



**ADVOCATES FOR  
COMMUNITY HEALTH**

**United for Health and Innovation**

# **Policy and Advocacy Update**

**September 27, 2023  
12:00 p.m. ET**

# OVERVIEW

## I. Welcome

## II. The Latest from Washington, DC

- CHC Invest
- Possible Shutdown
- Updates on other ACH Priorities

## III. Discussion

## IV. Conclusion



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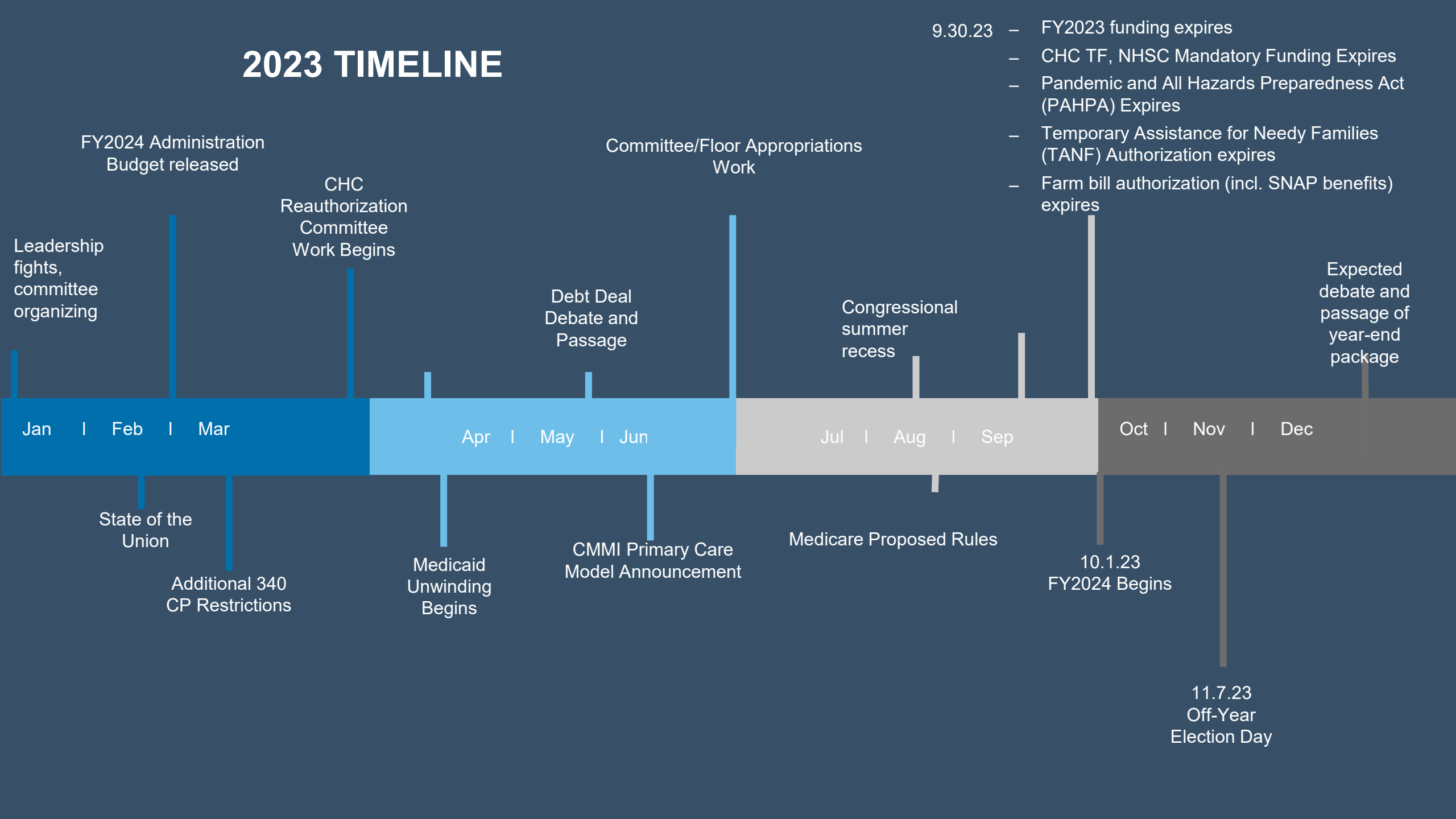
# Our Policy Priorities

