

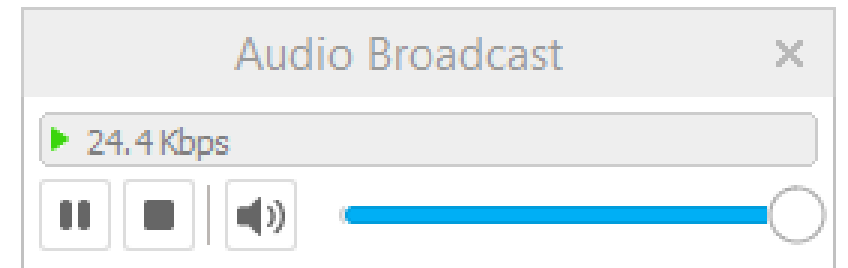
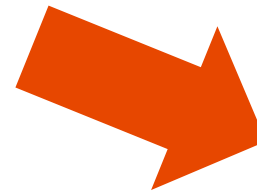


FEBRUARY POLICY AND ADVOCACY WEBINAR

*The Latest Developments for Health Centers on the Hill:
Challenges, Opportunities, Priorities, Asks, Messaging*

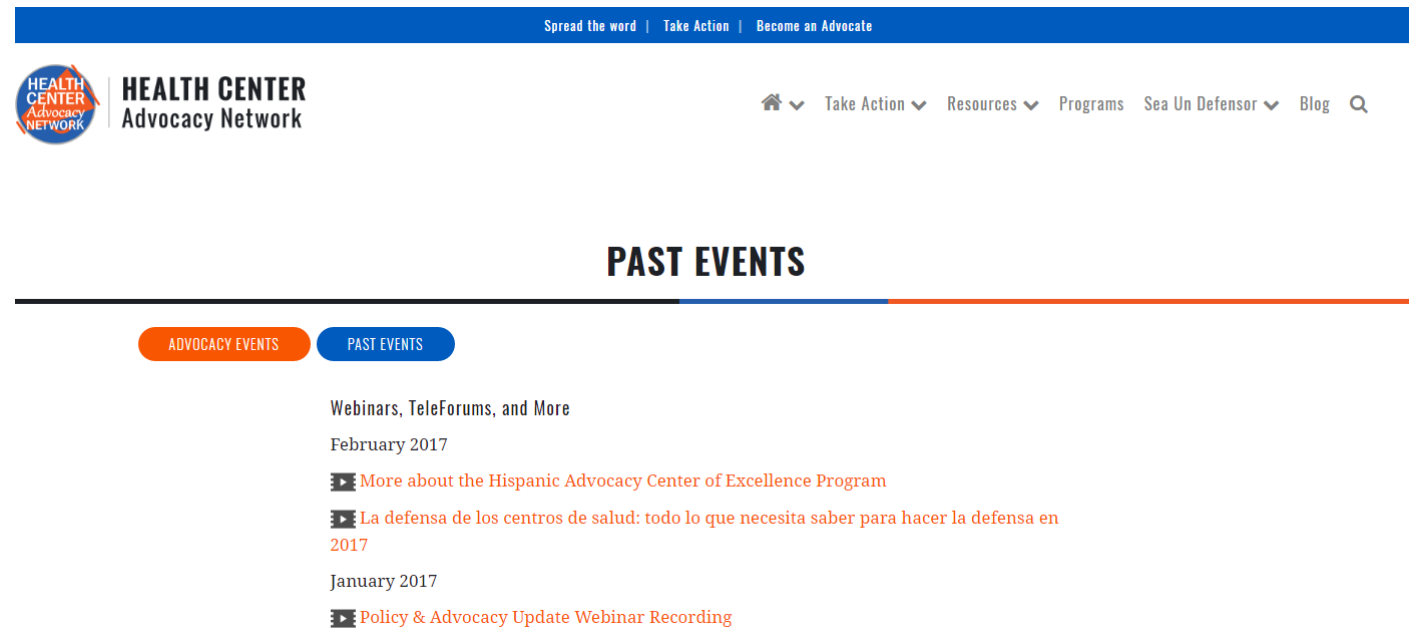
Audio today will be provided via computer.

