



**Ohio Association of Community Health Centers  
Senate Finance Committee  
Testimony on Substitute House Bill 110  
May 13, 2021**

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 110.

The Ohio Association of Community Health Centers (OACHC) supports all of Ohio's 57 Federally Qualified Health Centers and FQHC Look-Alikes (more commonly referred to as Community Health Centers, or CHCs), providing care to more than 854,000 Ohioans across 431 healthcare delivery sites spread throughout 74 of Ohio's 88 counties. 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 55 years, Community Health Centers have provided integrated whole person care, often times providing medical, dental, behavioral, pharmacy, vision and other needed supplemental services under one roof. While each is distinct, they share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent and community directed.

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. When COVID-19 hit Ohio last year, no one could predict the impact it would have on all of us. Ohio's Community Health Centers have been, and continue to be, at the front lines protecting and providing health care to their patients, staff, and communities. A few examples of their rapid response:

- Serving as community testing sites including walk-up or drive-thru testing
- Providing COVID-19 vaccines
- Reconfiguring clinic space to care for both well and sick individuals
- Offering medical and behavioral health services via telephone and/or audio-visually
- Continuing to care for people with and without health insurance
- Working closely with public health and hospitals to plan and care for peak infection rates, keep hospitals at or below capacity, and to provide follow-up care after hospital discharge
- Providing needed flu vaccines
- Helping to address the backlog of primary care

We have been honored to partner with state on COVID-19 response and recovery and see a continuation of this commitment to Ohio's future with Substitute HB 110, Governor DeWine's proposed and the House passed, FY 2022-2023 state budget.

Specifically, we are in full support of the continued **access to quality, affordable health care** for Ohioans. In addition, the focus on **continued development of Ohio’s primary care workforce, particularly in our underserved areas**, is encouraging for our future health care providers and the patients they will serve. Likewise, we believe the investments included in Sub. HB 110 regarding **student wellness and success, infant and maternal vitality, and health equity** will ensure our future generations have a foundation to lead healthier lives.

### **Quality Coverage and Care for all Ohioans**

We commend Governor DeWine and the 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.

Ohio’s Community Health Centers see the tremendous benefits of having 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 extended hours of operation, opening additional sites and the ability to better meet the needs of patients and our communities especially during a pandemic.** This coverage has been key in expanding access to Ohioans, since 2018 Ohio went from 55 CHC organizations comprising of 330 sites to 57 organizations with 431 sites.

### **Patient-Centered Care**

In addition to continued coverage, we commend the commitment to modernizing the Medicaid and Managed Care system and providing quality care in Ohio. We support the Department of Medicaid’s efforts and the resources included in Sub. HB 110 to implement a redesigned managed care program with the patient at the center.

Furthermore, with the patient at the center, OACHC promotes enhancing care coordination and increasing quality outcomes through value-based payments. Included in Sub. HB 110 is the continuation of ODM’s Comprehensive Primary Care (CPC) Program and CPC for Kids. OACHC and its health center members have been a part of this initiative from the start with 30 health center organizations (across 127 sites) in 2019, to currently 40 health center organizations (across 173 sites) participating in CPC. For CPC Kids, which started in 2020, the growth has been from 32 health center organizations (across 135 sites) to 35 health center organizations (across 148 sites) in just one year. These patient-centered practices work to elevate the primary care infrastructure to improve quality care while lowering costs. OACHC is in full support of the continued investment in this budget to improving patient-centered, healthier futures for all Ohioans.

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

There are more than 73 FQHC sponsored School Based Health Center sites (SBHCs) across the state that emphasize prevention, early intervention and risk reduction. The specific services provided by school-based health centers vary based on community needs and resources as determined through collaborations between the community, the school district and the health care providers<sup>1</sup>.

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<sup>1</sup> <https://www.hrsa.gov/our-stories/school-health-centers/index.html>

Currently, the Student Wellness and Success Funds (SWSF) requires 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 direct access to mental health and wraparound services. OACHC is supportive of this initiative and with the funding from the last budget, there has been an expansion in school-based health centers and new partnerships providing much needed services to our children and families. Since 2018 we have seen a 66% increase in SBHCs (44 in 2018 to 73 in 2021).

