



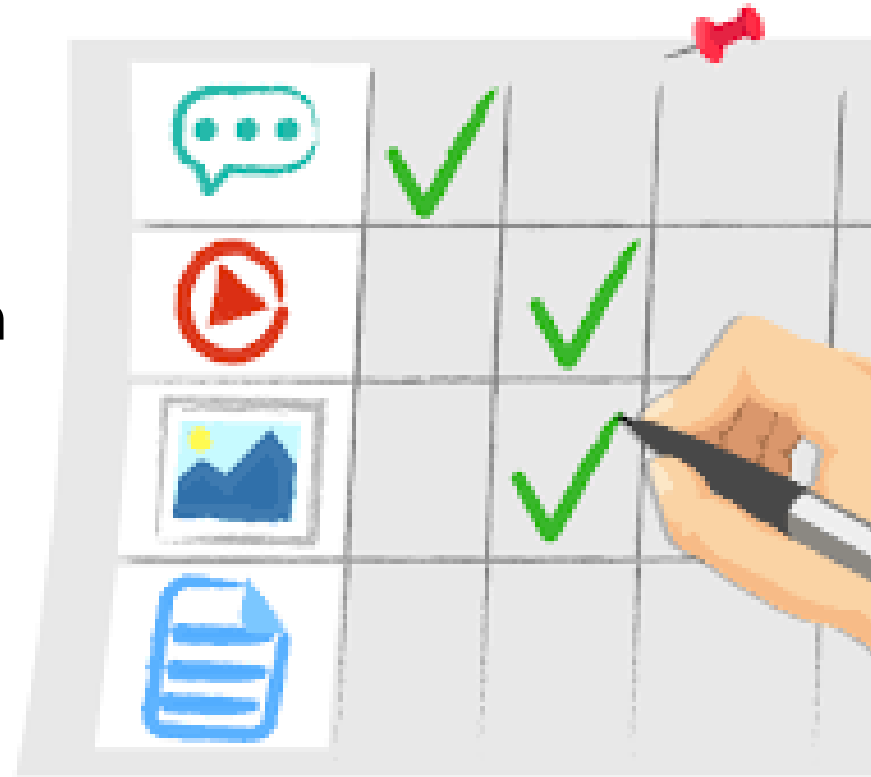
Community Health Care  
Association of New York State

## New York Political Landscape 2022: A Snapshot of State Government

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# Overview

- Planet Albany 101
- Election Season 2022
- Prognostications: Albany in 2023
- Government in Action this Year
- Questions



# Statewide Elected Officials

**Governor Kathy Hochul**

57<sup>th</sup> Governor of  
the State of NY



**Lt. Governor  
Brian Benjamin**

# Regulator – DOH



**DOH Commissioner  
Mary Bassett, MD, MPH**

# Legislative Leadership -- Senate

- **State Senate**

- 63 member body
- Super Majority of Democrats; 43-20



Majority Leader  
Andrea Stewart-  
Cousins



Senator Liz Krueger,  
Chair of Senate  
Finance Committee



Senator Gustavo Rivera,  
Chair of Senate Health  
Committee



Senator Toby Ann Stavisky,  
Chair of Senate Higher  
Education Committee



# Legislative Leadership -- Assembly

- 150 member body
  - 107 of whom are Ds



Speaker Carl Heastie



Assemblywoman  
Helene Weinstein,  
Chair of Assembly Ways &  
Means Committee



Assemblyman Dick  
Gottfried, Health  
Committee Chair



Assembly member Deborah  
Glick,  
Higher Education Committee  
Chair



# **Political Futures**



# Executive Branch

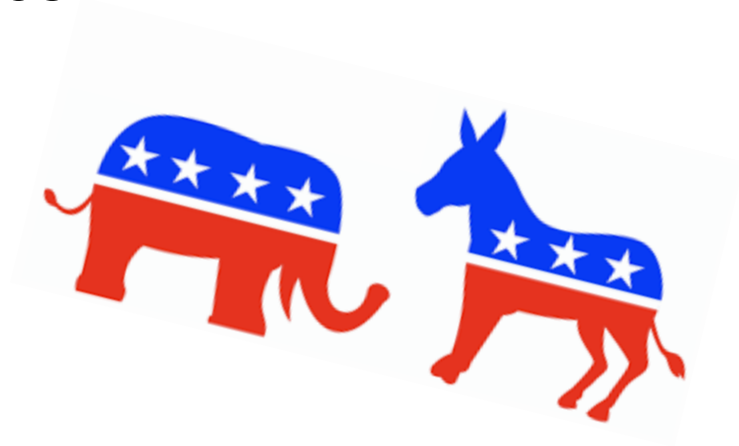
- All Statewide elected officials are up for election in 2022
  - Democratic Party nominated slate of incumbents
    - Hochul – running for first full term – expected to face two primary challengers: Williams and Suozzi
  - Republican Party has a full field of contenders
    - Zeldin, Giuliani, Astorino, Wilson
  - Convention 2/28-3/1





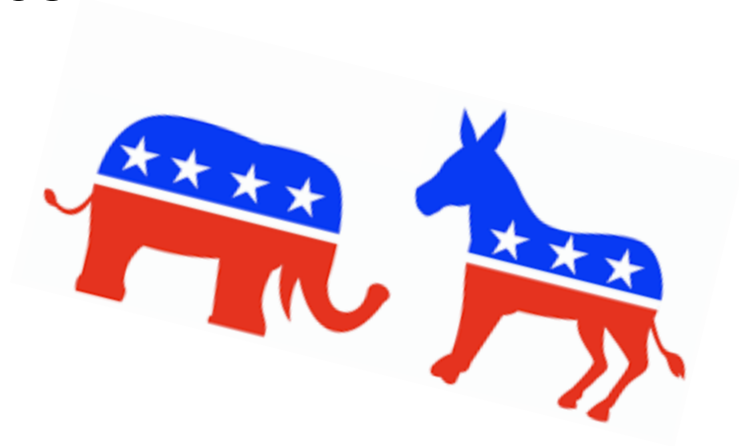
# Executive Branch

- Unclear what the field will look like for Attorney General & Comptroller races
  - Primaries?
    - Wild Card