- **CHC Invest** – A Bold Vision for CHC Funding
- **340B** – Protect and preserve access to this critical program
- **Health Equity** – Ensure fair, just, and equitable access to care for all
- **Workforce** – Attract, retain, and support a 21<sup>st</sup> century FQHC workforce
- **Value Based Care** – Promote efficient, effective care delivery
- **Emergency Preparation** – Ensure CHCs are prepared to address the next pandemic or natural disaster
- **Innovation** – Pursue innovative strategies to improve health outcomes



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# 2023 TIMELINE



# CHC Invest

## Our Asks:

- **Unprecedented need calls for bold action.** Through our CHC Invest campaign, ACH calls for \$9 billion for community health centers in Fiscal Year 2024, including:
  - CHC TRUST FUND REAUTHORIZATION (MANDATORY): Re-invest in the community health center trust fund in this year's reauthorization with \$6.2B in total, and at least 12% annual increase year over year for five years.
  - APPROPRIATIONS (DISCRETIONARY) FUNDING: Fund community health centers at \$2.8 billion in Fiscal Year 2024.



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# CHC Invest

## CHC Fund Reauthorization (Mandatory) - The Latest

- HOUSE: A bipartisan health care package has been agreed on that contains a **10% increase for the CHC Fund - \$4.4B/year for two years**. However, this package still hasn't been voted on by the House because of conversations to avert a government shutdown. TBD when the house will vote on this.
- SENATE: The HELP Committee passed the Bipartisan Primary Care and Health Workforce Act by a vote of 14-7, which would **reauthorize the CHC Fund at \$5.8B/year for three years**. There are complications with this legislation regarding how it will be paid for. We are working with key Senators to move this package forward.
- WHAT'S NEXT: When a continuing resolution (CR) is enacted to continue government funding, it will very likely also include a short-term extension for the CHC Fund. A final negotiated funding level will likely be included in a year end package.



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# CHC Invest

## CHC Fund Reauthorization (Mandatory) - The Latest

- Despite other narratives pushing for flat funding or supporting low investments in health centers and their patients, this movement in the right direction is proof of what strategy, vision, and persistent advocacy can produce.
- For well over a year, ACH has clearly and consistently advocated for an ambitious, historic investment in CHCs through the Community Health Center Trust Fund reauthorization, launching the [CHC Invest](#) campaign in May 2022.
- This campaign calls on Congress to make meaningful investments in health centers and help ensure FQHCs can fulfill their mission of providing services to critically underserved populations, serving all who seek care, regardless of ability to pay.
- We are gratified to see real movement toward our audacious goals.



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# CHC Invest

## Our Work:

- ACH CEO Amanda Pears Kelly testified before the Senate HELP Committee on the need for increased CHC funding at a hearing on March 2, “Community Health Centers: Saving Lives, Saving Money.”
- Spearheaded a stakeholder letter from 140 national organizations, PCAs, and health centers calling for an increase in funding through the CHC Trust Fund.
- Held hundreds of meetings (& counting) with key members of Congress and staff.
- Hosted a well-attended panel discussion on Capitol Hill, “A Perfect Storm: Community Health Centers and the Fight to Protect Patient Care.”
- ACH submitted Outside Witness Testimony for the Senate Appropriations Committee’s Labor, Health and Human Services Subcommittee for FY24.





