ADVOCATES FOR COMMUNITY HEALTH

Advocates for Community Health
2024 Policy Agenda

Advocates for Community Health is committed to meaningfully influencing federal public policy by leveraging the collective voice of our members to drive the health care systems, policies, and programs of the future.

1. **CHC Invest**
   Increasing immediate funding for health centers to $9 billion in FY25, and scaling investments in health center infrastructure, workforce, and innovation over the next six years to reach a total of $30 billion by 2030.

2. **Health Equity**
   Encouraging action to achieve justice, diversity, equity, and inclusion across the health care system.

3. **340B Drug Pricing Program**
   Improving the 340B program to ensure health centers can continue to re-invest funds into care for underserved patients.

4. **Community Health Center Workforce**
   Building and supporting a skilled and diverse workforce with the infrastructure necessary to provide exceptional care to patients.

5. **Value-Based Care**
   Leading the way to a more equitable, holistic approach to care for the underserved through value-based care.

6. **Emergency Preparedness**
   Pursuing a broad range of policy changes that build on lessons learned from the pandemic, the aftereffects of the pandemic, and prepare for future pandemics, natural disasters, and other emergencies.

7. **Innovation**
   Promoting investment in innovation to improve access to care, quality of care, and patient outcomes.

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2024 Congressional Priorities

CHC Invest

Enact increased, sustained funding for community health centers through the reauthorization of the Community Health Center Fund. Enact the funding level in the *Bipartisan Primary Care and Health Workforce Act* - $5.8 billion/year for three years. Ensure renewed focus on capital funds.

Through the annual appropriations process, fund community health centers at $3.2 billion for Fiscal Year 2025.

Scale investments in health center infrastructure, workforce, and innovation over the next six years to reach a total of $30 billion by 2030. This includes funding through the annual appropriations process and the mandatory Community Health Center Fund.

Increase funding for the National Health Service Corps (NHSC). Provide at least $950 million annually for the NHSC, which supports primary care providers in underserved communities through scholarships and loan repayment programs.

Increase funding for the Teaching Health Center Graduate Medical Education (THCGME) program. Congress should provide at least $300 million annually for the THCGME, and provide funds sustainably beyond the number of residents.

Health Equity

Advance the *Health Center Community Transformation Hub Act*, HR 1072. Sponsored by Representative Yvette Clarke (D-NY), this legislation creates a supplemental grant program to help health centers serve as a "hub" among local organizations to more effectively address the social determinants of health faced by patients.

340B Drug Pricing Program

Enact legislation creating *340C*, a voluntary subset of the 340B program. The opt-in 340C proposal holds participants accountable for the use of their 340B savings, ensuring it is funneled back to patient care, while protecting against practices that erode those savings including contract pharmacy restrictions, lowered reimbursement from PBMs and insurance companies, and Medicaid state-level "carve outs."

Community Health Center Workforce

Advance the *Developing the Community Health Workforce Act* (to be introduced), which:

- Improves recruitment and retention of CHC staff through a Loan Repayment Program,
- Increases workforce diversity at CHCs through data and evaluation,
- Creates a community health center workforce pipeline program,
- Expands CHC and hospital training partnerships through GME programs, and
- Expands the behavioral health workforce available to treat health center patients.

Address health care workforce burnout and build resilience. Congress should invest funding in evidence-based interventions at community health centers to ensure that providers are connected to behavioral health resources and peer support.

Adjust health center reimbursement to acknowledge workforce shortages and staffing costs. Congress should direct relief to health centers struggling to recruit and retain health care workers through tax credits, increased FMAP to allow for higher Medicaid reimbursements, and other mechanisms.

Recognize pharmacists as providers under the Medicare program. Currently, pharmacists are not recognized as providers under Medicare Part B and therefore cannot directly bill for most of the clinical services they provide.

Value-Based Care

Invest in capacity building for equitable, value-based care at health centers. Create a new partnership between CMS and the Health Resources and Services Administration (HRSA), to support the capacity building that many health centers need to fully implement a successful value-based care model.

Fund incentives and technical assistance for states seeking to establish, expand, or improve their alternative payment models (APMs) with federally qualified health centers.

Emergency Preparedness

Advance the *Emergency Preparedness for Underserved Populations Act* (to be introduced), to help community health centers conduct comprehensive emergency preparedness and response activities in their communities.