# Executive Branch

- Unclear what the field will look like for Attorney General & Comptroller races
  - Primaries?
    - Wild Card



# Legislative Branch

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- Retirements and Challenges
  - Several long serving members already announced not seeking reelection
    - Gottfried; Nolan; Cusick/Kaminsky; Ritchie . . . More?
  - Several incumbents indicated desire to run for different offices
    - Shift from Assembly → Senate → Congress, etc.
  - More than a dozen legislators are already known to have primary challenges
    - Petitioning process begins 3/1; Primary held on June 28
    - Although many challenges to Ds are from the left, some challengers are even being endorsed by the party establishment

# What will Albany look like in 2023?

- Executive Branch?
- Assembly without Gottfried as Health Chair?
  - Who rises to fill that position?
- Shifts in the Senate?
  - No expected change in senior leadership, but what shifts due to chairs not returning (Kaminsky, Biaggi, others)?





A low-angle, upward-looking perspective of several modern skyscrapers. The buildings are characterized by repetitive horizontal window patterns and are arranged in a way that creates a sense of height and scale. The sky is a clear, vibrant blue, punctuated by a few wispy white clouds. The overall composition is symmetrical and geometric, emphasizing the architectural lines of the buildings.

# **Current Realities**

# Legislative Calendar



- The Budget Push
  - Governor released in late January
  - Legislature held hearings; developing its individual one-house positions
    - Expected to be passed mid-March; followed by Conference Committees
  - New fiscal year April 1
    - On time budget expected
- Remainder of Legislative Year
  - Session scheduled to end June 2



A low-angle, upward-looking perspective of several modern skyscrapers. The buildings are characterized by repetitive horizontal window patterns and are arranged in a way that creates a sense of height and scale. The sky is a clear, vibrant blue, punctuated by a few wispy white clouds. The overall composition is symmetrical and geometric, emphasizing the architectural lines of the buildings.

**Questions?**



**COMMUNITY  
HEALTH CARE  
ASSOCIATION  
of New York State**

# Advocacy Week Prep

February 28, 2022

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(She/Her)  
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**JANE NI, MPA  
(She/They)  
Policy Analyst  
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# Logistics

- › Health centers are encouraged to **schedule their own** legislative meetings with **State** Assembly and Senate members throughout the week of March 7-11
- › Registration for Advocacy Week virtual events and all materials are available on CHCANYS' website: [www.chcanys.org](http://www.chcanys.org).
- › This presentation is being recorded and will be shared with all participants before Advocacy Week



# Advocacy Week Events Schedule

Grassroots Advocacy Day – Monday, March 7<sup>th</sup> at 10:00AM-11:00AM

“Patient Voices” Panel – Wednesday, March 9<sup>th</sup> at 12:00PM-1:00PM

“Celebrating Our Health Center Staff – Friday, March 11<sup>th</sup> at 10:00AM-11:00AM



# What To Do Before You Meet

- › Familiarize yourself with each Legislator
  - Main topics of interest
  - How long in office
  - Committees
- › Past support for CHC (Did they visit your health center? Remind them!)
- › Review CHCANYS materials to identify priorities
- › Determine what you will ask the Legislator to do



# Tips for Legislative Advocacy

- › Share stories of patients, local statistics or issues
  - Personalize the issue for the elected official
- › Answer their questions if you can
  - If you don't know the answer, tell them you or CHCANYS will follow up
- › Thank them for their support!
- › **After the meeting:** share intel with CHCANYS policy staff






# Constituent Report Form

› <https://forms.gle/KVJTZVbjvdVYg6Zp6>





## Constituent Report Form

Please use this form to capture notable feedback that you'd like to share with CHCANYS from your meetings with Representatives. This information will help CHCANYS to more effectively advocate on your health center's behalf. Please share details with CHCANYS - all intel is good intel!

Email \*

Valid email

This form is collecting emails. [Change settings](#)

Your Name \*

Short answer text

Your Health Center \*

Short answer text

Which Congressional Office did you meet \*

Short answer text

Legislator or Staff? \*

☐ Legislator

☐ Staff

☐ Both

# CHCANYS Budget Priorities

Telehealth Payment  
Parity

Repeal Pharmacy  
Benefit Carve Out

Establish \$7M Rate  
Equity Pool

Enhancing  
Healthcare  
Workforce

Expand Healthcare  
Access for the  
Uninsured

Support Investments  
in Capital  
Infrastructure,  
Telehealth &  
Broadband

Funding for  
Enhanced Care  
Management and  
Primary Care  
Services

Support Continued  
Funding for  
Healthcare Access  
for Underserved



# Telehealth Payment Parity

- › Telehealth is a critical access point to health care for many low-income and underserved communities
- › Telehealth has aided in recruitment and retention of healthcare workforce
- › Telehealth, especially audio-only, has expanded access and inclusion to health care
- › As currently written in the Governor's budget, CHCs would be paid less for visits where a patient or provider is located off site, and there is no guarantee of payment parity for telephonic
- › **Ensure telehealth payment parity** among all remote visit types, regardless of modality or patient/provider location
- › This is accomplished in S5505 (Rivera)/A6256 (Woerner)





## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### Telehealth Expands Access to Care<sup>1</sup> February 2022

**Telehealth has proved to be a critical access point to health care for many low-income and underserved communities over the course of the pandemic.**

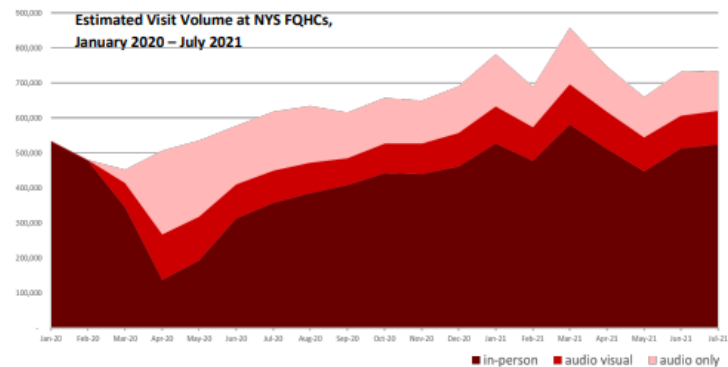
- Remote care decreases barriers that would usually inhibit the ability to visit a provider, like lack of transportation, childcare issues, or time off from work.
- CHCs are seeing fewer no shows for remote visits, especially for behavioral health visits.
- CHCs predict that about 37% of patients will request remote visits over the next year, if current policy does not change.
- Today, about 25% of visits at health centers occur via telehealth (audio visual or telephonic)

**Telehealth has aided in the recruitment and retention of healthcare workforce, especially behavioral health providers.**

- CHCs continue to report that the ability to offer remote working options to their providers has increased their ability to recruit new providers who, without that option, would not be interested in working for the CHC.
- 26% of medical providers work offsite at least once per week.
- 53% of behavioral health providers work offsite at least once per week.

**Telephonic, or audio-only, has proven especially critical in expanding access and inclusion to care.**

- Telephonic visits have decreased other barriers that prevent patients from accessing care via audio-visual visits such as:
  - Older adults with limited technology proficiency
  - Individuals without access to smartphones or camera devices
  - Individuals residing in areas with poor or lack of internet connection
  - Individuals with limited data plans
  - Individuals with limited English proficiency who cannot obtain video interpreters for their languages



<sup>1</sup> Data included reflects responses on a CHCANYS February 2022 survey.





# Establish \$7M Rate Equity Pool for CHCs

- › Health centers are paid for services via rates that are set annually based on costs of a previous year
- › During pandemic, the stay-at-home order led health centers pivoting to telehealth. Health centers were reimbursed for audio visual equal to in-person rates but lower for audio-only
- › The shift to telehealth impacted the rate-setting cost calculation in 2020 – many health centers would have experienced catastrophic rate cuts beginning October 1, 2021
- › In response, DOH decided to disregard the 2020 rates to prevent the rate cuts
- › However, this action will lead to a loss for a small number of health centers who would have seen an increase in their rates, not a decrease
- › **Ask to establish a one-time \$7M Rate Equity Pool**, the funds would be distributed by the NYS Department of Health and targeted to health centers that will experience rate reductions





## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### NYS Must Create a \$7M Health Center COVID-19 Rate Equity Pool

February 2022

#### Background

- ⚠ Federal law 42 U.S.C. §1396a (bb)(5)(A) requires states to make supplemental “wrap” payments to Federally Qualified Health Centers (FQHCs) for the amount that the FQHC blended Medicaid rate exceeds the rate paid by a Managed Care Organization (MCO). These rates are set annually using a cost-based methodology.
- ⚠ During the 2020 COVID-19 State of Emergency when New Yorkers were urged to remain at home, FQHCs experienced unprecedented service disruptions and shifted rapidly to telehealth visits, including audio-only, to continue providing care. However, audio-only telephonic visits are currently reimbursed at a lower rate than face-to-face visits, despite the same costs associated with providing care.
- ⚠ Because COVID-19 service disruption and shift to telehealth impacted the FQHC rate-setting cost calculation in 2020, a vast majority of health centers would have experienced catastrophic rate cuts beginning October 1, 2021.

#### Department of Health Efforts

- ⚠ The NYS Department of Health has rightfully decided against implementing rate adjustments to health centers based on visits conducted during the 2020 calendar year. This action recognizes that health centers should not suffer prospective rate cuts for ensuring patient access to care through lower-reimbursed telephonic visits during the pandemic.
- ⚠ However, this DOH action has the consequence of the loss of revenue for a minority of health centers. A small contingent of health centers anticipated rate increases unrelated to and despite the pandemic impacts.
- ⚠ Providers most likely to experience this revenue loss predominantly serve rural populations upstate and operate on slim margins.

#### Full Rate Equity is needed for CHCs

- ⚠ **We request that the Legislature provide funding to these safety-net providers by creating a one-time \$7M FQHC COVID-19 rate equity pool.**
- ⚠ These funds would be distributed by the NYS Department of Health and targeted to the small number of health centers that would otherwise experience adverse financial outcomes due to the otherwise correct decision related to the 2020 rates.

