

FEDERAL POLICY AND ADVOCACY UPDATE

EAST COAST STREAM FORUM

SAN JUAN, PUERTO RICO

OCTOBER, 2019

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The Latest on Capitol Hill and How We Got Here

What's the Latest?

Congress just passed a **two-month extension of all health center federal grant funding**, alongside an extension of funding for key workforce programs, changing our deadline from Sept 30th to Nov 21st.



First Things First...



Government Funding: The Basics

Appropriations: Annual decisions made by Congress about how the federal government spends some of its money.

- House and Senate must pass 12 Appropriations bills each year before the end of the fiscal year, every September 30th
- Also known as discretionary spending

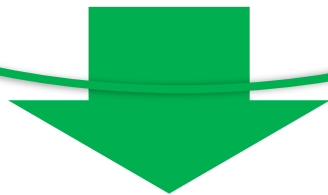
If Congress cannot come to agreement on a full year of funding for each bill, one of two things happens:

- Government funding lapses in full or in part (any department not funded shuts down)
- ✓ **Congress can instead pass a short term extension of current funding levels known as a Continuing Resolution (CR) to buy more time to complete the process**

Section 330 Health Center Grant Funding

Community Health Center Fund Mandatory

- Required spending, unless Congress changes law
- Year 9 of funding - originally authorized for 5 years in 2010 and extended twice (2-yr increments)
- **Currently \$4 billion/year (FY19)**



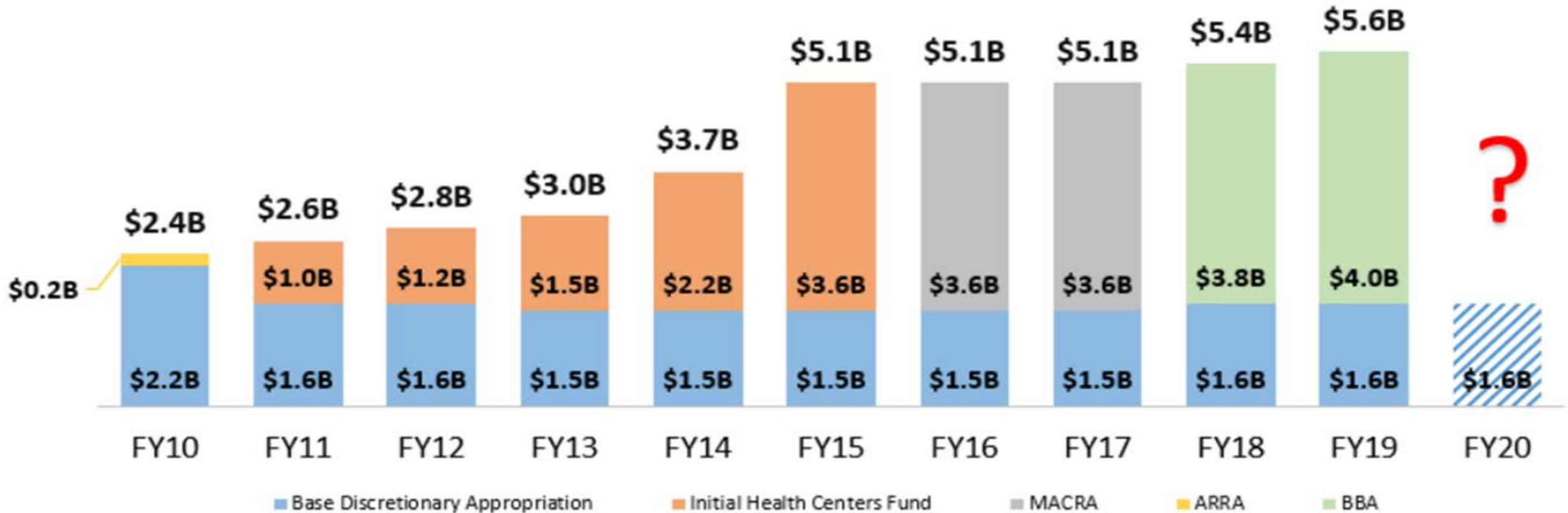
Annual Appropriation Discretionary

- Annual, up to Congress (Appropriations Committees) to determine amount
- Prior to 2010, this was the only source of federal grant funding for CHC program
- **Currently \$1.63 billion/year (FY19)**



Two Sources Combine to Form One Program

Health Center Funding Reauthorization



CHCs were only funded through the annual budget prior to 2010 (Blue)

