

Ohio Association of Community Health Centers Written Testimony on Substitute Senate Bill 229 Senate Health, Human Services and Medicaid Committee May 22, 2018

Chairman Burke, Vice-Chair Beagle, Ranking Member Tavares, and Members of the Senate Health, Human Services and Medicaid Committee, on behalf of the Ohio Association of Community Health Centers (OACHC), thank you for the opportunity to provide written testimony in support of Senate Bill 229, and specifically the amendment to exempt Federally Qualified Health Centers and FQHC Look-Alikes from additional licensure requirements.

Health Centers Fight Ohio's Opioid Epidemic

In 2017, Ohio's 50 Federally Qualified Health Centers and FQHC Look-Alikes delivered accessible, affordable, high-quality care to more than 751,000 Ohioans – regardless of patient insurance status or ability to pay. Ohio's Community Health Centers offer an innovative model of care that removes barriers and health disparities, lowers health system costs and allows communities to lead in the direction of their own care.

Ohio Community Health Centers are leaders in integrating medical care, behavioral health, substance use treatment, dental, vision, pharmacy, and other services all under one roof. 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 services to their patients.

Specifically, many Health Centers across the state have improved and expanded the delivery of substance abuse treatment services with a specific focus on Medication-Assisted Treatment (MAT) of opioid use disorders. Currently, **more than 80% of Community Health Centers** offer this critical treatment to curb opioid misuse and abuse, coupled with intensive counseling services. Furthermore, Ohio FQHCs are also working with their local drug courts specializing in the adjudication and treatment of offenders who use drugs. Through this partnership and collaboration with drug courts, judges, court personnel and other treatment providers, we are closing the gap on the cycle of crime and drug use of offenders.

OACHC Supports Substitute Senate Bill 229: FQHC Exemption

OACHC is in full support of exempting Federally Qualified Health Centers and Federally Qualified Health Center Look-alikes (FQHCs, FQHC-LAs) from additional licensure requirements. As noted in the amendment, "FQHCs provide services in underserved areas and are operated by non-profits with governing boards. They are typically already licensed by the Board (of Pharmacy) as terminal distributors because they often possess drugs on-site. They are certified by the federal government and must provide comprehensive health services. Therefore, the Board feels that they should be exempted from licensure." The opioid epidemic continues to ravish many of our rural and urban neighborhoods – no area or population is left unscathed. Many Ohio Health Centers have years of experience working in communities that have been struggling with opioid addiction long before the unfortunate surge. To maximize their ability to provide high-quality, comprehensive primary and behavioral health care to some of Ohio's most vulnerable patients, health centers should be permitted to use every evidence-based method available to treat their patients, without facing barriers. On behalf of our now 52 Community Health Centers, we appreciate the opportunity to provide testimony on Substitute SB 229. Please contact Julie DiRossi-King at jdirossi@ohiochc.org; 614.884.3101, ext. 226 with questions or for further information.

About OACHC

The Ohio Association of Community Health Centers (OACHC) represents Ohio's <u>F</u>ederally <u>Q</u>ualified <u>H</u>ealth <u>C</u>enters and FQHC Look-Alikes (more commonly referred to as Community Health Centers), providing care to more than 751,000 Ohioans in over 300 health care delivery sites. Community Health Centers are non-profit health care providers that deliver affordable, high quality and comprehensive primary care to medically underserved populations, regardless of insurance status.