



ADVOCATES FOR COMMUNITY HEALTH



ACH MONTHLY UPDATE: AUGUST 2023

www.advocatesforcommunityhealth.org

Dear ACH Members:

Advocates for Community Health is proud to announce the five ACH members who won the Community Health Entrepreneur Challenge, which will award each of them \$500,000 to implement innovative solutions to improve overall wellness in their communities. The winners are: [Columbia Basin Health Association](#), [Lowell Community Health Center](#), [Mariposa Community Health Center](#), [Morris Heights Health Center](#), and [Mountain Comprehensive Health Corporation](#).

We thank each and every one of you who submitted a proposal for the Community Health Entrepreneur Challenge. Our Selection Committee had a very difficult time selecting only five winners among the dozens of amazing proposals received. We look forward to sharing more about the grantees in the coming weeks and hope to find ways to elevate all of the innovative ideas submitted through this process.

Stay tuned for our [ACH Member Policy & Advocacy Update Webinar](#) coming up on Wednesday, September 27. The fall will be a very busy time on Capitol Hill for policies related to health centers, including expected progress on the Community Health Center Trust Fund Reauthorization, ongoing conversations on Fiscal Year 2024 appropriations and the possibility of a government shutdown. [Join](#) the ACH policy team for an update on where these policies stand. PLEASE NOTE: This webinar will replace our usual monthly Office Hours.

Also, please save the date for our 2024 Annual Member Meeting, which will take place March 5-7, 2024. Next year's event will be hosted at the brand new Capitol Hill Royal Sonesta. We will be sharing more details, including registration and hotel block information in September. In the meantime, we encourage you to check out our 2023 Annual Member Meeting [blog post](#) to relive some of the highlights from this year's event!

Continue reading for additional updates on our activities in Washington and relevant policy news.



MEMBERSHIP ENGAGEMENT

Programming Updates

The two learning collaboratives (LC) – Health Center Operations and Value-based Care – are in place with eight members each from the following community health centers:

Health Center Operations: Cherokee Health Systems, Evara Health, Health Choice Network, Jordan Valley Community Health Center, Lowell Community Health Center, Peninsula Community Health Services, Tampa Family Health Centers Inc.

Value-based Care: Cherokee Health Systems, El Rio Health, Evara Health, Jordan Valley Community Health Center, Lowell Community Health Center, Open Door Community Health Centers, Sun River Health, Tampa Family Health Centers

The **Health Center Operations Learning Collaborative** will delve into the biggest operational challenges and opportunities health centers face and how health centers can leverage their resources to maximize mission and optimize output. This learning collaborative will harness the wisdom, vision and needs of participants to drive continued education and programming throughout the collaborative, creating and opportunity for content and programming to be driven and designed by the group.

The **Value-based Care (VBC) Learning Collaborative** aims to develop standards of care across payers for Federally Qualified Health Centers (FQHC). The collaborative will formulate tools, such as general standards for FQHCs pursuing VBC, standard operating procedures, standardized quality metrics, template contracts, or others as requested by the Collaborative, to support FQHCs that wish to set up value-based contracts. This learning collaborative will build upon the work of ACH's VBC Working Group.

We look forward to the in-person kick off learning sessions planned for both LCs in Washington, DC in November.

Evara Health Presses for Bipartisan Support for CHCs



Decisive Bipartisan Support is Needed

This month, as we celebrate National Health Center Week, health centers like Evara Health are facing one of the most challenging and uncertain times in the more than 50-year history of the Community Health Center Program.

As part of the Community Health Center Program, Evara Health is part of the largest network of primary care providers in the nation. This national network of federally qualified health centers (FQHCs) is more vital now than ever, particularly as the nation grapples with overlapping health, economic, and climate crises that disproportionately impact the underserved communities we care for and support.



Evara Health CFO Ben Gilbert authored an editorial in the Tampa Bay Times Sunday Paper about the challenging and uncertain times in the more than 50-year history of the Community Health Center Program. Read more [here](#).

You still have the opportunity to submit an op-ed to your local media outlets to keep the pressure on Congress as they enter a busy September and critical negotiations around CHC funding. The op-ed template in our August Recess toolkit can be found [here](#).