- Please double check that your speakers on your computer are working and/or plug in a headset to listen.
- You can adjust the volume of the audio on your computer or by using the Audio Broadcast control box.



This webinar is being recorded.

- You will be able to access the webinar recording on www.hcadvocacy.org/past_events
- The link to the recording will be distributed in the Washington Update



The screenshot shows the Health Center Advocacy Network website. The top navigation bar includes links for 'Spread the word', 'Take Action', and 'Become an Advocate'. The main header features the organization's logo and name. A secondary navigation bar contains links for 'Home', 'Take Action', 'Resources', 'Programs', 'Sea Un Defensor', and 'Blog'. The 'PAST EVENTS' section is highlighted with a blue bar. Below this, there are two tabs: 'ADVOCACY EVENTS' and 'PAST EVENTS'. The 'PAST EVENTS' tab is active, displaying a list of events. The events listed are: 'Webinars, TeleForums, and More' for February 2017, including 'More about the Hispanic Advocacy Center of Excellence Program' and 'La defensa de los centros de salud: todo lo que necesita saber para hacer la defensa en 2017', and 'Policy & Advocacy Update Webinar Recording' for January 2017.

Spread the word | Take Action | Become an Advocate

HEALTH CENTER Advocacy Network

Take Action Resources Programs Sea Un Defensor Blog

PAST EVENTS

ADVOCACY EVENTS PAST EVENTS

Webinars, TeleForums, and More

February 2017

More about the Hispanic Advocacy Center of Excellence Program

La defensa de los centros de salud: todo lo que necesita saber para hacer la defensa en 2017

January 2017

Policy & Advocacy Update Webinar Recording

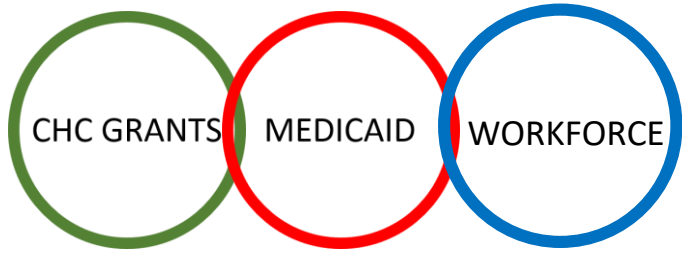
Questions?

- Use the chat box to ask your question at any point in the webinar.
- We want to see all of your questions! We'll try our best to respond to all of them.



The screenshot shows a webinar interface. At the top, there are icons for 'Participants', 'Chat', and 'Notes'. Below these, a 'Participants' panel shows 'Speaking: Alexandra Harris (Host, me)'. Below the participants panel, there are buttons for 'Make Presenter' and 'Audio'. A 'Chat' panel is open, showing a 'Send to:' dropdown set to 'Everyone' and a text input field containing 'I have a question!'. A 'Send' button is next to the input field. A yellow tooltip with the text 'Send a chat message.' is visible next to the 'Send' button. At the bottom, a status bar shows 'Connected' with a green dot, and the time '9:22 AM 6/29/2015'.

In this briefing, we'll cover:



- **Updates since our last webinar: Challenges and Opportunities** for Health Centers in 2017 including what's coming out of the Administration
- **Priority Issues and Strategy: The Two Pillars: CHC Funding and Medicaid , plus: workforce**
- **Advocacy Update:** Key action steps to take today and the resources to help you take them

Trump Administration:

A Flood of Executive Orders (EOs)

- What is an Executive Order (EO)?
 - A directive from the President to Federal agencies, giving instructions about how they are to function.
 - Unlike regulations, no requirement to receive public input on a potential EO before publishing it.
- EOs' impacts are often more symbolic than direct
 - Have no direct impact on Congressional or Court action.
 - Cannot conflict with existing law.
 - Generally cannot “undo” regulations already on the books.
 - Often a major difference between the top-line “talking point”, and how the EO is actually implemented.

