

## **2012-13 New York State Budget Priorities**

Community, migrant and homeless Federally Qualified Health Centers (FQHCs) provide high-quality, affordable and accessible primary and preventive health care for more than 1.4 million New Yorkers at over 500 sites in urban, rural and suburban communities. FQHCs are the backbone of New York's primary care system.

The fiscal challenges faced by New York State continue to impact every area of health care and all New York residents. We thank our State elected officials and government leaders for leading the design of fundamental health system reforms intended to reduce costs while improving health status and quality of care.

FQHCs have a proven track record of improving patient outcomes and reducing health disparities for the most vulnerable populations—the uninsured and underinsured, Medicaid beneficiaries, and those living in poverty. What is more, FQHCs have been shown to significantly lower the costs associated with treating patients with chronic disease as well as reduce the rates of avoidable and costly emergency room visits and preventable hospitalizations.

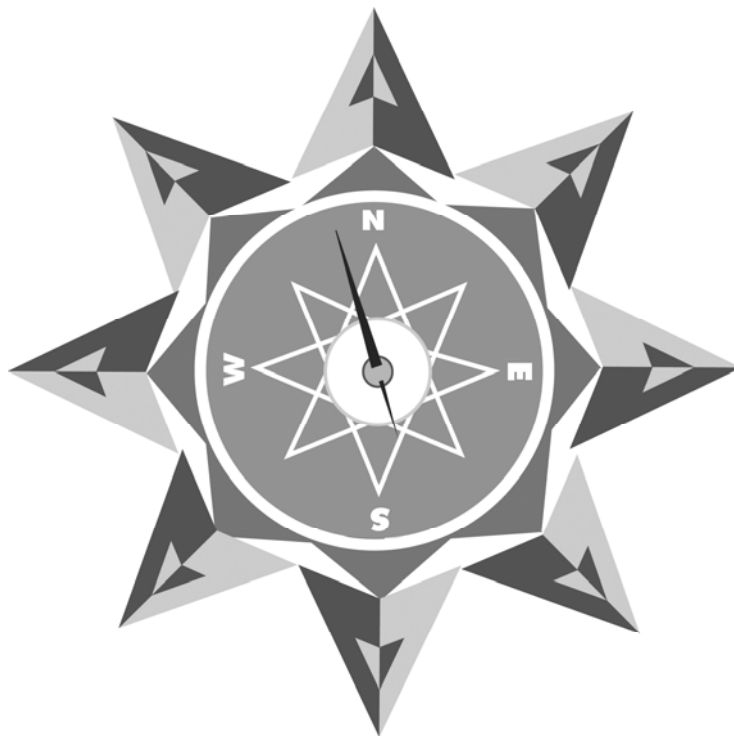
FQHCs are critical providers of patient-centered, community-based primary care, and thus are at the center of the health care safety net and of large scale efforts to reform the health care system. That is why we are so pleased that the Governor has recognized FQHCs as crucial to and partners in the State's significant efforts to transform health care in New York.

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 these goals. With this in mind, New York's FQHCs and CHCANYS proudly support the following policy proposals:

- **The Executive Budget's proposed \$54.4 million for the Diagnostic and Treatment Center (D&TC) Indigent Care Pool.**
- **The Executive Budget's proposed \$1 million for the Primary Care Service Corps, which would offer loan repayment for primary care practitioners who agree to practice in an underserved area for at least a year.**
- **The Executive Budget's proposed \$430,000 for continued funding for community health centers serving migrant and seasonal farm workers and their families.**

CHCANYS commends the work of the Governor, the Legislature and the Medicaid Redesign Team for their work to avoid draconian cuts and protect New York's most vulnerable populations while moving the health system toward greater investment in high-quality, cost-effective primary care. We look forward to working closely as a partner with the State as they continue to implement the recommendations of the Medicaid Redesign Team.

We recognize that any real progress towards our goals of greater access to high-quality, affordable primary care for all New Yorkers will only be accomplished through the thoughtful implementation of reforms, but we must also make equally thoughtful investments. As New York State's Primary Care Association, CHCANYS stands ready to lead this effort alongside our partners inside and outside the health system.