2010: Congress created a dedicated 5-year fund for growth in CHCs (Orange)

In 2015 & 2018, CHC advocates succeeded in getting 2-year extensions (Gray & Green)

September CR included a 2-month extension of all CHC funding (FY20)

NHSC



National Health Service Corps

- NHSC supports clinicians in underserved areas through loan repayment & scholarships
- 54% of the roughly 11,000 NHSC clinicians nationwide practice in health centers
- Extended through 11/21 in September CR
 - NHSC Trust Fund is \$310M (mandatory)
 - Discretionary NHSC Funds is \$105M

THCGME



Teaching Health Centers Graduate Medical Education

- Brings residency training for physicians/dentists into community-based setting
- Most of 56 THCGME sites are health centers
- Residents trained in THCGME sites are more likely to stay and practice at rural/underserved areas
 - Over 630 new providers have trained at THCs
- Extended through 11/21 in September CR
 - THCGME funded at \$126.5M annually

Where do CHC's fit on Congress's agenda?

2-Month Extension

- **CHC Fund**
- **NHSC**
- **THCGME**
- Other program extensions
(Special Diabetes Programs,
PCORI, CCBHCs)
- Medicaid relief for Puerto Rico
and other U.S. territories
- FY20 Labor-HHS Approps

Ongoing Work

- **Surprise medical billing**
- **Drug pricing**
- Telehealth package
- Rural health
- Maternal mortality
- Oversight of VA Community
Care program
- Gun violence
- Immigration issues



Looking Towards November

October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
		10	11	12	13	14
		15	16	17	18	19
		20	21	22	23	24
25	26	27	28	29	30	

In-District Visit Day →

New Funding Deadline →

- Roughly Two Months to Finalize Everything that Must Pass by 11/21:
 - Omnibus bill or another Continuing Resolution (CR) to keep the government running
 - Bill to address extenders, including CHC, NHSC, THCGME & other policies such as Medicaid for US territories

What Happens Next?

- **Best Case Scenario: A long-term deal before 11/21**
 - Pass the rest of FY20 Appropriations funding (omnibus bill)
 - Agree on way to pay for long-term funding for CHCF, THC, NHSC (e.g. finalize proposal to surprise medical bills or drug pricing package)
- **Fallback Plan: Another Short-Term Funding Extension (2nd CR)**
 - Extend current funding levels while big political fights continue (e.g. Southern border wall, family planning)
 - CHCF, NHSC, THCGME could be once again attached and extended for matter of months or even weeks
- **Worst Case Scenario: NO DEAL**
 - No agreement on anything and no bills passed before 11/21 – Government shutdown and no assurances for timing of CHC funding

Focus on our Goal

We appreciate this funding patch. BUT our ask continues to be 5 years of funding with increases over time to allow for growth.

We need Congress to take URGENT ACTION to extend the CHC Fund for as long as possible, with as much growth as possible.

Current Options for Long Term Funding

Senate

- In June, Senate HELP Committee passed Lower Health Care Costs Act (Vote of 20-3)
- **Includes 5 yrs of level funding for CHCF, NHSC, THCGME**
- Also addresses Special Diabetes Programs, surprise billing, youth tobacco use, maternal mortality, health care costs

House

- In July, House E&C Committee passed a series of bills, including a **REVISED** version of CHIME Act (Voice Vote)
- **Includes 4 yrs of level funding for CHCF, NHSC, THCGME**
- Also includes DSH funding, Medicaid \$ for territories, Medicare extenders, surprise billing, other public health programs



Our Ask



**MAKE
THE
ASK!**

1. Help us Secure the Longest, Most Robust Funding Extension Possible—*Before the November 21 Deadline*
2. Join Us in Taking Public Action to Show Support for a Fix