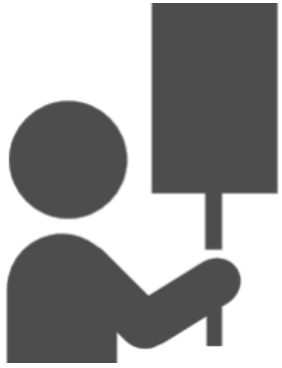
Trump Administration:

Executive Orders (EOs) on ACA, Immigration

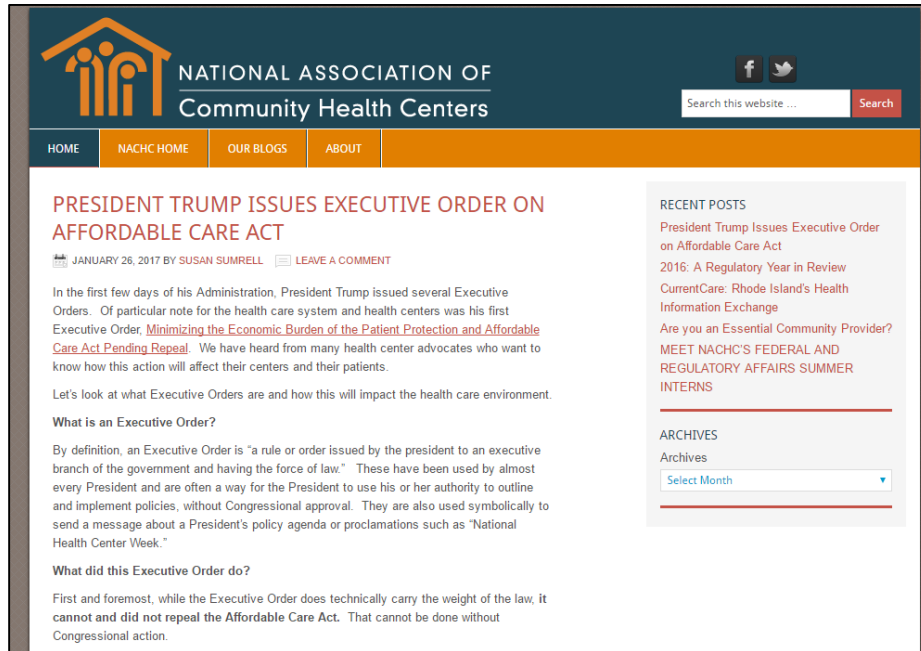
- ACA Executive order – Direct impact limited to agency actions that are not dictated by final regulations
- Immigration Executive Orders:
 - NACHC is monitoring these closely, and collaborating with other groups.
 - No actions have been taken to date that directly impact immigrants' ability to receive care at health centers
 - As a result, ***nothing should change in how immigrants access care or how you treat them.***

Trump Administration: Political Appointees

- **HHS Secretary:** Rep. Tom Price (GA) confirmed Feb. 10.
 - An orthopedic surgeon who has been a major proponent for ACA repeal.
 - Immediately issued a proposed reg to “stabilize” the Marketplaces.
- **CMS Administrator.** Seema Verma had a hearing for her nomination on Feb 16 ; confirmation expected soon.
 - We expect her to approve much broader Medicaid 1115 waivers.
 - E.g., premiums, higher cost-sharing, lock-out periods
- **HRSA Administrator:** No word yet on nominee; Jim Macrae still acting.



Advocacy Tip



- Bookmark blogs.nachc.com/policyshop to read the latest about policies affecting health centers coming out of the administration
- Check the Washington Update and other advocacy updates and alerts – we may be calling on you to weigh in during the rulemaking process

What's happening with repeal and replace?



- House and Senate in **very** different places
- House preparing to move first, with a plan that tracks closely to “A Better Way”
 - Health Care Tax Credits
 - Health Savings Accounts and High-Risk Pools
 - Converting Medicaid to a Per-Capita Allotment or Block Grant
- House plans to introduce a bill and begin consideration next week. NACHC will have full analysis.
- Senate on slower timeline, much more concerned about impact of Medicaid changes.