As part of the school funding proposal included in Sub. HB 110, initiatives including SWSF are part of the disadvantaged pupil impact aid and requires a district to develop a plan for using these funds in coordination with both a board of alcohol, drug and mental health services and a community partner of which FQHC/LA are listed. Community Health Centers are a key partner in connecting more school-age children and families to comprehensive care, and particularly the growth of SBHCs. **OACHC supports SWSF and respectfully requests that Community Health Centers continue to be listed as a partner in these efforts regardless of where the SWSF are held.**

#### **Support for infant, maternal vitality and improving health equity**

As many of our underserved communities battle COVID-19 they continue to fight against abysmal rates of infant and maternal deaths and health inequity. OACHC and health centers from all over the state are involved in a number of strategies to decrease Ohio's rate of infant deaths. These include but aren't limited to: 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 focused on process and system improvements.

OACHC supports initiatives included in Sub. HB 110 that continue focus and resources to promote women and infant health before, during, and after pregnancy and reduce disease and death among mothers and babies with special attention to reducing racial and ethnic differences in these health outcomes.

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

As Ohio prepares for life after the pandemic and continues to address ongoing public health issues such as the opiate epidemic and infant and maternal vitality, workforce will be key to Ohio's recovery and success. In its sixth year, the Ohio Primary Care Workforce Initiative (PCWI) is the only primary care workforce strategy in Ohio that exclusively targets underserved populations. **We applaud Governor DeWine and the House for including level funding (\$5.4M over biennium) for this program, Line Item 440465 housed at the Ohio Department of Health.**

Ohio, like much of the nation, faces primary care workforce shortages, which are exacerbated by the maldistribution of our primary care workforce. The US Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis' report, November 2016, projects that Ohio will have a deficit of 1,200 FTE primary care physicians by 2025. These bleak projections are despite the fact that there are seven medical colleges in Ohio, training future doctors. While these figures focus on physicians, they demonstrate the challenges in meeting the future need for primary care workforce in Ohio, which is only compounded in our medically underserved communities when the maldistribution of providers is factored into the equation.

Fully integrated primary care teams lessen this projected shortage, however it does not solve the issue: Ohio needs well-trained health care professionals who want to practice primary care in our underserved areas. 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 underserved in their future practices.

This line item 440465, housed in the Department of Health, provides a stipend to the Community Health Centers who bring on primary care students 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.

Our five-year data (July 1, 2015 to June 30, 2020) shows:

- ✓ 51 participating Health Centers
- ✓ 599,211 Student Clinical Hours
- ✓ 117 Health Professional Programs representing 92 schools/universities placed students
- ✓ Student evaluations of their clinical experience received at the Health Center averaged 4.5/5

We have seen that PCWI is working as intended, of the participants OACHC has been able to locate, there have been over 500 nurse practitioners, over 70 behavioral health workers, at least 16 dental PCWI participants hired in Ohio CHCs.

Sub. HB 110, at \$5.4M over the biennium provides level funding for PCWI. It is important to note this funds the program at 2016 funding levels. Over the years, the demand from our Community Health Centers to participate in PCWI is growing however at the same time we recognize the difficult decisions policymakers are tasked with in balancing Ohio's budget, especially during a pandemic. As such, **OACHC respectfully requests to maintain this level funding for PCWI.** If Ohio wants to succeed in providing care during and after COVID-19 and invest in combating the opioid epidemic, reducing Ohio's abysmal rates of infant and maternal deaths, we need a strong foundation of primary care-PCWI is the key!

### **Summary**

In closing, as Ohio continues on its path to recovery from COVID-19 pandemic, there will be increased demand for quality, comprehensive primary care and the workforce to deliver more cost-effective and patient-centered comprehensive care for all Ohioans. Community Health Centers are uniquely positioned to continue to lead this transformation and make it a reality. We look forward to collaborating with the Ohio General Assembly to keep Ohio healthy.

On behalf of Ohio's 57 Community Health Centers and 854,000+ patients served, the Ohio Association of Community Health Centers appreciates the opportunity to submit testimony on HB 110. Please contact Julie DiRossi-King at [jdirossi@ohiohc.org](mailto:jdirossi@ohiohc.org); 614.884.3101 with questions or further information.