**#ValueCHCs**



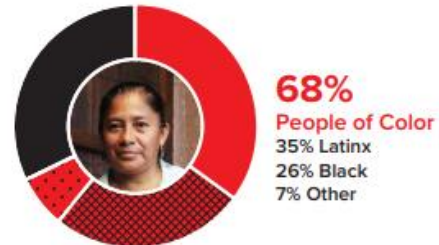
# Protect 340B, Repeal the Carve Out

- › 340B federal drug discount program allows safety net healthcare providers to access pharmaceutical drugs at reduced costs and reinvest savings in expanding access to care
- › NYS wants to save money by moving Medicaid pharmacy benefit from managed care to fee for service, which will eliminate CHCs' 340B savings
- › Currently, the carve out is slated to take effect April 1, 2023
- › **Ask to repeal** the pharmacy benefit carve out of Medicaid managed care



# CHAMPION COMMUNITY HEALTH CENTERS REJECT THE CARVE OUT — PROTECT 340B!

CHCs Serve **2.1 Million**  
New Yorkers a year:



Critical services funded  
through 340B:

- COVID-19 vaccinations
- Low cost medications
- Food/nutrition programs
- Transportation
- STI prevention programs

The proposed 340B carve out  
will result in:

- Fewer affordable meds**  
fewer people with access to the  
critical medications they need
- Fewer sites**  
32 CHC sites closed
- Fewer staff**  
700+ staff laid off, including clinicians,  
dentists, pharmacists, outreach and  
support staff.
- Higher costs**  
**more people using ERs**
- Higher morbidity**  
**more people not getting care**
- Higher mortality**  
**more people dying**

**REPEAL THE  
PHARMACY CARVE OUT:  
PROTECT 340B**



# Medical Assistant as Injectors

- › Medical Assistants (MAs) are individuals are cross trained to perform both administrative and clinical duties to work alongside physicians, midlevel, and administrative staff in outpatient or ambulatory care facilities
- › The number of vaccinators has been expanded under COVID-19 flexibilities (i.e. EMTs)
- › Many MAs are trained to perform vaccinations but are not allowed to do so under current NYS law
- › **Ask to recognize Certified Medical Assistants** as staff that can provide injections under qualifying supervision







## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### NYS Must Increase Utilization of Medical Assistants to Address Workforce Shortages February 2022

#### Who are Medical Assistants?

Medical Assistants (MAs) are individuals who are cross trained to perform both administrative and clinical duties to work alongside physicians, midlevel, and administrative staff in outpatient or ambulatory care facilities. Many MAs, in NY and across the country, are trained in credentialed programs and take national certifying exams. MAs are highly utilized by community health centers (CHCs) and 48 states (excluding New York State and Connecticut) recognize certified MAs and allow them to practice at the top of their training.

#### Medical Assistants are currently underutilized in New York State.

Currently, New York State is one of two states that does not have any formal recognition for MAs. Although a national credentialing standard exists for MAs, the NYS Education Department (NYSED) does not recognize this certification. Current NYS guidance states that unlicensed persons, including MAs, can perform very limited tasks under supervision of a physician. In other states, certified MAs are recognized and perform tasks as they are trained, such as providing injections and administering vaccines under supervision of physicians, nurse practitioners or physician assistants.

#### Recognition of certified Medical Assistants can help alleviate the current health workforce shortages.

- Many MAs are already trained to give injections and vaccinations. They could be quickly trained and folded into existing vaccination efforts at CHCs and other healthcare providers.
- Allowing MAs to provide vaccinations will relieve pressures on nurses and other clinical staff and allow them to operate at the top of their license.
- CHCs hire staff from the communities they serve. Recognizing certified MAs would lead to increased hiring of MAs from their communities and increased economic opportunity in those communities.

#### The Medical Assistant profession has fewer barriers to entry compared to other professions such as nursing.

- MA certification programs only require applicants to have a high school diploma or equivalency, are low cost, and are short in length. This results in a trained and certified workforce that can be employed in the field in under a year.
- Some programs provide career pathways to additional education for their former MA students (i.e. a branch to an LPN training program), leading to higher level career opportunities.

#### CHCANYS strongly recommends New York State to:

- Recognize MAs and allow them to practice at the top of their training, including injecting and immunizing, by enacting a law that establishes a pathway for certification; and
- Invest in training programs to promote best practices in MA training and certification and expand those programs in partnership with CHCs across the state, with facilitation by CHCANYS.

## #ValueCHCs



# Enhancing Healthcare Workforce

- › **Support enhanced funding for existing workforce programs** (e.g. Doctors Across New York, Area Health Education Centers, Diversity in Medicine Program, and Ambulatory Care Training Program)
- › **Support Scope of Practice changes**
- › **Support Health Care and Mental Hygiene Worker Bonuses** for essential frontline workers
- › **Support new initiatives:** Creation of Nurses Across New York and NYS joining Interstate Medical and Nurses Licensure Compacts



# Expand Health Care Access for the Uninsured

- › Undocumented New Yorkers statewide are excluded from accessing health insurance due to their immigration status
- › Failing to provide meaningful ongoing access to affordable health services through coverage only services to exacerbate the COVID-19 crisis and existing health disparities
- › **Ask the Legislature to allocate \$345M to create an insurance coverage option, like the Essential Plan, for undocumented immigrants**
- › This proposal is outlined in A880A (Gottfried)/S1572A (Rivera)



# Support Investments in Capital Infrastructure, Telehealth & Broadband

- › **Support the new \$1.2B Health Care Facility Transformation Program funding** for health care providers, including community-based providers
- › **Support the set aside of \$150M** for telehealth transformation projects



# Funding for Enhanced Care Management and Primary Care Services

- › Patient Centered Medical Home (PCMH) funding for safety net providers is critical to care management for Medicaid enrollees. 78% of NY health centers are PCMH certified
- › Health Homes funding allows health centers to support enhanced care management for high need, high-cost Medicaid enrollees
- › **Ask to maintain existing funding** to support enhanced care management and comprehensive access to primary care services