**Ensure Access to Care for the Uninsured: Protect the 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:

**Maintain the Executive Budget's proposed \$54.4 million for the Diagnostic and Treatment Center (D&TC) Indigent Care Pool.**

**Background**

The Diagnostic and Treatment Center (D&TC) Indigent Care Pool provides funding to health centers for services provided to uninsured patients. Community health centers are **New York State's primary care safety net**, but they are **buckling under the burden of providing care for the uninsured** because of the low reimbursement they receive for serving these patients. According to our mission and our mandate, **community health centers are only located in designated underserved communities** and they provide access to primary and preventive health care regardless of insurance status or ability to pay.

Though we try hard to ensure that people are enrolled in health insurance plans if they are eligible, **26% of health center patients are uninsured**; at some centers, more than 50% of all patients are uninsured.

**Community health centers serve those most in need.** Their patients are more likely to be on Medicaid, uninsured, living in poverty, and Black or Hispanic than the state's total population.

**Community Health centers are affordable and open to everyone.** Uninsured patients pay according to a sliding fee schedule based on income and family size.

**The D&TC Indigent Care Pool uses a simple, transparent formula to assess "uncompensated care need."** Put simply, the "need" is calculated by multiplying the number of "self-pay" or uninsured visits times that facility's Medicaid rate. From that amount, the amount that the facility received to offset the visits (i.e. if the patients paid anything for the visit) is subtracted to come up with a nominal figure representing "need" or losses. **The more uninsured care a center provides, the greater proportion of the pool the center receives.**

## Maintain Migrant Health Care Funding

### Policy Request

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

**Maintain the Executive Budget's proposed \$430,000 for continued funding for community health centers serving migrant and seasonal farm workers and their families.**

### Background

Migrant Health Care funding allows health centers and other eligible providers to **care for over 17,000 migrant and seasonal farmworkers** and their families.

Migrant and seasonal farmworkers are integral to **New York State's \$4.4 billion agricultural economy**.

Migrant and seasonal farmworkers are an **extremely vulnerable population**.

It is estimated that **61 percent of farmworkers live in poverty**, with a median income of less than \$11,000 annually.

Farmworkers tend to have **more frequent health problems than the general public**. In addition, their health problems are often more severe, and farmworkers are more likely to experience multiple health problems simultaneously.

**Agriculture is one of the most accident-prone industries in the United States**, and workers in the industry face the second highest fatality rate in the nation.

**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.

**Federally Qualified Health Centers' migrant health programs proudly serve this special population that is at high risk for injury and illness.**

## Invest in the Health Care Workforce in Underserved Communities

### Policy Request

To bring primary care practitioners into underserved areas and community-based settings, we request that the Legislature:

**Support the Executive Budget's proposed \$1 million for the Primary Care Service Corps.**

### Background

The purpose of the program would be to **increase the supply of midwives, nurse practitioners, physician assistants and others who practice in underserved communities**. This program will respond to the **serious shortage of a range of primary care practitioners in rural and poor urban areas** throughout New York State, with over ¼ of the State's population living in areas designated as "underserved" by the federal government. Barriers to getting primary care practitioners into these underserved areas are both financial and structural, including a declining number of physicians going into primary care specialties, a lack of adequate health care systems in these areas, and lack of financial resources to support primary care practices.

As primary care providers in many economically distressed communities, **health centers struggle to recruit and retain the professional staff** that they need to provide necessary primary care services, with some centers experiencing chronic financial instability.

Additionally, many centers are unable to pay the competitive salaries expected by physicians, mid-level practitioners, and dentists and most have had **difficulty recruiting and retaining professional staff because our health centers cannot meet market expectations of these providers**. This program addresses this challenge.

Eligible clinicians would receive **loan repayment funding in return for a commitment to practice in an underserved area**.

The program builds on the success of the National Health Service Corps by adding support to job categories important to the quality and efficiency of the delivery of primary care. **Awards would be similar to those awarded by the National Health Service Corps (NHSC)**.

**CHCANYS supports the Primary Care Service Corps as an effort to improve access to health care services in needy areas across the state.**