NACHC legislative priority areas in 2017



MEDICAID

- 49% of Patients
- Largest Revenue Source for FQHCs
- We serve 1 in 6 of all beneficiaries
- Unique FQHC Payment System



CHC GRANTS

- Foundation of CHC model
- Vital to care for un, under-insured
- Mechanism for growth in Sites, Services



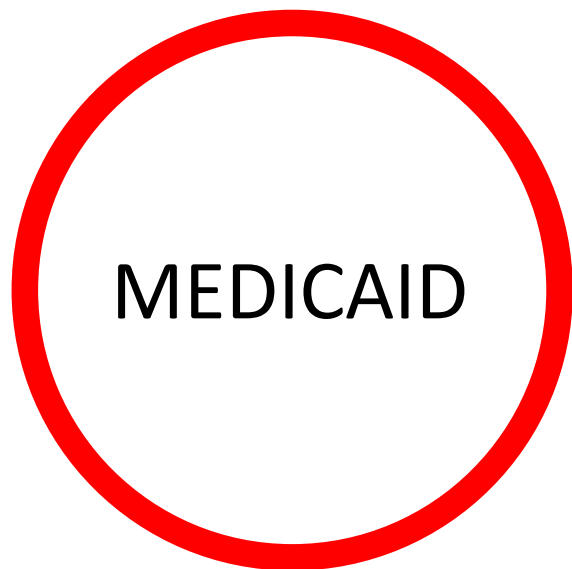
WORKFORCE

- Vital to achieving mission
- 54% of NHSC in FQHCs
- THCGME Program
- If fully staffed, could serve 2m+



340B

- Key for stretching federal dollar
- Ensures access to prescription drugs for our patients
- All FQHCs are Covered Entities



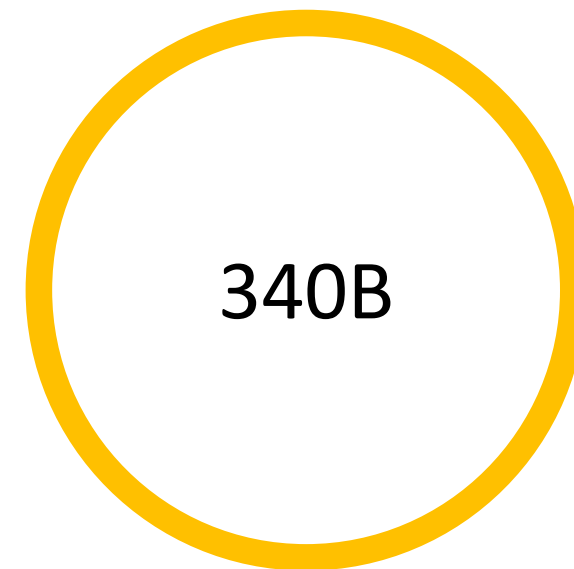
MEDICAID



CHC GRANTS



WORKFORCE



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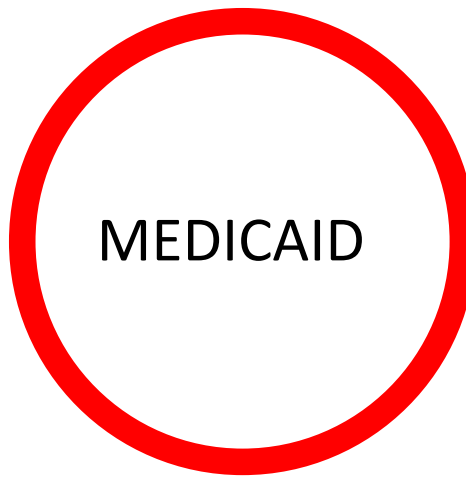
HIGHEST PRIORITY

- Foundational to entire system – the **two pillars** that hold up every community health center
- Unique policy to CHCs
- NACHC is central player
- *We'll do a recap/update today*

HIGH PRIORITY

- Enormously important to CHCs' viability, sustainability
- Debate will happen *within* or *alongside* other debates
- NACHC leads coalition efforts
- *Today, we'll talk about workforce*