# Maintain Funding for Programs for Underserved Populations

- › **Support continued funding for existing programs that expand access to care for underserved populations:**
  - Diagnostic & Treatment Center Uncompensated Care Safety Net Pool
  - School Based Health Centers
  - Migrant & Seasonal Farm Workers Program
  - Rural Health Access Networks





# Packet of Materials – Share with Legislators

- › CHCANYS Budget Priorities 2022
- › CHCANYS Fact Sheet 2022
- › 2020 NYS Economic Impact Analysis (EIA)
- › Telehealth Expands Access One Pager
- › 340B 2022 One Pager
- › Medical Assistant Recognition One Pager
- › Rate Equity Pool 2022 One Pager





## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### FY 2022-2023 Budget Priorities

- 🗳️ **Enhance health care workforce in medically underserved communities.**
  - Support full funding for existing workforce programs (e.g. Doctors Across New York, Area Health Education Centers, Diversity in Medicine Program, and Ambulatory Care Training Program).
  - Support Scope of Practice changes advanced in the Governor's budget.
  - Recognize Certified Medical Assistants as staff that can provide injections, including immunization, and act under provider direction, pursuant to their training.
  - Support Health Care and Mental Hygiene Worker Bonuses (\$1.6B) for essential frontline workers.
  - Support new initiatives: the creation of Nurses Across New York, and New York State joining Interstate Medical and Nurses Licensure Compacts.
- 🗳️ **Ensure payment parity among all remote visit types, regardless of modality or patient/provider location.**
  - Payment parity among in-person visits and all remote care, especially telephonic, is necessary to ensure CHC patients can continue utilizing telehealth. Without parity, access to remote care will be limited in medically underserved communities and for those without reliable internet or broadband access.
  - Payment parity must include instances where providers and patients are out of the clinic. Providers' ability to work remotely has expanded the ability of CHCs to recruit and retain workforce.
- 🗳️ **Establish a \$7M rate equity pool for CHCs.**
  - To be distributed by the NYS Department of Health to a targeted number of health centers that will experience rate reductions effective October 1, 2021.
- 🗳️ **Repeal the pharmacy benefit carve out of Medicaid managed care.**
  - Currently slated to take effect in 2023, the pharmacy benefit carve out would decimate the 340B benefit received by community health centers, Ryan White clinics, and hospitals.
- 🗳️ **Expand health care access for the uninsured.**
  - Create an insurance coverage option akin to the Essential Plan to expand coverage for undocumented immigrants who are not currently eligible for any health insurance programs.
- 🗳️ **Support investments in capital infrastructure, telehealth, and broadband expansion.**
  - Support new Health Care Facility Transformation Program (\$1.2B) funding for health care providers, including community-based providers, and the set-aside funding of \$150M for telehealth transformation projects.
- 🗳️ **Maintain existing programmatic funding to support enhanced care management and comprehensive access to primary care services, which is crucial to supporting better chronic disease and behavioral health management, resulting in fewer ER visits among enrollees.**
  - **Patient Centered Medical Home (PCMH)** funding for safety net providers is critical to care management for Medicaid enrollees. 78% of New York's community health centers are PCMH certified.
  - **Health Homes** funding allows health centers to support enhanced care management for high need, high-cost Medicaid enrollees.
- 🗳️ **Support continued funding for existing programs that expand access to care for underserved populations.**
  - Diagnostic & Treatment Center Uncompensated Care Safety Net Pool
  - School Based Health Centers
  - Migrant & Seasonal Farm Workers Program
  - Rural Health Access Networks



## COMMUNITY HEALTH CENTERS FACTS 2022

### COMMUNITY HEALTH CENTERS (CHCs)

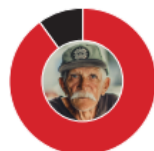
are a national network of primary care providers in underserved communities with one mission: providing the best care for our patients—regardless of immigration status, insurance coverage, or ability to pay. We are health care innovators who keep people out of hospitals by working to improve their overall health and wellbeing. We are the standard-bearers for primary care, utilizing every tool at our disposal to ensure our patients' health and social needs are met.



Each year,  
NYS CHCs serve  
**2.1 Million Patients**  
**1 in 9 New Yorkers**

### WHO WE SERVE

CHCs serve everyone but are an especially important source of care for people who wouldn't otherwise have any access to primary care due to their income, immigration status, or insurance coverage.



**90%**  
LOW INCOME  
200% FPL and below



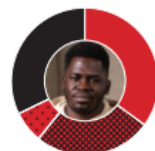
**59%**  
MEDICAID,  
DUALS, CHP



**13%**  
UNINSURED



**28%**  
SPEAK LIMITED  
ENGLISH



**68%**  
PEOPLE OF  
COLOR  
35% Hispanic/Latinx  
26% Black | 7% Other

### TELEHEALTH

is a critical access point to health care for many low-income and underserved communities. While some people visit us online, not everyone has a smart phone or internet access. That's why telephonic services are essential.



**26%** of all visits to CHCs in 2020 were telehealth:  
**2.4+ million** telehealth visits.

### VAX IMPACTS

Our health centers rapidly vaccinated **hundreds of thousands** of New Yorkers, patients and non-patients, while our community education and outreach helped vaccinate **hundreds of thousands more** at partner sites.



### WE CREATE GOOD JOBS

for thousands of people in the communities we serve.



