



**Ohio Association of Community Health Centers
Senate Finance Committee
Testimony on Substitute House Bill 33
June 8, 2023**

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 written testimony on Substitute House Bill 33.

OACHC supports all of Ohio's 58 **F**ederally **Q**ualified **H**ealth **C**enters and FQHC Look-Alikes (commonly referred to as Community Health Centers), providing care to nearly a million Ohioans across 497+ sites spread throughout 76 of Ohio's 88 counties. FQHCs are non-profit health care providers that deliver affordable, quality comprehensive primary care to medically under resourced populations, regardless of insurance status.

For more than 55 years, FQHCs 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.

We commend the Senate's leadership in investing in workforce and removing burdensome, unnecessary regulation in Substitute House Bill 33, FY 2024-2025 state operating budget. While there are many areas we support in Sub HB 33, we appreciate the opportunity to highlight a few priorities and requests on behalf of Ohio's FQHCs.

OACHC strongly supports continued **access to quality, affordable health care** for Ohioans, **development and support for Ohio's healthcare workforce, particularly in under resourced areas**, investments in **student wellness and success, and school-based health centers**. Additionally, OACHC greatly appreciates the removal of **a burdensome, duplicate regulation by Ohio Mental Health and Addiction Services (OMHAS)** for FQHCs. These investments and requests align with the Health Center mission to reduce health disparities by providing access to comprehensive, quality, and affordable health care to all Ohioans regardless of their insurance status, and ensures our future generations have a solid foundation to lead healthier lives.

Quality Coverage and Care for Ohioans

We commend Governor DeWine and the OHR 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 the 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 under resourced communities.

It has been well documented that enrollment in health insurance coverage supports the health and well-being of individuals and communities. Ohio's FQHCs see firsthand these benefits: access to care; positive health outcomes; appropriate usage of health care resources; and the reduction of financial strains for individuals, families, in every community across the state. **Medicaid eligibility levels are also directly associated with the enhanced ability of FQHCs to invest in primary care capacity, increase access and extend hours of operation, and open additional sites to better meet the needs of patients and our communities.** The reflection of this access is noted in our growth, even during a pandemic – since 2018 Ohio has increased locations by 47% (330 sites in 2018 to 497 at the time of this testimony).

Support infant and maternal vitality

OACHC supports initiatives that advance focus and resources to promote maternal and infant health before, during, and after pregnancy. OACHC is committed to multipronged approaches that avoid all preventable maternal and infant deaths and improves maternal health and health equity in Ohio. We commend Governor DeWine and OHR for including expansion of **coverage for new and expectant mothers and children up to 300% FPL and the OHR for including continuous Medicaid eligibility for children ages 0-3years and respectfully ask the Senate to restore these provisions in Substitute HB 33.**

OACHC, in collaboration with FQHCs from all over the state, are involved in a number of evidenced-based 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. We firmly believe that partnering innovative interventions with healthcare coverage will increase Ohio's success against its abysmal infant and maternal vitality rates particularly among women and families of color.

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. 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. **We applaud the Governor, OHR and Senate for including level funding (\$5.4M over biennium) for this program, Line Item 440465 housed at the Ohio Department of Health.**

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 FQHCs 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.

This line item 440465, housed in the Department of Health, provides a stipend to the FQHCs 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 FQHCs recognized as a PCMH and/or participating in the Ohio Department of Medicaid's Comprehensive Primary Care Program (CPC) 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.

PCWI data (July 1, 2015 to June 30, 2022) shows:

- ✓ 49 participating Health Centers
- ✓ 773.465 Student Clinical Hours
- ✓ 132 Health Professional Programs representing 98 schools/universities placed students
- ✓ Student evaluations of their clinical experience received at the Health Center averaged 4.5/5
- ✓ 709 PCWI participants hired by FQHCs

We hear from our FQHCs that PCWI is their best recruitment and retention tool; and seeing more than 700 participants hired is proof! If Ohio wants to grow its workforce and succeed in providing quality care and working to combat priorities like preventing overdoses and reducing Ohio's abysmal rates of infant and maternal deaths, we need a strong foundation of primary care. As such, **OACHC respectfully requests to maintain this level funding for PCWI.**

Understanding Ohio must approach the workforce shortage from all angles, OACHC appreciates the Ohio Department of Medicaid (ODM) for including Medicaid provider rate increases. FQHCs along with other healthcare systems are struggling from the operational impact of COVID-19, and inflationary pressures. **OACHC commends OHR for including and the Senate maintaining FQHCs in the rate increases and believes this will help support workforce and yield greater access to care for Medicaid recipients.**

Investment in Student Wellness and Success and School-Based Care

In Ohio, more than half of the School Based Health Centers (SBHCs) are operated by an FQHC and emphasize prevention, early intervention, and investments for health care in our schools. 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 health care provider(s)¹.

SBHCs play a critical role in improving children's access to healthcare and closing gaps in health and education outcomes. Students who are sick or who have unaddressed health conditions such as dental or vision issues often cannot focus inside the classroom, fall behind and are more likely to miss school altogether. Healthy students learn better and in turn, are better equipped to reach their full potential. **OACHC commends OHR for including \$15M funding for school-based health care via the Department of Health and respectfully asks the Senate to restore this funding to expand existing and support new SBHCs.**

Another tool for community partners and schools to provide for their students and communities is the Student Wellness and Success Funds (SWSF). This program requires school districts and schools to partner with local organizations, such as FQHCs, for certain initiatives including mental health and physical health care services. There are examples of success in this initiative, however we know the demand is far greater. **OACHC is supportive of this initiative and guardrails of reporting and using 50% for mental health and physical health care services.** Across Ohio, SBHCs are being deployed as a leading, evidence-driven model for advancing school-based health care and we look forward to continuing this progress with support from the state.

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

Proposed Certification Requirement

OACHC commends the Senate for removing burdensome, duplicative provisions included in Sub HB 33 that would have required FQHCs providing mental health, alcohol, and addiction treatment services to be certified by Ohio Department of Mental Health and Addition Services (OMHAS). FQHCs are highly regulated by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), held to high quality standards and required quality, financial, administrative data reporting. For many years, FQHCs have been highly 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.

FQHCs are **not** primarily mental health or substance use providers and do not provide Opioid Treatment Programs (OTP), residential or other higher levels of care. FQHCs 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 all at an outpatient level of care and in conjunction with primary care. Furthermore, the requirement for Health Centers to be accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) or 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 FQHCs) but rather community mental health and addiction treatment providers.

Due to Health Centers' already stretched workforce and resources, another certification would be an expensive administrative burden and barrier to care. If FQHCs are required to be certified by OMHAS plus obtain an additional national accreditation, many FQHCs will be forced 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 greatly appreciate and applaud the Senate's leadership in removing this duplicative, burdensome requirement for Ohio's FQHCs/FQHCLAs.**

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. FQHCs 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 58 FQHCs and nearly a million patients served, the Ohio Association of Community Health Centers appreciates the opportunity to provide written testimony; questions can be directed to Julie DiRossi-King at jdirossi@ohiochc.org.