Innovation

Invest in telehealth, remote patient monitoring, and other digital tools that increase access to care. Institute permanent, adequate reimbursement under Medicare and Medicaid for telehealth, including audio-only services, remote patient monitoring, and other tools that enhance patient care. Provide safe harbor from anti-kickback laws for health centers assisting patients with technology costs.

Invest in health center initiatives that expand use of artificial intelligence (AI) and other emerging technologies. Help community health centers explore and pilot the use of AI in the delivery of care.

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2024 Administration Priorities

Health Equity

Provide flexible funding to federally qualified health centers (FQHCs) to implement programs proven to close health equity gaps. Rather than requiring specific programming, HRSA should implement a flexible funding stream for innovative programming with the sole goal of achieving more equitable care delivery. [HRSA]

Support programming to address patients' Health Related Social Needs. HRSA should include community-based organization (CBO) partnerships as an allowable expense under 330 grant funding. The Medicaid program should clarify that Medicaid MCOs can contract with FQHCs to serve a similar role. [HRSA/CMS]

Develop, test, and disseminate health equity measurement tools. Identify health equity measurements, pilot those measurement processes, and deploy comprehensive measurement processes across the health care system. [HRSA/CMS]

Integrate health equity into evaluation and payment for health centers. Integrate validated health equity measurement into performance metrics for value-based care models. Measurement tools should evolve to acknowledge intersectional identities and include measurement of the diversity of the health care workforce. [HRSA/CMS]

340B Drug Pricing Program

FQHCs, Medicaid, and State 340B Savings "Carve Outs":

- CMS should exempt FQHCs from the actual acquisition cost fee for service Medicaid reimbursement methodology and instill additional guardrails around forced "carve-out" policies. [CMS]
- CMS should clarify that states are not permitted to mandate that Medicaid Managed Care Organizations (MCOs) reimburse for 340B drugs at actual acquisition cost or force providers to carve out. [CMS]

HRSA should establish new requirements around entity burden reduction before approving manufacturer audits of FQHCs. [HRSA]

Community Health Center Workforce

Establish and disseminate leadership training and incentives for FQHC workforce, to encourage and facilitate career ladder mobility within health centers. [HRSA]

Value-Based Care

Continue to implement value-based care pilots that encourage participation from FQHCs. The Centers for Medicare and Medicaid Innovation (CMMI) has announced multiple models that specifically target FQHCs. CMMI should continue improving and iterating on these pilots for maximum success. [CMMI]

Increase technical assistance to states looking to work with FQHCs on value-based care. Examine existing APMs, identify barriers to success, and support sharing of best practices.

[CMS]

Clarify and improve policy related to MCOs to ensure successful value-based care models with FQHCs. Medicaid should clarify that services that address the social determinants of health can be considered medical costs for purposes of calculating medical loss ratios, and that services provided by FQHCs to address the social determinants of health can be quality-improvement activities. [CMS]

Incorporate risk adjustment measures into value-based care models that include safety net providers. Social risk factors must be incorporated into risk adjustment models for value-based care in Medicare and Medicaid to provide more accurate benchmarks for participants. [CMS]

Emergency Preparedness

Continue to invest in health centers as culturally and linguistically adept messengers for vaccinations, testing, and treatment. Many patients will overcome vaccine hesitancy with time and information from a trusted source. The federal government should continue to maintain the federal allocation process for COVID-19 vaccines and boosters, as well as continued investment in FQHC staff for vaccine outreach and education. [Various]

Include health center patients in research related to long COVID. To fully understand the impacts of long COVID, the individuals participating in research must appropriately reflect impacted communities. NIH and other entities should ensure that research studies tracking the impact of long COVID include health center patients. [NIH/AHRQ]

Enable comprehensive pediatric care for kids at risk based on clinical factors and social drivers of health. Delayed care in children has led to lower vaccination rates and higher rates of dangerous viruses such as respiratory syncytial virus (RSV). Support for community health centers to engage in targeted outreach and comprehensive care management to help kids and families catch up on necessary medical and behavioral health care. [Various]

Innovation

Eliminate policy barriers to federally qualified health centers delivering specialty care. HRSA and federal payers should work with leading FQHCs to promote expansion into specialty care delivery. [Various]

Recognize and encourage patient-centered and climate resilient facility design. Prioritize infrastructure investments to incentivize facility design that improves patient experience. [HRSA]

Continue to develop and evaluate programs to improve health literacy. Support and advance the most successful efforts to build and measure patient health literacy. [OMH/CMS]