**12,500**  
CLINICAL STAFF  
Physicians, NPs, PAs,  
Dentists, SUD Providers,  
Mental Health Providers,  
etc.



**7,000**  
NONCLINICAL STAFF  
Support Staff, Billing and  
IT Staff, Facilities, etc.

**19,500 FULL TIME JOBS**

### 800+ COMMUNITY

HEALTH CENTER  
SITES ACROSS  
NEW YORK  
STATE



## CHCs ADVANCE HEALTH EQUITY

offering medical, dental, and behavioral health services, in addition to support for things like transportation, housing, and food insecurity. CHC staff live in the communities where they serve and CHCs are governed by community members, making their services uniquely tailored to meet community needs. CHCs have a long history of collaborating with community partners to advance the health and wellbeing of their patients.

We provide a  
wide variety of  
services to ensure  
our patients' health  
and wellbeing.



Dental and  
Vision care



Mental health  
counseling



Low cost medications  
like insulin



STI prevention  
programs



Connections to  
housing



In-house  
farmers markets



Substance use disorder  
treatment



WIC and SNAP



COVID-19  
testing



Language  
assistance



Specialized care for people  
living with HIV/AIDS



## COMMUNITY HEALTH CENTERS ARE MAKING AN IMPACT ON NEW YORK STATE

In 2020...

WE GENERATED **\$5.9 BILLION** FOR THE STATE AND  
LOCAL ECONOMY AND SUPPORTED **37,700** JOBS (FT/PT)

\$2,937,000,000  
DIRECT CHC SPENDING

\$2,944,000,000  
ADDITIONAL COMMUNITY SPENDING

WE SERVED **2,123,000** PATIENTS AT OVER **800** SITES  
INCLUDING:

✿ 591,000 CHILDREN UNDER 18

✿ 217,000 ADULTS AGED 65 & OVER

✿ 1,452,000 PEOPLE OF COLOR

WE PROVIDED **HIGH QUALITY HEALTH CARE** TO  
COMMUNITY MEMBERS WHO NEEDED IT MOST

71%  
were  
POOR

59%  
enrolled in  
MEDICAID & CHIP

13%  
were  
UNINSURED

28%  
speaking  
LIMITED ENGLISH

COMMUNITY HEALTH CENTERS ARE THE **HEART** OF THE COMMUNITY

Economic impact includes direct, indirect and induced effects derived from current IMPLAN Online® by the Community Health Care Association of New York State.



# Additional Resources – Do NOT share with Legislators

- › Health Equity Talking Points
- › Budget Priorities Talking Points
- › Advocacy Week Virtual Toolkit
  - Zoom Background
  - Social Media Graphics Forthcoming
  - Social Media Messaging Templates Forthcoming
- › All available on [www.chcanys.org](http://www.chcanys.org)







## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### Health Equity Talking Points

\*\*\*For Internal Use Only, Do Not Distribute\*\*\*

#### What is Health Equity and Why is it Important?

- Health equity means that everyone has a fair and just opportunity to attain their “full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”<sup>1</sup>
- Health equity is indispensable to building a future in which all New Yorkers can live full and healthy lives. To achieve health equity, disparities in conditions such as poverty, housing, and discrimination must be addressed.
- Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, socioeconomic status, sexual orientation, gender identity, etc.
- People who identify as Black or Indigenous, or who live in low-income communities or communities of color have especially experienced disproportionately poor health outcomes due to pervasive structural inequities that have led to gaping health disparities, which have been further exacerbated by COVID-19.
- Everyone benefits when health equity is achieved – communities are healthier, children grow into healthy adults, and healthy adults contribute to society and the economy.

#### Community Health Centers Advance Health Equity for Patients

- CHCs provide quality primary and preventive care services to all, regardless of ability to pay, insurance coverage, or immigration status. For many New Yorkers, especially those who are uninsured and undocumented, CHCs are their safety net and access point for healthcare services.
- Among CHC patients, 90% are low-income, 68% are people of color (35% Hispanic/Latinx, 26% Black, and 7% other), 13% are uninsured, and 59% are enrolled in Medicaid or Child Health Plus.
- Located in the communities they serve, CHCs are an accessible and inclusive point of healthcare, especially when transportation is a challenge.
- CHCs are a “one-stop shop” for healthcare, providing healthcare services including primary care, dental care, mental health, and substance use, making it easy for patients to access the care they need all in one place.
- Many CHCs connect patients to services to address social needs, understanding that addressing social determinants of health is key to improving health and reducing health disparities.

#### Community Health Centers Advance Health Equity in Communities

- CHCs are best suited to address health disparities and to achieve health equity because they are trusted by their communities. CHCs are community-run, with over 50% of Board members comprised of patients of the health center.
- CHCs hire staff from the communities they serve. Patients and staff ride the same subway lines, frequent the same grocery stores, and have children who attend school together.
- By hiring staff from their communities, CHCs are providing economic opportunities and building career ladders for community residents. Building career ladders for community residents fosters a workforce likely to stay in the community and address workforce shortages.
- Because CHCs are patient governed, they can identify community health needs and address them.
- Investing in community health centers is investing in communities. CHCs generate much needed economic activity, allowing for the creation of jobs and new businesses, in communities that need it the most.

<sup>1</sup> <https://www.cdc.gov/chronicdiseases/healthequity/index.htm>





## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### Talking Points: FY 2022-2023 Budget Priorities

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#### Healthcare Workforce

- Community health centers (CHCs) re-invest in the communities they serve by hiring individuals who live in the communities they serve. In 2020, health centers employed approximately 19,500 full time equivalent (FTE) staff, 12,500 were clinical staff and 7,000 were nonclinical staff.
- Patients trust CHCs because CHCs hire from the communities they serve. Clinical staff, nonclinical staff, and patients patronize the same grocery stores, have children who attend the same school, and ride the same transit.
- The healthcare and behavioral health workforce shortage has been exacerbated by COVID-19, with many CHCs reporting challenges with recruiting and retaining staff.