# CHC Invest

## FY24 Appropriations & Possible Government Shutdown - The Latest

- Both the House and Senate have proposed flat funding for the Health Center Program in FY24 at \$1.86 billion.
- **Government funding runs out on September 30.**
- Congress is heading toward a government shutdown, as House Republicans continue negotiations on government funding leading up to the deadline.
  - The House is working to pass all 12 appropriations measures AND has a continuing resolution that it will consider this week, although it remains to be seen if conservative factions will allow any of these bills to pass.
  - The Senate is also going to vote on a continuing resolution this week, which they will send to the House for a vote.



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# Government Shutdown - What's Next?

## What does a shutdown mean for CHCs?

- **Funding:**
  - HRSA uses mandatory funds and carryover dollars to fund CHCs during a shutdown
  - HRSA told reporters this week that, because they are still obligating FY23 funds, they do not have a total carryover number
  - Privately, the agency has said they could fund programming through the end of this calendar year
- **HRSA Electronic Handbooks (EHB):** EHB will remain up and running, and users will still be able to submit tasks in EHB.
- **Medicaid and Medicare:** These programs will pay for services provided during the shutdown period; however, there might be a slight delay in claims processing.



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# Government Shutdown - What's Next?

## What does a shutdown mean for CHCs? (Continued)

- Most **Federal staff** are prohibited from working for the duration of the shutdown. HRSA and other Federal agencies will operate with only a skeleton crew of staff.
  - CHCs should expect substantial delays in getting responses to questions/ requests during the shutdown.
- **OSVs, FTCA, and 340B site visits (virtual or in-person)** scheduled to occur during the shutdown will likely be postponed. However, as Congress can reach an agreement to reopen the government on very short notice, CHCs are advised to prepare for the original dates.
- A shutdown should **not impact CHCs' ability to register new clinical sites to participate in 340B** starting in January 2024, as the deadline for these registrations will be in mid-November. However, it might impact the timeline for CHCs to register new contract pharmacy arrangements.



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## Our Ask:

**Enact the “340C” proposal, to ensure that the 340B program can continue to serve as a critical resource for health centers for years to come.**

**340C balances the need for transparency with the need for protections from actions that are eroding the program. 340C is “opt-in,” and includes:**

- **Protections:**
  - Prohibit PBM & insurance company actions that reduce savings
  - Allowed use of contract pharmacies without restriction
  - Guaranteed Wholesale Acquisition Cost (WAC) reimbursement for Medicaid drugs
- **Transparency:**
  - Entities commit to investing funds back into patient care and agree to audits and reporting requirements.



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## Our Work:

- Recently sent a **letter to Congress from 100+ stakeholders**, urging them to protect the 340B program and recommending the 340C proposal as a potential solution.
- Developed and sent a response to the **Senate 340B Working Group's Request for Information** on the 340B program.
- **Held dozens of meetings** (and counting) with key members of Congress and staff on the 340C proposal, garnering positive feedback and some potential sponsors.
- Developed a **comparison chart** to help stakeholders compare “apples to apples” the 340C proposal, ASAP 340B, and the Protect 340B Act.
- **Productive discussions and collaboration with stakeholders** including PCAs, health centers, hospital groups, PhRMA and pharmaceutical companies, hemophilia organizations, Ryan White/HIV/AIDS organizations, Title X and other reproductive health groups, rural health care organizations, and others.



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# Workforce

## Our Asks:

- Introduce the “**Developing the Community Health Workforce Act,**” to create a loan repayment program; increase workforce diversity at CHCs; create a CHC workforce pipeline program; expand FQHC and hospital training partnerships; and expand the behavioral health workforce.
  - We have identified a Democratic house lead and are working on identifying a Republican partner to help advance the legislation.
- **Reauthorize Key Workforce Programs:**
  - **National Health Service Corps:** ACH recommends \$950 million in FY24 and supports the **Restoring America’s Health Care Workforce and Readiness Act, S. 862**, a three-year reauthorization that would double the mandatory funding from \$310 million to \$625 million in FY24 and increasing to \$825 million in FY26.
  - **Teaching Health Centers Program:** ACH recommends \$5 billion over ten years.



