Community Health Care Association of New York State

2010-11 NEW YORK STATE BUDGET PRIORITIES

Providing A High Quality, Comprehensive Primary Care Home. Community, migrant and homeless health centers offer comprehensive primary health care including family medicine, pediatrics, obstetrics and gynecology, dental, laboratory, mental health and substance abuse services. Many health centers subsidize prescription pharmaceuticals, some providing medications for as little as $5 or $10 per prescription. Health centers provide nationally recognized care management for people with chronic diseases such as asthma, diabetes, cardiovascular disease and others, and have proven results in reducing disparities in health and health care.

Serving the Vulnerable. Health centers serve as the family doctor and healthcare home to more than 1.3 million New Yorkers in over 445 sites in rural, urban and suburban communities. Located in designated underserved communities or assisting underserved communities, like the homeless and migrant workers, these centers target those who are the hardest to reach. Most health center patients have income below poverty, 28 percent are uninsured and 41 percent are covered by Medicaid.

Patient-Focused, Community-Based. Health centers are, by design and by law, community-based and patient focused. The majority of every community health center board must be patients of the health center. The majority of every community health center board must be patients of the health center.

The Community Health Care Association of New York State (CHCANYS) **works to ensure that all New Yorkers, and particularly those living in underserved communities, have access to high quality community based health care services by promoting policy priorities focused on ensuring:**

- Health insurance coverage for all New Yorkers;
- Access to a high quality health care for all New Yorkers, including integrated behavioral health care and high quality oral health care; and
- Investment in community-based primary care infrastructure including development of a strong primary care workforce, support for health information technology for primary care providers and capital funds for primary care in underserved communities.

THE NEED FOR ACTION IN A TIME OF CRISIS: SHORING UP COMMUNITY HEALTH CENTERS, REFORMING NEW YORK'S HEALTH SYSTEM

New York must respond to the current budget crisis in a manner that moves us toward a long-term solution that keeps people healthy in the most cost-effective way. With this in mind, New York's community health centers urge lawmakers to:

- **Ensure access to care for the uninsured by increasing Diagnostic & Treatment Center Indigent Care funding and restoring funding for migrant health care;**
- **Improve quality and efficiency of care by restoring funding for Electronic Health Records (EHR) Transition Funds;**
- **Develop the health care workforce in underserved communities; and**
- **Ensure access to capital for safety net primary care providers.**

As the economy falters, the need for accessible, comprehensive, high-quality care in the most cost-effective setting becomes more pressing than ever. Unfortunately, New York is weathering the current economic crisis with a healthcare infrastructure that falls far short of this mark. For decades, New York State has urgently needed to rebalance its health care delivery system from one reliant on expensive emergency and inpatient care to one that makes available effective, affordable community-based primary and preventive care.

New York's community health centers are crucial both to reforming New York's health care system, and meeting the increasing demand of New Yorkers in times of economic crisis. Health centers provide high-quality care to uninsured and underserved people. They help keep people healthy – preventing hospitalizations and other high-cost care. And they are the place New Yorkers turn when they lose a job and with it, their insurance, but still need medical care to keep a child's asthma under control or manage high blood pressure in a time of stress.

Yet, health centers are facing a significant crisis as they try to care for the ninsured. New York's longstanding policy of underpaying for primary health care delivered to uninsured people threatens health centers' ability to provide care for our most vulnerable.

Across-the-board cuts to programs such as electronic health record transition funds, migrant health care, school-based health, HIV testing and other local assistance have compounded the crisis. Health center resources, most especially indigent care funding for diagnostic and treatment centers (D&TCs), are already grossly inadequate and will only be further stretched with rising demand.

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CHCANYS | Defining New Directions

Community Health Care Association of New York State

Ensure Access to Care for the Uninsured: Restore and Increase Diagnostic and Treatment Center Indigent Care Pool

Policy Request

To ensure that the most vulnerable patients are able to access care, we urge the Legislature to:

- **Protect the D&TC Indigent Care Pool from cuts.**
- **Restore last year's 2% cut to the D&TC Indigent Care Pool.**
- **Increase D&TC Indigent Care Pool funding to keep up with rising demand.**
- **Support legislation requiring the State to pay Indigent Care Pool funds to safety net providers in a timely manner.**

Background

- The Diagnostic &Treatment Center (D&TC) Indigent Care Pool provides funding to health centers for services provided to uninsured patients.
- 28% of community health center patients statewide are uninsured.
- Community health centers are New York State's primary care safety net.
- The number of uninsured persons in New York State served by community health centers increased by 68% between 1996 and 2007. The pool grew by only 15% during that period.
- Health centers are a good place for uninsured persons to get care; they are cost effective and many participate in pharmacy programs that can provide significant discounts to uninsured patients for prescription medication.
- Community health centers are buckling under the burden of providing care for the uninsured because of the low reimbursement they receive for serving these patients.
- The Hospital Indigent Care Pool currently pays approximately 60 cents on the dollar compared to the D&TC pool that pays just 30 cents on the dollar.

