# The Opportunities

- Evidence Demonstrates Need for FQHC Expansion
  - 2+ Million Lack Primary Care Access
  - *Early* FQHC Expansion Critical to Achieving DSRIP Goals
  - PPS Community Needs Assessments
  - CHCANYS Growth and Sustainability Plan Lays Roadmap

- State Policy Opens *Potential* FQHC Expansion Opportunities
  - CON Changes
  - PPS Patient Attribution Model
  - $1.2 Billion Capital Fund
  - Quality-based payment reform (NCQA 2014, MMC Contracts, Advanced Primary Care)

- Investors Increasingly Recognizing Impact and Value of FQHCs
  - CDFIs, Private Sector Lenders Making Strategic Investments
  - FQHC/Lender Partnerships Encourage Growth, Sustainability
    - 1/3 of FQHC ACA expansion with CDFIs (Capital Link)
    - 0.2% default rate (Capital Link)

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# The Challenges

- Lack of Capital
  - $1.2 Billion Not Enough, Slow (over 5-6 years)
  - Competition with Hospitals, Nursing Homes, etc.
  - Will Require Access to Affordable Financing
  - Risk/Uncertainty Impacts Capital Affordability

- PPS Structure and Role of FQHCs
  - Who is In Charge?
  - Impact of MMC Payment Reform

- 330 Funding Cliff
  - How Severe?
  - Impact on NYS FQHCs (Collectively and Individually)

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# Actions to Increase Capital for FQHCs

- Advocate for FQHC Expansion
  - Key Message: FQHC Expansion Critical to DSRIP; Policies and Resources Must Follow
  - CHCANYS and PCDC Collaboration
  - FQHCs, CDFIs, other Key Stakeholders

- Ensure FQHC Expansion Part of PPS Capital Plans
  - Evidence of Need, Impact and Sustainability
  - Well-Developed Expansion Plans
  - Evidence of Non-State Matching Investment (i.e. Debt, Equity, Foundation)

- Policies to Accelerate FQHC Expansion and Capital Access
  - State-Backed Credit Enhancement to Encourage Lending, Lower Borrowing Costs
  - Use New Markets Tax Credits with $1.2 Billion Fund
  - Regulatory Relief (CHCANYS Recommendations)
  - MMC Reform that Values Sustainable, Evidence-Based Primary Care Model

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