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# Workforce

## Our Asks (Continued):

- **Invest in Workforce Wellness and Innovation:**
  - ACH supports the new \$25 million program proposed in the President's FY24 budget for **Supporting the Mental Health of the Health Professions Workforce**.
  - ACH supports the new \$28 million, ACH-championed **Health Care Workforce Innovation Program** proposed in the President's FY24 budget.
- **Expand and Diversify the Workforce:**
  - ACH recommends allowing Medicare coverage of services furnished by **Community Health Workers**, and advocates for community-based organizations to act as community health worker suppliers.
  - HRSA should require FQHCs to submit information on the **diversity of their workforce**, incorporate these measures into formal evaluation criteria, and establish a pool of funding to ensure that centers are able to recruit and hire diverse staff.
  - ACH also supports the President's request for \$349.9 million for Expanding and Modernizing the **Nursing Workforce** and supports CHC **workforce programs** like community college partnerships and apprenticeship programs.



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# Workforce

## Our Work & Progress:

- Several workforce provisions were included in the HELP Committee Bipartisan Primary Care and Health Workforce Act, including ACH's ask of \$950 million/year for the NHSC and ACH's proposal for a workforce innovation fund.
- We expect the "Developing Community Health Workforce Act" to be introduced by the end of the year.
- In April, ACH submitted comments as part of the Senate HELP Committee Request for Information on workforce issues, highlighting our priorities and advocating for our preferred solutions.
- We also highlight workforce needs in most Hill conversations, including around funding issues.



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# Health Equity

## Our Work & Progress:

- ACH worked with Rep. Yvette Clarke (D-NY) to introduce the **Health Center Community Transformation Hub Act**, HR 1072. This bill helps health centers create and anchor networks of community-based organizations to address social determinants of health.
  - We are currently working to garner Republican support in the House and to have a Senate companion introduced. The House bill currently has nine cosponsors.
- ACH and our members are working with the **CMS Office of Minority Health** on a pilot project to develop a **health equity summary score** (HESS) for FQHCs in order to facilitate a standardized approach to more equitable information gathering and decision-making.
- ACH has joined with a small group of organizations including the National Minority Quality Forum (NMQF), American Heart Association, National Rural Health Association, National Hispanic Medical Association, and others in the **Data Equity Coalition**, to develop and recommend policy solutions that advocate for race, ethnicity, language representation and sexual orientation and gender identification standards in support of health outcomes.



# Emergency Preparedness

## Our Work & Progress:

- ACH is working to introduce the **Emergency Preparation for Underserved Populations Act**, to create a fund to help CHCs prepare for the next pandemic or natural disaster.
  - We have identified a Democratic house lead and are working on identifying a Republican partner to help advance the legislation.
- ACH has submitted comments in both the House and Senate as they consider the reauthorization of the **Pandemic and All-Hazards Preparedness Act (PAHPA)** reauthorization, advocating for measures to help health centers prepare for disasters and emergencies.



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# Value Based Care

## Our Work & Progress:

- ACH was thrilled to see the development and launch of the new **Making Care Primary (MCP)** Model by the CMS Innovation Center.
- The MCP model leverages community-based connections to address patients' health needs and their health-related social needs, which can improve patient outcomes.
- This model has the potential to result in significant cost savings for all community health centers across the network allowing them to fulfill their mission as hyper-local health care hubs.
- **This model is the result of more than a year of conversations between the CMS Innovation Center, ACH, and health equity stakeholders across the country.** We are proud to see many of the recommendations from ACH's Value-Based Care Working Group included in the model, particularly a focus on addressing health-related social needs and integrating behavioral health into primary care.



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# Discussion

# Thank You!

More information is on our website at  
[www.advocatesforcommunityhealth.org](http://www.advocatesforcommunityhealth.org)



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