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Community Health Care Association of New York State

Health Information Technology in Primary Care Settings will Improve Quality and Efficiency

Policy Request

To enhance the capacity of the primary care safety net, we request that the Legislature:

- **Restore $9.8 million ($4.9 million State share) in statewide Transition funding to provide operating support for integrated electronic health records (EHR) for safety net primary care providers.**

Background

- The 2010-11 Executive Budget completely eliminates $9.8 million ($4.9 million State share) Electronic Health Records (EHR) Transition Funding for community health centers and other safety net primary care providers.
- EHR Transition Funding provides crucial operating support for EHRs for community health centers to improve data management and reporting in safety net primary care settings.
- The Deficit Reduction Act cut 2008-09 EHR Transition Funding by 26%.
- Investments have already been made by health centers with the promise of these funds.
- EHRs allow health centers to better address health care disparities and improve the quality, safety, and efficiency of health care delivery.
- EHRs result in better clinical outcomes, reduced medical errors, and decreased costs associated with unnecessary and duplicate services.
- EHRs are expensive to operate, especially for community health centers that have small staff without internal expertise in EHRs, limited organizational capacity for such complex undertakings and extremely tight resources.

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Community Health Care Association of New York State

Streamline Credentialing to Improve Access to High Quality, Cost-Effective Primary Care Safety Net Providers

Policy Request

To improve access to primary care safety net providers, we request that the Legislature:

- **Support legislation that streamlines and improves the credentialing process to expand access to high quality, cost-effective primary care providers.**

Background

- Credentialing delays, duplicative credentialing, and inconsistent credentialing requirements among health plans (commercial and public) present a significant problem for health centers.

- Substantial administrative burdens are associated with the staff time needed to complete the plans' credentialing processes, which often duplicate the health center's own credentialing activities to comply with the Bureau of Primary Health Care expectations under Policy Information Notice 98-23. These processes are also undertaken in addition to health centers' obtaining a Medicaid provider identification from the Medicaid fee-for-service program.

- Until a provider is credentialed, the health center cannot bill the health plan for the provider's services. This either exacerbates existing primary care workforce shortages in underserved communities (if the health center delays the start date of new providers until they have been credentialed) or reduces health center third party revenues (if the health center foregoes reimbursement for the non-credentialed provider's services).

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Invest in the Health Care Workforce in Underserved Communities

Policy Request

To bring physicians into underserved areas and to community-based settings we request that the Legislature support funding the Executive Budget's Doctors Across New York proposal including:

- **Funds for Tuition Loan Repayment for Physicians who commit to working in an underserved area.**
- **Grants for physicians locating in underserved areas.**

Background

- As primary care providers in economically distressed communities, health centers struggle to find the professional staff that they need.

- Some centers struggle to meet payroll obligations from month to month.

- Many centers are unable to pay the salaries expected by physicians and mid-level practitioners and most have had difficulty recruiting and retaining professional staff because the primary care sector can't meet market expectations.

- There is a serious shortage of primary care physicians in rural and poor urban areas throughout New York State and over ¼ of the State's population live in areas designated as "underserved."

- Barriers to getting primary care providers into underserved areas are both financial and structural.

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Restore Migrant Health Care Funding

Policy Request

To ensure access to care for migrant and seasonal farmworkers, we request that the Legislature:

- **Restore cuts in funding for health centers to care for migrant and seasonal farmworkers ($442,000).**

Background

- Migrant Health Care funding allows health centers and other eligible providers to care for over 15,000 migrant and seasonal farmworkers and their families.
- Migrant and seasonal farmworkers are integral to New York State's $3.6 billion agricultural economy.
- 3 in 5 farmworkers live below the federal poverty level.
- Migrant and seasonal farmworkers are an extremely vulnerable population.
- Farm work ranks as the 3rd most hazardous occupation in the nation, behind mining and construction.
- New York's Migrant Health Care centers keep farmworkers healthy by providing primary and preventive health care services, including
    - culturally competent outreach;
    - interpretation;
    - transportation;
    - health education;
    - and dental care.