Quick update on Medicaid and funding



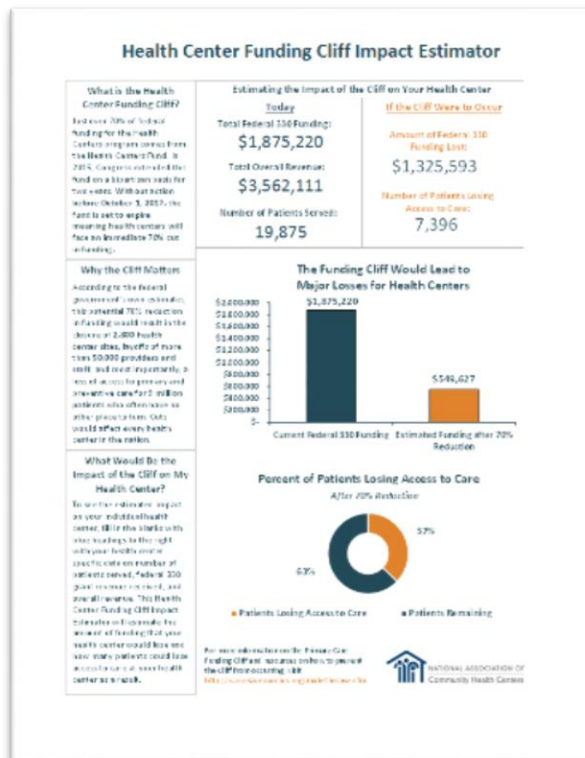
- **Medicaid** debate is proceeding alongside larger debate on ACA – questions are over what to do with expansion, and structural changes.
- **Funding cliff** situation appears to be proceeding on separate track – more tied in to other “extenders” which expire in September – e.g. CHIP.
- Important for every health center advocate to **connect the dots** on the importance/interplay of both 330 Funding AND Medicaid.
- **“Two pillars” argument** is resonating – regardless of other changes, neither side wants to see health centers harmed.

For more detail, see recordings of December and January webinars



Advocacy Tip

- Use the Funding Cliff and Medicaid Impact estimator tools
- Good data leads to stronger advocacy – tell a clear story
- Now Available at hcadvocacy.org/makethecase





KEY FACTS AND BACKGROUND

OUTLOOK & UPDATE

OUR “ASK”

OUR ARGUMENTS

KEY RESOURCES & ACTION STEPS

WORKFORCE

Key facts & background



- **Workforce challenges affect EVERY FQHC**
- **2016 NACHC Survey/Report:**
 - 95% of health centers have at least one vacancy
 - 70% have a physician vacancy
 - If fully staffed, health centers could serve **two million additional patients**
- Many factors contribute to workforce challenges, but policy and federal programs play an important role.
- This year, 2 of those programs will be considered.



Outlook & update

Two critical programs set to expire this year if
Congress doesn't act:

NHSC

National Health Service Corps

- NHSC Supports Clinicians in Underserved Areas through Loan Repayment, Scholarships
- 54% of the roughly 9,300 NHSC Clinicians nationwide practice in health centers
- Like CHCs, was extended for 2 years in MACRA – current funding is \$310m annually



THCGME

Teaching Health Centers Graduate Medical Education

- THCGME brings residency training for physicians, dentists into the community-based setting
- Most THCGME sites are health centers.
- Residents trained in THCGME sites are much more likely to stay and practice in rural/underserved areas.



OUR “ASK”

**Leverage investment in CHCs
by investing in workforce development**

**Continue and expand support for the
National Health Service Corps and
Teaching Health Centers**



Our arguments

1. For a small investment up front, workforce programs like NHSC and THCGME leverage CHC funds, expand access and control costs.
2. These programs are especially critical in rural areas of the country, and in areas otherwise facing major shortage of providers.
3. Workforce solutions must be multi-faceted – we need incentives for clinicians to enter primary care and to practice in underserved areas, AND we need to strengthen the training pipeline.



Key resources and action steps

- On workforce issues, NACHC works closely with partner organizations:



- Telling the workforce story – both challenges AND successes – and what it means for your health center is critical

So, where do we stand today?

- We are about to turn a corner in the legislative debate
- At the same time, with more leaders in place, the administration will be ramping up actions
- March will be a critical month –
 - repeal/replace will start to have specifics
 - the appropriations process will begin in earnest
 - NACHC P&I starts March 29
- Important for Health Centers to get ahead of the curve – make sure that:
 - you're ready to tell the story
 - you're in touch with your Member's office
 - You've run the numbers and can speak to what these changes mean

Advocacy Update

What can you do today to make the case for health centers?