#### Asks:

- Support full funding for existing workforce programs (e.g. Doctors Across New York, Area Health Education Centers, Diversity in Medicine Program, and Ambulatory Care Training Program).
- Support Scope of Practice changes advanced in the Governor's budget.
- Recognize Certified Medical Assistants as staff that can provide injections, including immunization, and act under provider direction, pursuant to their training.
- Support Health Care and Mental Hygiene Worker Bonuses (\$1.6B) for essential frontline workers.
- Support new initiatives including the creation of Nurses Across New York, and New York State joining Interstate Medical and Nurses Licensure Compacts.

#### Telehealth Payment Parity

- Telehealth is a critical access point to healthcare for many low-income and underserved communities.
- Remote care decreases barriers that would usually inhibit the ability to visit a provider, like lack of transportation, childcare issues, or time off from work.
- CHCs report that the ability to offer remote working options to their providers has increased their ability to recruit new providers, especially behavioral health providers.
- Telephonic visits have decreased other barriers such as limited technology or internet access that prevent patients from accessing care via audio-visual visits.

**Ask: Expand the Governor's telehealth initiatives to ensure payment parity among all remote visit types, regardless of patient and provider location.**

#### \$7M Rate Equity Pool for CHCs

- Health centers are paid for services via rates that are set annually based on costs of a previous year.
- During pandemic, the stay-at-home order led health centers pivoting to telehealth. Health centers were reimbursed for audio visual equal to in-person rates but lower for audio-only.
- The shift to telehealth impacted the rate-setting cost calculation in 2020 – many health centers would have experienced catastrophic rate cuts beginning October 1, 2021.
- In response, DOH decided to disregard against implementing the 2020 rates so that health centers do not suffer rate cuts.
- However, this action will lead to a loss for a small number of health centers who would have seen an increase in their rates, not a decrease.

**Ask: Establish a one-time \$7M Rate Equity Pool, the funds would be distributed by the NYS Department of Health and targeted to health centers that will experience rate reductions.**

#### Repeal the Pharmacy Benefit Carveout

- The Federal Public Health Service Act 340B drug discount program was enacted in 1992 by Congress to allow safety net providers, like our CHCs access to pharmaceutical drugs at reduced costs and to reinvest the savings to expand access to healthcare in medically underserved communities.
- The pharmacy benefit carveout would devastate safety net providers who rely on the savings to fund life-saving programs that otherwise don't have a funding source.
- The looming April 1, 2023, deadline and uncertainty over the future of the 340B program undermines the safety net community's long term financial stability and ability to plan for the future.

**Ask: Repeal the pharmacy benefit carveout and protect 340B.**

#### Healthcare Access for the Uninsured

- CHCs treat everyone regardless of whether they are insured, but uninsured individuals experience the most barriers in accessing care outside of CHCs.
- People who are uninsured are more likely to receive an initial diagnosis in the advanced stages of a disease or live with unmanaged chronic conditions.

**Ask: Allocate \$345M in state funds for the creation of an insurance coverage option akin to the Essential Plan to expand coverage for undocumented immigrants who are not currently eligible for any health insurance programs.**

#### Investments in Capital Infrastructure, Telehealth, and Broadband Expansion

- Investments are needed to extend and expand care into additional communities and to enhance services at existing sites.

**Ask: Support new Health Care Facility Transformation Program (\$1.2B) funding for health care providers, including community-based providers, and the set-aside funding of \$150M for telehealth transformation projects.**

#### Maintain Enhanced Care Management and Comprehensive Access to Primary Care Services

- Coordinated care management is vital to supporting better chronic disease and behavioral health management, resulting in fewer ER visits.
- Patient centered medical home (PCMH) funding helps CHCs provide high quality comprehensive primary care services and is associated with improved health outcomes and reduced costs.
- New York's Health Home program enhances care coordination for eligible populations, who have two or more chronic conditions, live with HIV/AIDS, or experience serious mental illness. Enrollees are provided with intense care management to avoid hospitalizations and manage their conditions to prevent healthcare emergencies.

**Ask: Maintain existing funding for Patient Centered Medical Home and Health Homes.**

#### Expanding Access to Care for Underserved Populations

- Diagnostic and treatment center uncompensated care safety net pool provides crucial assistance to CHCs by offsetting costs of caring for the uninsured and promoting access to primary care.
- Migrant healthcare funding allows CHCs and other eligible providers to provide primary and preventive healthcare services to over 24,000 migrant and seasonal agricultural workers and their families.
- School based health centers provide comprehensive primary care, including mental health and dental services, on-site at schools to over 250,000 children throughout the State and is especially crucial for children who are undocumented, uninsured, or otherwise don't have access to care.
- Rural Health Access Network and Area health Education Centers (AHECs) are vital to rural communities to ensure that they are supported in health planning and enhancing workforce development opportunities.