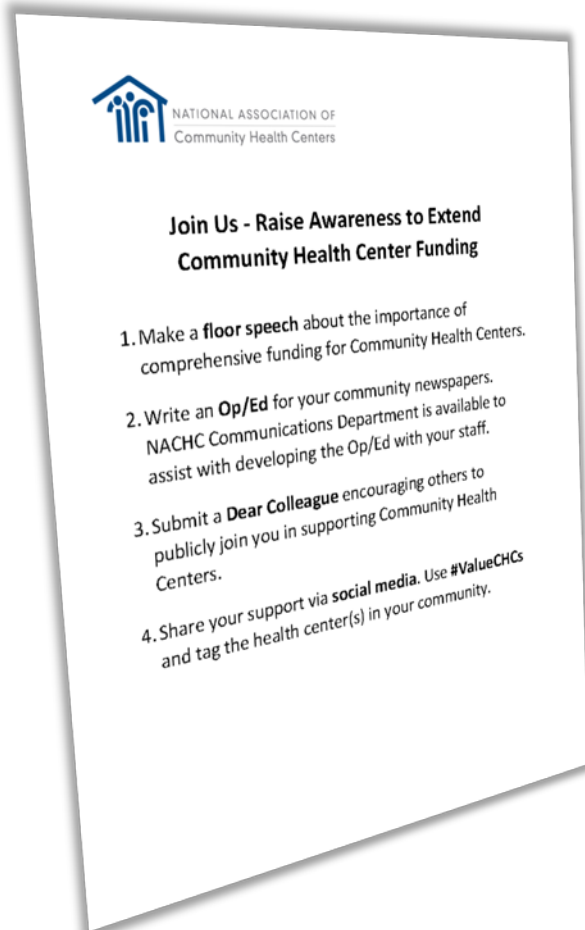
- Every single House member and Senator can play a role.
- This is all about our patients! You can't go wrong when you put them first.
- Public actions are the truest measure of support – get a commitment!

Arguments for Action

- **URGENCY: Already passed the original deadline.** Health centers are **small businesses and need to plan for the future.** We cannot keep waiting until the last minute to know whether funding will be there.
- **LONG-TERM SOLUTION:** Without **sustainable and predictable funding,** health centers will **continue to experience operational and service-related impacts,** placing our patients' care in jeopardy.
- **GROWTH:** Health centers are meeting **unprecedented demand for services** (opioids, veterans, etc). The NHSC and THC programs cannot support **current/future workforce needs** without additional resources.

What Do We Mean By Public Support?

Members showing their support in PUBLIC and ON THE RECORD will be the key to success.



NACHC “Menu of Options” on HCAAdvocacy.org includes:

- Press releases/statements
- Op-Eds and Blog Posts
- Social Media
- Individual/Delegation support letters
- Short Speeches on the House/Senate Floor
- Visit a local health center

Stay Engaged and In-the-Know



facebook.com/HCAAdvocacy

Twitter: @HCAAdvocacy



Sign up for the weekly Washington Update, calls to action, and other important advocacy communications at