Make the case with advocacy



#1: Create an advocacy plan



#2: Collect support letters from your state legislators



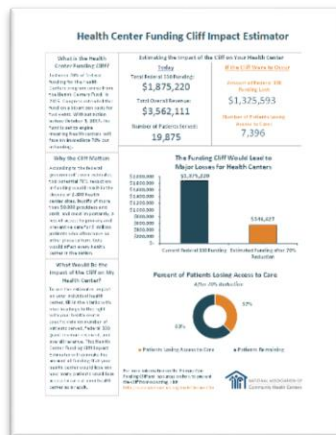
#3: Engage your network



All new action steps are on hcadvocacy.org/makethecase

#1: Create an advocacy plan

- Follow the Advocacy Center of Excellence Program as a model to institutionalize advocacy at your health center
- Do your homework – complete the funding cliff and Medicaid impact estimators so you're prepared to speak to your local story



#2: Collect support letters from your state legislators

- Work with your primary care association to collect letters of support from your state legislators
 - 1) Direct one version to your Governor
 - 2) Direct another version to each of your Members of Congress



#3: Engage your network – spread the word!

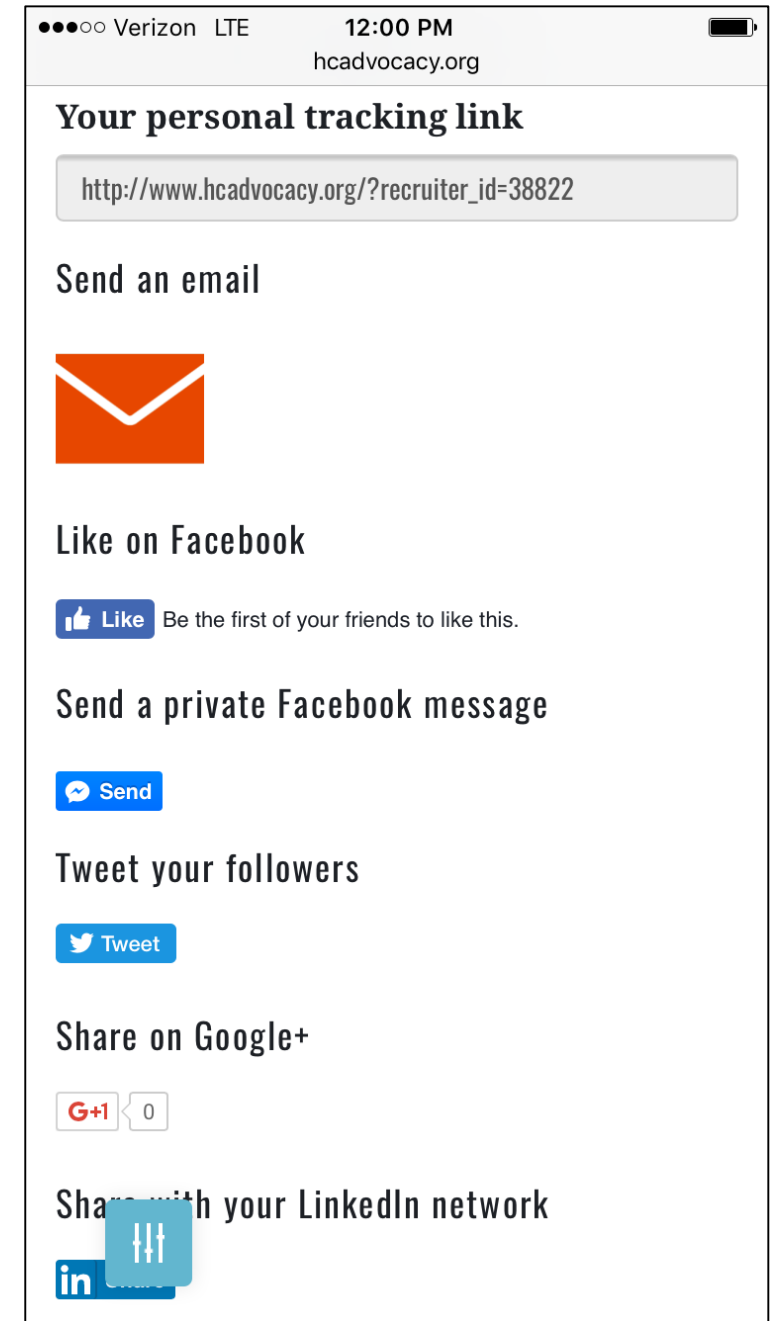
- Establish a recruitment goal and direct advocates to take action
 - You'll find resources to recruit advocates both in person and online at hcadvocacy.org
- Share your story – let people know why you value your local health center



What can individuals do?