**Ask: Support continued funding for Diagnostic & Treatment Center Uncompensated Care Safety Net Pool, School Based Health Centers, Migrant & Seasonal Farm Workers Program, and Rural Health Access Networks.**



# HEALTH CENTER ADVOCACY WEEK



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## COMMUNITY HEALTH CARE ASSOCIATION of New York State

### Social Media Messaging Template

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#### Hashtags

- #ValueCHCs
- 340B Hashtags: #DontCutTheNet, #SaveNYSafetyNet, #Protect340B
- Telehealth Hashtag: #TelehealthParity

#### Twitter

##### General Messaging

- CHCs are New York's safety net and provide high quality primary care. @GovernorHochul @YourLegislator Support funding for CHCs in the NYS Budget! #ValueCHCs
- @GovernorHochul @YourLegislator Ensure critical healthcare workforce investments remain in the NYS Budget so that CHCs can continue to provide life-saving healthcare #ValueCHCs
- Ensure that New Yorkers have access to affordable and quality healthcare by supporting funding for CHCs in the NYS budget! #ValueCHCs @GovernorHochul @YourLegislator
- Millions of NYers rely on CHCs for affordable and quality primary care and preventive services! Support funding for CHCs in the NYS Budget @GovernorHochul @YourLegislator #ValueCHCs

##### 340B

- The pharmacy benefit carveout hurts NY's patients by stripping funds from safety net providers like CHCs @GovernorHochul @YourLegislator #Protect340B by repealing the carveout.
- The 340B Drug Discount program allows safety net providers, like CHCs, to access pharmaceutical drugs at reduced costs and to reinvest savings to expand access to healthcare. @GovernorHochul @YourLegislator #DontCutTheNet #Protect340B
- NY must #Protect340B by repealing the Carveout @GovernorHochul @YourLegislator
- Protect access to affordable and quality healthcare services for millions of New Yorkers by repealing the Carveout @GovernorHochul @YourLegislator
- The 340B program funds critical healthcare services such as providing free or low-cost medications, HIV and STI prevention services and medications, and so much more @GovernorHochul @YourLegislator #Protect340B #DontCutTheNet

##### Telehealth

- Full telehealth payment parity is vital to ensuring CHCs can continue to provide remote care. Ensure telehealth payment parity in the NYS Budget @GovernorHochul @YourLegislator #ValueCHCs #TelehealthParity
- Telehealth increases recruitment and retention of healthcare workforce! @GovernorHochul @YourLegislator Ensure telehealth payment parity, regardless of modality & patient & provider location is in the NYS Budget #ValueCHCs #TelehealthParity
- Telehealth decreases barriers that usually prevent patients from visiting providers like transportation and childcare. @GovernorHochul @YourLegislator Telehealth payment parity is needed to ensure NYers can continue to have access to remote care. #ValueCHCs #TelehealthParity
- Audio only visits have decreased barriers like limited technology or internet access that prevent patients from accessing care through audio-visual visits. Telehealth payment parity regardless of modality & patient & provider location is vital to ensure all NYers have access to remote care @GovernorHochul @YourLegislator #ValueCHCs #TelehealthParity

#### Facebook

##### General Messaging

- CHCs provide quality primary and preventive care services to all, regardless of ability to pay, insurance coverage, or immigration status. @GovernorHochul @YourLegislator Maintain critical funding in the NYS Budget for CHCs to ensure that all New Yorkers have access to healthcare services! #ValueCHCs
- CHCs are New York's safety net and access point for healthcare services for many low-income communities and communities of color. Among CHC patients, 90% are low income, 68% are people of color, 13% are uninsured, and 59% are enrolled in Medicaid or Child Health Plus. @GovernorHochul and @YourLegislator If you #ValueCHCs then support funding for CHCs in the NYS Budget!
- Many New Yorkers, especially those who are uninsured and underinsured, rely on CHCs for life-saving healthcare services. Ensure that New Yorkers have access to affordable and quality healthcare by supporting funding for CHCs in the NYS budget! #ValueCHCs @GovernorHochul @YourLegislator
- Patients trust CHCs because CHCs hire staff from the very communities they serve. Patients and staff ride the same subway lines, frequent the same grocery stores, and have children who attend school together. Support CHCs by ensuring investments in healthcare workforce remain in the NYS Budget! @GovernorHochul @YourLegislator #ValueCHCs

##### 340B

- The 340B Drug Discount program allows safety net providers, like CHCs, to access pharmaceutical drugs at reduced costs and to reinvest savings to expand access to healthcare. Moving the Medicaid pharmacy benefit program from managed care organizations to the State will devastate CHCs who rely on 340B to fund otherwise unfunded life-saving programs. NY must #Protect340B by repealing the carveout @GovernorHochul @YourLegislator
- Uninsured and underinsured patients benefit the most from the 340B program. The pharmacy benefit carveout will lead to CHCs being unable to maintain critical healthcare services that rely on 340B savings. @GovernorHochul @YourLegislator #DontCutTheNet and #Protect340B
- Protect access to affordable and quality healthcare services for millions of New Yorkers by repealing the carveout @GovernorHochul @YourLegislator
- The 340B program funds critical healthcare services such as providing free or low-cost medications, HIV and STI prevention services and medications, food security, referrals to social services and more. @GovernorHochul @YourLegislator Repeal the carveout and #SaveNYSafetyNet

##### Telehealth

- Telehealth is a critical access point to health care for many low-income and underserved communities over the course of the pandemic. Telehealth payment parity, regardless of modality and patient and provider location, is vital to ensuring CHCs can continue to provide remote care. Ensure telehealth payment parity in the NYS Budget @GovernorHochul @YourLegislator #ValueCHCs #TelehealthParity
- Telehealth increases recruitment and retention of healthcare workforce! CHCs report that the ability to offer remote working options has increased their ability to recruit new providers. Telehealth payment parity, regardless of modality and patient and provider location, is crucial to recruiting and retaining healthcare workforce. @GovernorHochul @YourLegislator #ValueCHCs #TelehealthParity
- Audio only telehealth has proven especially critical in expanding access to care for many New Yorkers without access to smartphones or camera devices and with limited broadband access. The NYS Budget must ensure that telehealth reimbursement for audio only and audio visual is equal to in-person visits, regardless of patient and provider location, so that CHCs can continue to provide inclusive telehealth services. @GovernorHochul @YourLegislator #ValueCHCs #TelehealthParity



# Questions?







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