

2017 Community Health Institute (CHI)

Federal Update Outlook for 2017 & Beyond

Massachusetts League of
Community Health Centers

Michael A. Curry, Esq.
Legislative Affairs Director & Senior Counsel



U.S. House Republicans Pass Repeal and Reform Bill

- **American Health Care Act (AHCA) – HR1638**
 - President and House GOP failed to secure enough votes in March
 - Original proposal had challengers from the House Freedom Caucus and the Tuesday Group
 - Over the past few weeks, the measure was revamped to attract most hard-line conservatives and some GOP centrists.
 - Thursday, May 4, 2017, U.S. House Republicans secured enough votes to pass the bill (217-213) with no Democratic support
 - Opposition needed 22 GOP members to vote No to kill bill.

American Health Care Act (AHCA)

- **American Health Care Act (AHCA) – HR1638**
 - The core features of the bill haven't changed:
 - still includes the same long-term cuts to Medicaid;
 - higher premiums for older Americans;
 - smaller subsidies to help people afford individual insurance;
 - Anticipated same overall impact, including 20 million newly uninsured – people who either can't afford coverage or choose not to purchase it, according to last Congressional Budget Office (CBO) analysis.
 - No CBO analysis (score) of HR1638 before vote.



American Health Care Act (AHCA)

- **American Health Care Act (AHCA) – HR1638**
 - modest pool of money to help people with pre-existing medical conditions afford coverage.
 - \$8 billion over five years for state high-risk pools.
 - cuts the Medicaid program for low-income people and lets states impose work requirements on Medicaid recipients.
 - Rolls back state-by-state expansions of Medicaid, which covered millions of low-income Americans.
 - Transforms the ACA's subsidies for millions buying insurance — largely based on people's incomes and premium costs — into tax credits that rise with consumers' ages.
 - Eliminates tax penalties under the ACA
 - Allows states to pursue waivers, freeing insurers from other ACA coverage requirements.
 - Blocks federal payments to Planned Parenthood for a year.

Democratic Response

**"Na na na na,
na na na na,
hey hey hey,
goodbye"**



What's Next

Repeal and Replace Bill goes to the U.S. Senate

- U.S. Senate Leadership announced they won't vote on the House-passed bill, but will write their own legislation, expecting to incorporate elements of the House bill. "Not their starting point..." Senate Proposal being developed by a 12-member working group.
- Need 60 Votes to Cut Off Debate and Pass a bill (with Democrats). If no Dems, passage would require a change in the rules to allow for only 50 votes.
 - Tight Margin (Need 51 votes) and many more Moderates than in the House
- Senator Susan Collins (R-ME) – Opposed original AHCA because:
 - 24 million people losing coverage over next decade
 - fixing how the AHCA "disproportionately affects older rural Americans" (est. 64-year-old earning \$26,500 a year would see an increase in costs from \$1,700 to \$14,600)
 - Medicaid Changes



Bi-partisan Agreement on FY17 Spending Plan

- **Deal Reached on FY17 Spending Plan, Averting a Government Shutdown**
 - Recently, the bi-partisan group of leaders in Congress reached a final agreement on the \$1.070 trillion [FY17 spending package](#), which provides dedicated and reliable funding for the federal government through September 30, 2017.
- **Bill maintains Congress' historic commitments to community health centers:**
 - Provides \$1.5 billion in discretionary 330 grant funding to ensure quality primary care access at FQHCs across the country; and
 - Directs \$100 million – \$50 million for both mental health treatment and battling opioid addiction – of 330 grant dollars to ensure health centers can remain on the front lines in communities struggling with these twin challenges.
 - Extends Conrad 30 J-1 Visa Waiver program, which allows international physicians to remain in the U.S. after their residency if they practice in an medically underserved area for three years;
 - Maintains a pipeline of diverse providers by funding Area Health Education Centers (AHECs) and the Health Careers Opportunity Program (HCOP);
 - Provides a \$77 million boost for HRSA, including \$50 million for behavioral health workforce training;
 - Encourages \$800,000 for the Dental Faculty Loan Repayment Program; and
 - Supports the inclusion of substance abuse and pain management education in education curriculums to stop future epidemics.
- There are **several other health center priorities including the Federal Tort Claims Act (FTCA), the 340B Program, telehealth expansions, and community-based health initiatives that are important to many NACHC members.**

The FY17 omnibus bill:

 - Provides almost \$100 million to replenish the FTCA judgement fund, which will ensure coverage for individuals serving at health centers against claims;
 - Allocates an additional \$1.5 million to expand telehealth access and create a plan to open a "Telehealth Center of Excellence" at HRSA;
 - Requires HRSA to brief Congress on the 340B Program – specifically their progress on a secure website to calculate and verify 340B ceiling prices – within 90 days of signing the FY17 spending bill into law;
 - Ensures \$22.5 million for the National Diabetes Prevention Program (NDPP), which reaches Americans with pre-diabetes; and
 - Cuts \$891 million from the Prevention and Public Health Fund, which ensures Americans in communities across the country have access to vaccines, lowers smoking rates, and helps prevent suicide.

Health Center Funding Cliff

- **Health Centers Continue to Face Funding Cliff**
 - In 2015, Congress extended the Community Health Center Fund assuring health centers a continued source of mandatory funding of \$3.6 billion annually for two additional years (FY16 and FY17) **The extension temporarily averted the “Primary Care Cliff” which would have ended mandatory funding — resulting in a 70% cutback in program funding.**
 - In the current fiscal year (FY17), the nation’s health centers are funded with \$1.4 billion from discretionary funds and \$3.6 billion in mandatory funds.
 - NACHC continuing to pursue a longer term fix to the funding cliff and is hopeful an extension will advanced before September.

Questions?

On behalf of the Policy Team, thank you!

Michael A. Curry

mcurry@massleague.org

Back to Our (Grass) Roots: Leading with Advocacy

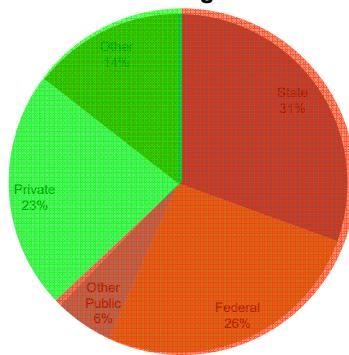
Massachusetts League of Community
CHI 2017

Martha Farlow
Policy and Legislative Coordinator



Why does advocacy matter?

MA FQHC Revenue Sources by Origin



Source: KFF 2013

How Does Advocacy Work?

- Grassroots
 - Many individuals all express a simple message
 - Usually requires an organizer/convenor
 - Individuals may not know all the complexities of the policy-making process, but are directly or indirectly affected by an issue and bring their passion
- Grasstops
 - Fewer individuals with relationships to elected officials
 - Individuals are more likely to be professionally rather than personally engaged on an issue
 - Individuals are familiar with complex policy

MLCHC's Grassroots Advocacy Plan

Mass League

- Provide leadership and tech. assistance to advocates at all levels: CHC directors; Advocacy Team Leads; individual advocates.
- Maintain individual advocate list and keep advocates informed.
- Work with health center leaders to ID priority issues and develop and implement targeted campaigns
- Coordinate with NACHC on advocacy campaigns for federal issues
- Lead advocacy campaigns for state issues

CHCs

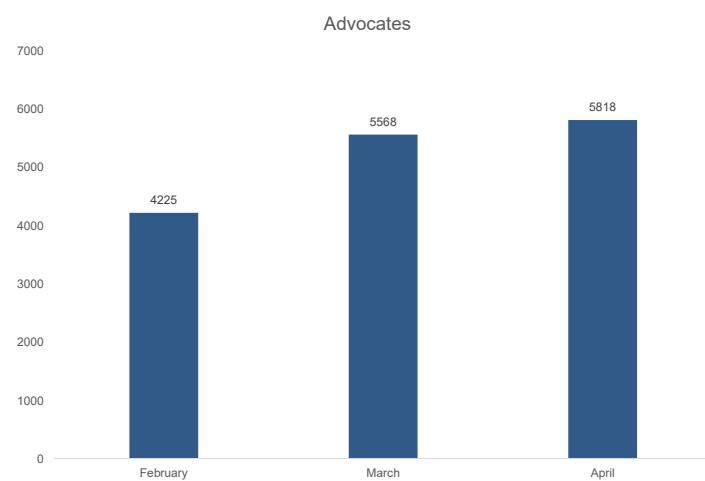
- Make Advocacy an organizational priority
- Empower Advocacy Team Leads to recruit advocates among staff, patients, and community members.
- Empower Advocacy Team Leads to work on advocacy activities with League guidance.
- Personally engage in contacting, hosting, and meeting with elected officials as needed.
- Get to know legislators and their staffs.
- Work towards becoming a NACHC ACE
- Develop a CHC-level advocacy plan

Individual Advocates

- Stay informed about health center advocacy activities
- Know the name of your State Representative and State Senator and how to contact them.
- Respond to Mass League and NACHC Action Alerts to contact elected legislators as requested.
- Attend CHC events as requested when available, i.e. State House Day, NHCW

How are We Doing?