www.hcadvocacy.org/join

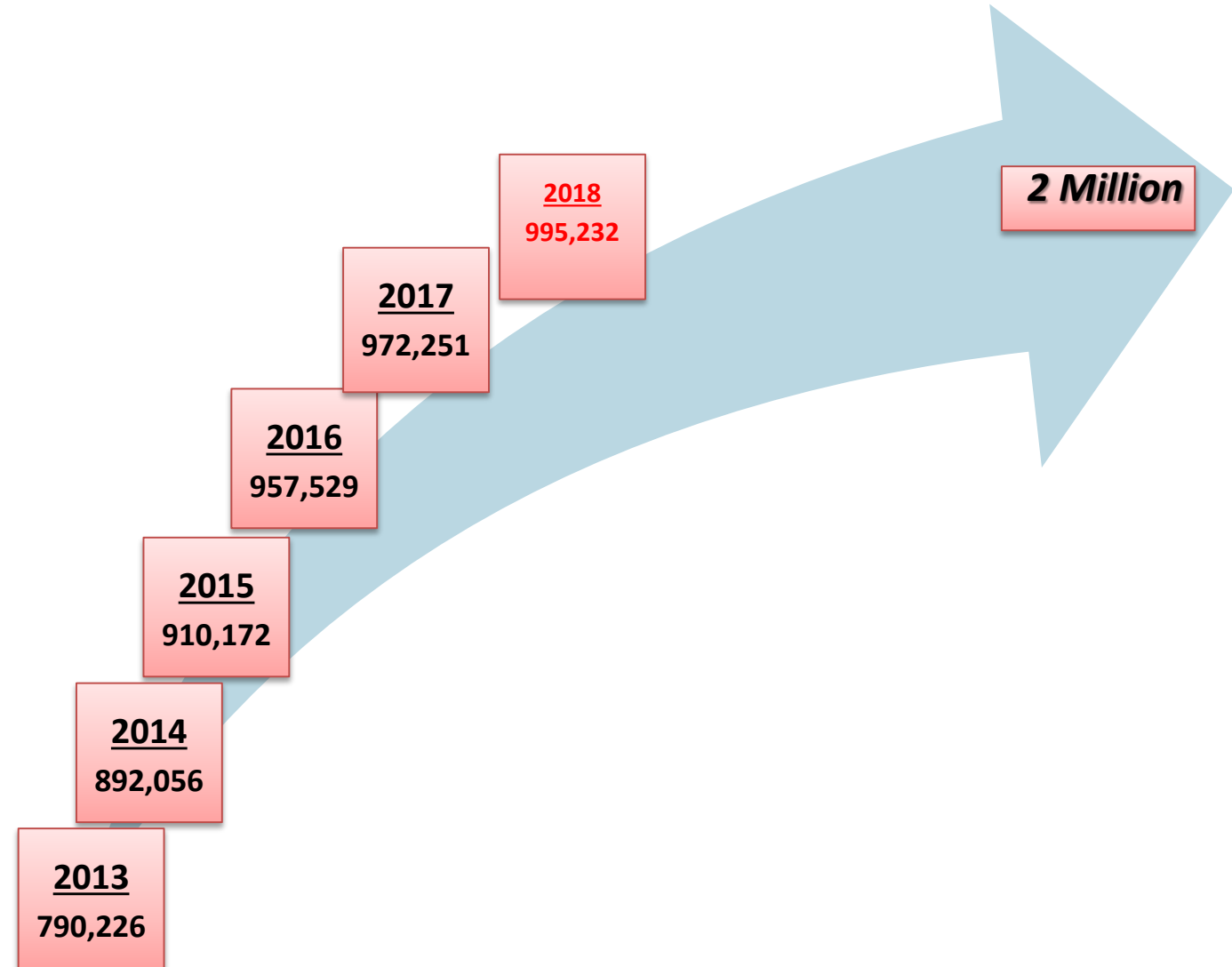
Ag Worker Access Campaign update

What is the Campaign?

- **The Ag Worker Access Campaign is a national initiative to increase access to quality healthcare for America's Agricultural workers and their families.**
- **Overarching Goal**
 - **Increase # of Ag worker users to 2 million AG Workers.**

How are doing with Campaign goals?

- **Overarching Goal**
 - Increase # of Ag workers served to reach 2 million
- **Health Center Level Goal**
 - Increase the # of Ag workers served by 15% each year, over the next five years



How will the goals be achieved?

<p>Strategy 1: “Credit Where Credit is Due”</p>	<ul style="list-style-type: none">• Accurately identify and report ALL Ag worker patients being seen in health centers, regardless of whether the health center receives migrant health funds
<p>Strategy 2: “Open Hearts, Open Doors, Open Access”</p>	<ul style="list-style-type: none">• Reach out to Ag workers who are not currently being served• Develop partnerships & collaborations with other community-based providers that result in increased access for Ag workers• Develop innovative strategies designed to reach more Ag workers
<p>Strategy 3: “Build Capacity to Sustain Growth”</p>	<ul style="list-style-type: none">• Ensure sufficient funding to support potential growth in services needed to serve an increase in the number of Ag workers served (primary care, dental, substance use disorder and mental health treatment, pharmacy & enabling services)

Who should be involved?

- **Everyone should get involved!**
 - **All Community & Migrant Health Centers throughout the U.S. that serve Ag workers & their families**
 - **All individuals, organizations & networks that share a commitment to this special population**



Who is involved?

- Campaign Task Force
 - 21 members representing health centers, primary care associations, health center-controlled networks, NCAs, and organizations representing education, housing, and labor

What are they doing?

- ▶ Guiding Campaign activities to increase access to care for MSAWs.
 - ▶ Identifying challenges
 - ▶ Exploring and launching innovation
 - ▶ Formulating recommendations
 - ▶ Supporting collaboration and coalition building
 - ▶ Identifying and disseminating promising practices

Who is involved?

Coalitions being developed to Increase Access to Care:

- **3 PCAs – Washington, Colorado, NWRPCA**
- **2 HC networks – Central Valley Health Network & Central Coast Health Network in California**
- **2 Voucher Programs - KS & GA**
- **19 Health Centers from CA, WA, NY**

What are they doing?

Participating in training, migrant health action planning, quarterly network calls, sharing UDS information 2x/year to track outcomes, & sharing knowledge, tools and resources

How can we all support the Campaign?

