psychiatric diagnosis, medication management, substance use disorder/ Medication Assisted Treatments, and counseling services to all at an outpatient level of care and in conjunction with primary care delivery. Furthermore, the requirement

for Health Centers to be accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA) is largely not applicable as these accreditations don't relate to brief interventions or clinical counseling models integrated into primary care organizations (like Community Health Centers) but rather standalone community mental health and addiction treatment providers.

Due to Health Centers' already stretched workforce and resources, an additional certification would be an expensive administrative burden and barrier to care. If Community Health Centers are required to be certified by OMHAS plus pursue an additional accreditation that is far less than applicable, and report additional and likely duplicate data, many Community Health Centers will be forced into a situation to stop providing vital treatments and mental health services. These barriers to care are not only unnecessary but will likely decrease access for many parts of Ohio already challenged by the opioid/fentanyl crisis, in addition to depleting access to basic mental health care which is in extremely high demand. **We strongly urge removing this duplicative, burdensome requirement for Ohio's Community Health Centers.**

Development of Ohio's Healthcare Workforce

As we have seen across all industries, workforce is a major obstacle to productivity. This is especially true in health care, and even more so in under resourced areas. Understanding Ohio must approach its workforce shortage from all angles, OACHC applauds the Ohio House of Representatives and the Ohio Department of Medicaid (ODM) for including Medicaid provider rate increases in its priorities. Community Health Centers along with other healthcare systems of care are struggling from the operational impact of COVID-19, compounded with significant inflationary pressures. **OACHC respectfully requests Community Health Centers be included in the rate increases to help facilitate Health Center workforce capacity and yield greater access to care for Medicaid recipients.**

Additionally, in its eighth year, the Primary Care Workforce Initiative (PCWI) is the only primary care workforce strategy in Ohio that exclusively targets under resourced populations. As burnout, staff shortages and the struggle to keep up with inflation increases, Ohio needs well-trained health care professionals who want to practice primary care in Ohio and serve our most vulnerable. PCWI hosts medical, dental students, nurse practitioners, behavioral health workers and Physician Assistants for clinical rotations in our Community Health Centers across Ohio. PCWI's goal is turning these students on to primary care, keeping them in Ohio, and orienting them towards caring for the under resourced in their future practices. **We are sincerely grateful for the continuation of level funding (\$5.4M over biennium) for this program, Line Item 440465 housed at the Ohio Department of Health, in HB 33.**

Summary

As Ohio continues its path to success, there remains an increased demand for quality, comprehensive primary care and the workforce to deliver more cost-effective and accessible care for all Ohioans. Community Health Centers are uniquely positioned to provide this care. We look forward to collaborating with the Ohio General Assembly to keep Ohio healthy and successful. On behalf of Ohio's 57 Community Health Centers and nearly a million patients served, the Ohio Association of Community Health Centers appreciates the opportunity to provide testimony for your review. Please feel free to reach out with any questions to Julie DiRossi-King, Chief Operating Officer of OACHC at 614-884-3101 or jdirossi@ohiochc.org.