Ask your friends, family, and colleagues to take action. They can show their support by:

1. Signing up as an advocate
2. Recruiting 10 advocates
3. Sharing their story



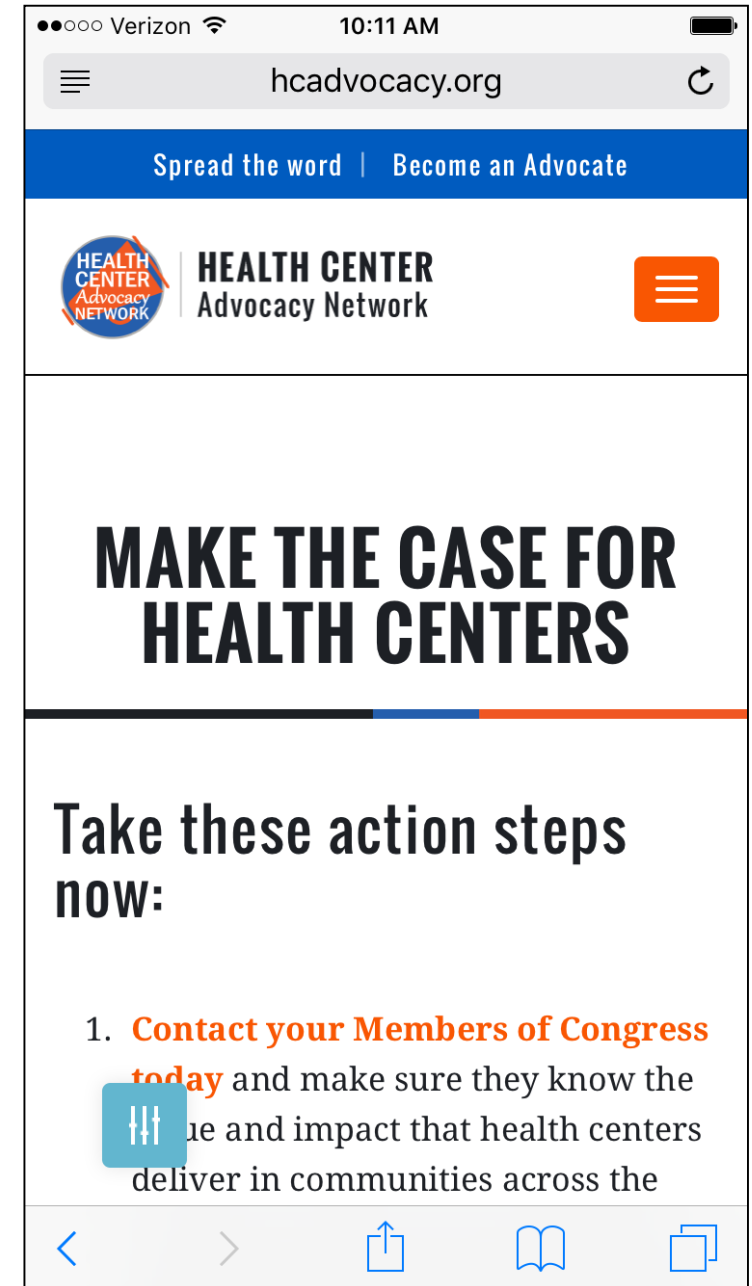
Resources for advocates

- New website – mobile friendly with all the resources you need
- Easy to recruit advocates via email and social media with the click of a button
- View recordings of previous webinars
- Talking points
- One page policy paper
- Medicaid savings study
- Funding cliff and Medicaid impact estimators
- Links to take action and spread the word

HCADVOCACY.ORG/MAKETHECASE

Didn't find what you need? Email:

federalaffairs@nachc.org or grassroots@nachc.org.



Save the date



- The next Policy & Advocacy Update webinar will take place on Tuesday March 21st at 3:30PM ET
 - **RSVP at hcadvocacy.org/events**
- Policy & Issues Forum – March 29-April 1 in Washington, DC



Questions?