Individuals	Organizations
Sign up to be part of the Campaign	Sign up to be part of the Campaign
Share the importance of the Campaign with your friends & colleagues	Establish Board resolution to affirm your organization's commitment to increasing access to the target population
Get others involved in this initiative – Schools, churches and synagogues, migrant education, migrant & seasonal head start, farmworker housing projects, business community, policy makers	Promote local, regional and/or statewide partnerships and collaborations with other organizations that serve this population
Follow & promote the Campaign on social media channels	Promote the Campaign on your website, during presentations, etc.
+ Other	+ Other

Campaign Resources

- **Campaign Webpage (NCFH.org)**
 - **NCFH Tools & Templates**
 - Informational Campaign PPT
 - Board Resolution Template (Commitment to Serve AG Workers)
 - Migrant Health Program Self-Assessment Tool
 - MH Action Planning Training & TA
 - Memorandum of Understanding Template (Coalition Building)
 - Ag Worker Identification Patient Education Digital Tool
 - Archived MSAW Identification, Registration & Reporting webinars (in English & Spanish)

AG Worker Access Campaign Task Force

- **Task Force Co-Chaired by: NACHC/NCFH/NWRPCA**
- **Composed of Individuals representing:**
 - **National Organizations: NACHC; NCFH; Farmworker Justice; Health Outreach Partners; National Migrant/Seasonal Head Start Collaboration Office;**
 - **State/Regional Primary Care Associations – NWRPCA, CO, AZ, CA, FL, NC, MA**
 - **Community/Migrant Health Centers – NY, TX, IL, PA,**
 - **Farmworker Housing Projects – Tierra Del Sol**
 - **Faith/Based Community – Keystone Farmworker Health Program – PA**
 - **Others: ? Farmers/Growers; Policy Makers; Business Community**

- [NCFH Website](#)

- Campaign Webpage
- NCFH Tools & Templates
 - Policies & Procedures
 - Registration forms
 - Intake and registration questions to ask
 - Staff training resources
 - Digital Stories on Ag Worker patient registration

NATIONAL CENTER FOR FARMWORKER HEALTH

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ADMINISTRATIVE TOOLS

Agricultural Worker Status Verification Tools

- Introduction
- Points to remember
- Definitions: agriculture and agricultural workers
- List of agricultural tasks
- NAICS Codes and Sub-codes accepted by HRSA to determine eligibility for Migrant Health Services
- Verifying migratory and seasonal agricultural worker status (English or Spanish)
- How agricultural workers identify themselves
- Example status verification policy and procedure
- Example new patient registration template (English or Spanish)
- Frequently asked questions
- C/MHC Acronym list



Click text to download.
All documents are
available in PDF or Word
format.

National Training Resources

The following National Cooperative Agreements (NCAs) offer training and resources to health centers serving the Ag Worker population:

Farmworker Justice

<http://www.farmworkerjustice.org>

Health Outreach Partners

<http://www.outreach-partners.org>

National Association of Community Health Centers

<http://www.nachc.com>

Migrant Clinicians Network

<http://www.migrantclinician.org>

MHP Salud

<http://www.mhpsalud.org>

National Center for Farmworker Health

<http://www.ncfh.org>

Why Increase Access to America's AG Workers?

- **Key Facts:**
 - **4.5 Million: Estimated population of U. S. AG workers & their families***
 - **65% reported not having health insurance****
 - **38% had not visited a U. S. healthcare provider in last 2 years**65% reported not having health insurance****
 - **20% served by health centers*****

*NCFH & National Legal Defense Association (NLDA) Respectively

**National Agricultural Workers Survey (NAWS) 2013 - 2014

***HRSA UDS 2016



Who is the AG Worker Access Campaign Task Force?

- **A broad coalition of local, state, regional and national organizations and individuals who share a commitment to improving access to care for the Nation's Migratory and Seasonal Agricultural Workers.**
- **Community & Migrant Health Centers**
- **Primary Care Associations**
- **Migrant and Seasonal Head Start**
- **Farmworker Housing Providers**
- **Faith Community – Churches and Synagogues**
- **Others? Farmers/Growers; Labor Contractors**

Sign up to be part of the Campaign!

JOIN THE AG WORKER ACCESS CAMPAIGN



**I CARE ABOUT AMERICA'S
AGRICULTURAL WORKERS**
www.ncfh.org/ag-worker-access



Questions?

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