**POLICY
UPDATES**

ACH-Specific Legislation Updates

Health Equity

ACH continues to promote Rep. Yvette Clarke (D-NY)'s Health Center Community Transformation Hub Act, HR 1072, on the Hill, including continuing conversations with Rep. John Curtis (R-UT) as a potential lead Republican sponsor.

ACH Joins Data Equity Coalition: The National Minority Quality Forum and Blue Cross Blue Shield Association have convened a Data Equity Coalition. The mission of the Data Equity Coalition is to develop and recommend policy solutions that advocate for race, ethnicity, language representation, sexual orientation, and gender identification standards in support of health outcomes. Members include organizations representing patients, consumers, payers, providers, businesses, and social change constituencies, including the American Heart Association, National Rural Health Association, the Black Women's Health Imperative, National LGBTQ Task Force, and others. An initial issue brief was released by Coalition leaders in March 2023, which can be found here: ["Standardizing Data to Advance the Health Equity Movement: A Multi-Sectoral Strategy"](#).

FQHC Workforce

We continue to work toward the bipartisan introduction of the Developing the Community Health Workforce Act, to be sponsored by Rep. Raul Ruiz (D-CA). We are currently approaching potential Republican lead sponsors and hope to have the legislation introduced soon. We are also working to ensure that workforce needs are incorporated into discussions on the Community Health Center Trust Fund reauthorization.

As a reminder, ACH recommends \$950 million in FY24 for the National Health Service Corps (NHSC). We also support the Restoring America's Health Care Workforce and Readiness Act, S. 862, a three-year reauthorization introduced by Senators Dick Durbin (D-IL) and Marco Rubio (R-FL) for the NHSC that would double the mandatory funding from \$310 million to \$625 million in FY24 and increase to \$825 million in FY26. For the Teaching Health Centers Program, ACH recommends an investment of \$5 billion over ten years.

Emergency Preparedness

ACH continues to work with Rep. Nanette Barragan (D-CA) on the Emergency Preparedness for Underserved Populations Act, legislation to create a fund that will help health centers prepare for the next pandemic, natural disaster, or other emergency, and is working to identify a Republican lead sponsor. The working group will hold its first meeting on September 18th and meet quarterly. As a reminder, ACH provided [feedback](#) to the [Health Care Preparedness and Response Capabilities](#) guidance.

Updates on ACH Priorities

CHC Invest

Community Health Center Reauthorization:

In the Senate, the HELP Committee is still negotiating their reauthorization. HELP Committee Chairman Bernie Sanders (I-VT) is working with Sen. Roger Marshall (R-KS) on a potential bipartisan proposal, while HELP Committee Ranking Member Bill Cassidy, M.D. (R-LA) has introduced a reauthorization bill that mirrors the House proposal – a 2-year reauthorization allocating \$4.2 billion per year, a 5% increase. ACH remains laser focused on our goal of achieving a significant increase through the trust fund reauthorization, above the House level. ACH is continuing strategic conversations throughout

August with members of the Senate as the HELP Committee continues deliberating, and ultimately the House and Senate will have to negotiate a final funding level. We expect to see an extension to give negotiators more time, beyond the September 30 deadline.

Appropriations for FY24:

As for the appropriations process for discretionary spending, the community health center program has been flat funded in both the House and the Senate, at \$1.86 billion for fiscal year 2024. The path ahead for these bills is murky, and we fully expect to see Congress either enact a continuing resolution to give them more time to negotiate or, if they cannot agree on terms by September 30, we may see a government shutdown.

More information on our CHC Invest campaign and all we are doing to urge Congress to increase funding for health centers can be found [here](#).

Potential Government Shutdown Update:

Government funding runs out in less than 30 days. As August recess continues, the possibility of an [October 1st shutdown continues to grow](#).

One scenario we may see could be a short-term continuing resolution (CR) coupled with short term extensions for the various authorizations that expire on September 30, including the CHC Trust Fund and NHSC reauthorizations. Neither chamber is close to finishing its annual appropriations work, let alone striking a deal on what the final spending bills should look like, so the extra time will almost certainly be needed.