- Advocacy Team Leads: 23
- ACES: 3
- From start to now, growth of 38% since we came online in February
- BUT – our overall goal from NACHC is 8,000 advocates, so we have a ways to go



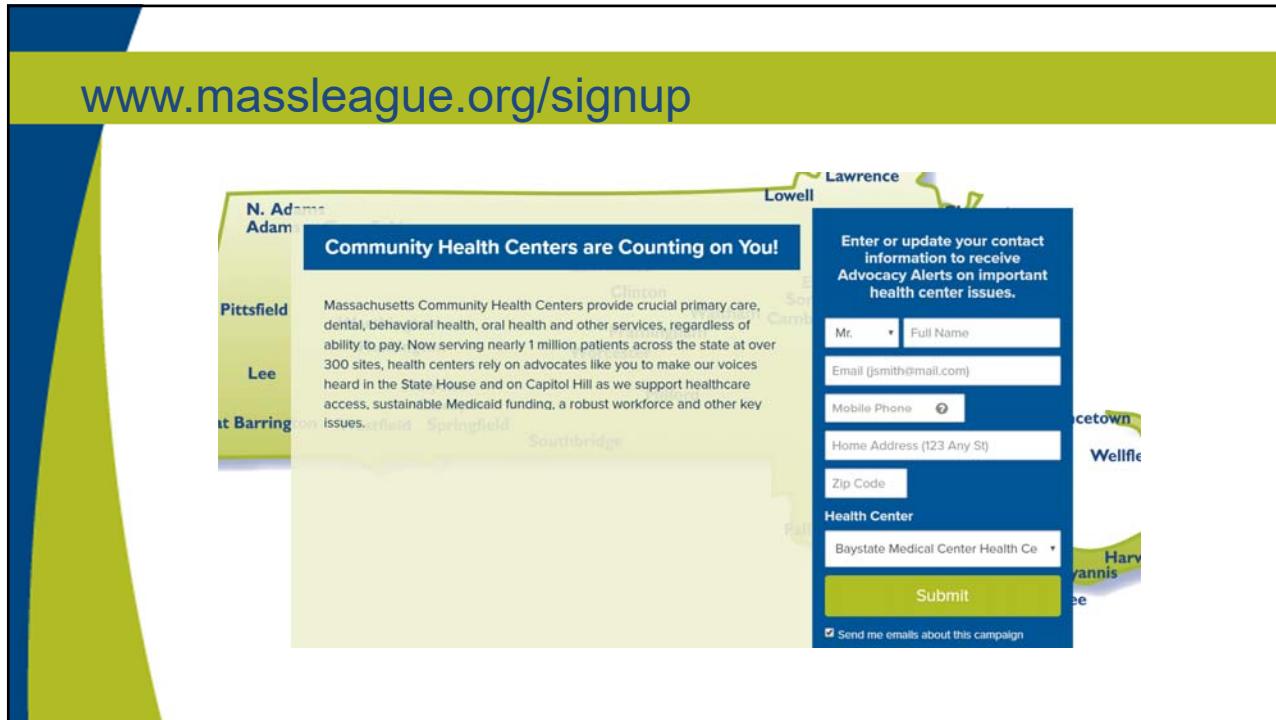
First Advocacy Alert – around House Budget

- In our first active advocacy campaign, 211 advocates participated and contacted their State Reps around 3 key amendments
- Result: we went from 11 to 52 total co-sponsors



What Can You Do?

- If you haven't already, assign an Advocacy Team Leads
 - A champion in your health center for advocacy who will stay connected to the League and recruit advocates
- Become an ACE - <http://www.hcadvocacy.org/ace>
- Sign up to be an Advocate – www.massleague.org/signup
 - Sign up your friends, family, staff, and boards
- Invite the League to do a board training, or other training specifically on advocacy
- When you receive an Advocacy Alert – respond!



Questions?

- Thank you!

Martha Farlow
mfarlow@massleague.org