

New York City Council Committees on Health and Hospitals

Joint Hearing on Int. 1668

October 31, 2019

Thank you for the opportunity to provide testimony today in favor of Intro. 1668. My name is Rose Duhan and I am the President and CEO of the Community Health Care Association of New York State (CHCANYS), the Primary Care Association for federally qualified health centers (FQHCs).

Health Centers are New York City's Primary Care Safety Net

CHCANYS is the voice of community health centers that serve as leading providers of primary care in New York State. We work closely with more than 70 FQHCs, also known as community health centers, that operate over 800 sites statewide. FQHCs are non-profit, community run clinics located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. All health centers are required to have a sliding fee scale for patients under 200% of the federal poverty limit. Federal law also mandates that a majority of health center board members be patients of that health center, ensuring that the center is reflective of and responsive to their community.

The 500 community health center sites in New York City, scattered throughout all five boroughs and in nearly every community district, create an expansive primary care safety net. 1.4 million, or one in seven, New Yorkers receive care at a community health center. Health centers are experts at providing care to those most in need- more than 90% of health center patients in New York are below 200% of the federal poverty limit, 62% receive Medicaid, and 16% are uninsured. Last year, New York health centers served 220,000 uninsured New Yorkers, approximately one-third of all uninsured residents.

Community health centers are more than just a doctor's office- they provide a full range of

culturally appropriate, comprehensive health and support services, including physical health, behavioral health and dental services and enabling services like transportation, case management, insurance enrollment assistance, and health education. While all health centers are required to provide care to anyone seeking it, some health centers have special expertise in serving certain populations-- like people experiencing homelessness, migrant farm workers, refugees and people from the LGBTQI community. Community health centers also operate approximately 125 school-based health centers in New York City.

CHCANYS Support for Intro. 1668

CHCANYS is pleased to support Intro. 1668, which would create a health access program in New York City aimed at bringing the over 600,000 uninsured New Yorkers into care. Under the program, enrollees would be offered a medical home providing comprehensive primary care in their community district and a patient navigator to assist them in accessing services. CHCANYS has also been supportive of the recently implemented NYC Care, which seeks to connect uninsured patients with providers at one of the more than 30 Gotham Health sites. Gotham Health, a federally qualified health center and member of CHCANYS, is a critical component of the expansive network of New York City health centers, providing comprehensive primary care services to hundreds of thousands of New Yorkers every year. We work closely with Health and Hospitals and Gotham leadership and have appreciated their transparency and open communication with CHCANYS and the other New York City health centers as NYC Care has gotten underway.

CHCANYS urges the City Council to work with the Administration to build on the early successes of the NYC Care program by leveraging the breadth and expertise of the 500 community health centers sites throughout the City. Of the 43 Council Districts with health center sites in them, approximately one third have Gotham Health sites. The remaining 27 Districts have health centers operated by another community health center organization. All health centers share a common mandate, however- to provide high quality, comprehensive primary care services to anyone seeking care, regardless of insurance coverage, income, or immigration status. CHCANYS is appreciative of Intro. 1688's effort to design a health access

program that incorporates all of New York's community health centers.

A coordinated health access program, such as the kind envisioned by Intro. 1668, would facilitate access to primary and preventive care, as well as care for chronic conditions. People who are both poor and uninsured are more likely to delay needed medical care for chronic diseases, less likely to fill a prescription, and more likely to be hospitalized for a condition that could have been otherwise avoided with timely health care. Uninsured persons receive less preventive care, are diagnosed at a more advanced stage of illness and, once diagnosed, tend to receive less therapeutic care and have a higher mortality rate. Lack of insurance leads to higher rates of emergency room use, especially for conditions that could have been mitigated early or treated more efficiently in a primary care setting. Studies have shown that access to coordinated health care services through a health access program reduces reliance on more costly forms of care, such as emergency departments, and increases the number of uninsured patients who report having a usual source of care.¹

CHCANYS looks forward to working with the Council and the Administration to ensure that Intro. 1668 utilizes and enhances the City's strong primary care safety net. We wholeheartedly support enhancing access to care throughout New York City by leveraging the full complement of community health centers in all five boroughs. CHCANYS supports Intro. 1668 and urges the Council and the Administration to design a health access program that supplements existing state and federal community health center funding, such as the Health Center Program Funding and New York Safety Net Funding, aligns with federal sliding fee scale requirements at community health centers, and supports the health center mandate to provide care to anyone who seeks it, regardless of insurance status or income.

Thank you for the opportunity to speak to you today. I am happy to answer any questions.

¹ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0003>