House Republican leadership believes that their conservative factions will support a short-term CR in order to pass more appropriations bills, giving them leverage against the Senate in conference negotiations. However, on Monday, the House Freedom Caucus released a list of demands needed to support a short-term, stopgap funding bill needed to prevent a government shutdown on September 30, making the process even more murky.

Given the uncertainty facing the September 30 deadline, we thought it might be helpful to provide the following shutdown resources:

[HHS Staffing contingency plan](#)

[General Principles That Govern An Agency's Actions During a Shutdown](#)

[Agency Operations in the Absence of Appropriations](#)

340B/C

340B/C: ACH, with significant input from our 340B Working Group, submitted a [letter](#) responding to the bipartisan [Senate 340B Working Group's RFI](#), which sought feedback on ways to improve the 340B program. In addition, on July 24, ACH sent a [stakeholder letter](#) to the HELP and Energy and Commerce Committees outlining the challenges health centers are facing in the 340B program and recommending [340C as a solution](#) that included signatures from 104 national, state, and local organizations representing 25 states as well as DC and Puerto Rico.

Value-Based Care

The VBC working group met a couple weeks ago to kick off its FY2024 agenda. The group will meet monthly for the rest of the calendar year to gain momentum on next steps and discuss barriers health centers face in VBC.

Meanwhile, the Making Care Primary (MCP) model [Request for Applications](#) is available, and applications can be submitted starting September 5. ACH will host an informational MCP webinar next week for

eligible health centers so members can get more information on the process and next steps.

Additionally, CMS has announced another new voluntary model – the [Guiding an Improved Dementia Experience \(GUIDE\) Model](#) – which aims to support people living with dementia and their unpaid caregivers. FQHCs cannot directly bill for GUIDE services but can serve as “Partner Organizations.” CMS has clarified that GUIDE providers and GUIDE beneficiaries can participate in the GUIDE Model along with other CMMI models and MSSP. Please reach out to Kristen Constantine for more information on our VBC work at kconstantine@cha-dc.com.

The Latest News From DC

Summer recess continues for Congress with the House out of session until Monday, September 11, and the Senate returning Tuesday, September 5. As we all look forward to Labor Day plans and late summer getaways, on the Hill, the chance of a government shutdown increases with each passing day. This would be the fourth government shutdown in the past decade. Speaker Kevin McCarthy (R-CA) and Senate Majority Leader Chuck Schumer (D-NY) have signaled they are considering a short-term continuing resolution (CR) to continue current government funding levels through December or later, but many sticking points remain, including disagreements on funding for border security. More on the possibility of a shutdown below.

Meanwhile, the first 2024 Republican presidential debates kicked off on August 23, in Milwaukee with eight confirmed candidates: Florida Gov. Ron DeSantis, former New Jersey Gov. Chris Christie, former Vice President Mike Pence, tech entrepreneur Vivek Ramaswamy, former South Carolina Gov. Nikki Haley, South Carolina Sen. Tim Scott, North Dakota Gov. Doug Burgum and former Arkansas Gov. Asa Hutchinson. Former President Trump skipped the debate. Hot topics included abortion, views of former President Trump, Ukraine, and border control. The next debate will take place on September 27.

Must-Read Articles

[After End of Pandemic Coverage Guarantee, Texas Is Epicenter of Medicaid Losses](#)

[Every Week is National Health Center Week](#)

[Street Medicine in California: Delivering Care to People Who Are Unhoused](#)

[Swope Health Services Wins CMS Navigator Award](#)



UPCOMING EVENTS

September 12-13: [DEA Hosts Public Listening Sessions on Telemedicine Regulations](#), *Livestream available.*

September 14: [Today with Macrae, Health Center Program Updates](#), 2:00 p.m. ET. *Virtual.*

September 27: [ACH Member Policy & Advocacy Update Webinar](#), 12 p.m. ET. *Virtual.*

September 28: [Culture-Centered Dietary Interventions to Address Chronic Diseases](#), 12:00 p.m. ET to 5:00 p.m. ET. *Virtual.*

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