

2015 Legislative Summary

Health Professional Loan Repayment Program Expanded

Community health centers (CHCs) in Washington State have responded to the significant growth in their patient population by building new clinics and expanded existing clinics. These expansions have associated workforce recruitment and retention challenges.

The Health Professional Loan Repayment Program has existed since 1989, but funding was cut dramatically during the economic downturn. An important recruitment and retention tool for CHCs, it provides eligible providers with loan repayment if they commit to working in rural and underserved areas. We partnered with various provider groups to secure funding to restore the program to pre-2011 levels.

The loan repayment program is an immediate solution to meeting the needs of tens of thousands of additional patients in various health care settings, including CHCs. Restoring the program with \$7.65 million for the biennium would support 118 loan repayment awards to primary care professionals, including doctors, dentists, mid-levels and pharmacists.

This year, scarce budget resources made new health care investments in workforce a challenge, but our advocacy efforts prevailed, and the Legislature's final budget included the funding expansion for loan repayment at a higher level than advocates had requested - \$9 million. The testimony of many former loan repayment recipients, including multiple CHC providers, helped convince the Legislature of the value of the program. Washington's CHCs look forward to once again partnering with the state to leverage a meaningful investment in loan repayment as a tool to increase access to care.

Legislative Champions Protect Health Care and Make Important Investments

During the longest single-year legislative session in Washington history (176 days), the community health center (CHC) system leveraged grassroots, media and lobbying resources to reinforce our House and Senate legislative champions as they sought to both protect existing public programs and make investments to ensure newly covered individuals can access primary care. While health care safety net programs such as Medicaid, Maternity Support Services and interpreter services have been at risk in prior tight budgets, there were no significant threats in this biennial budget year – helping to get health care off the roller coaster it has been on for the past decade.

We congratulate our state leaders for having the foresight to preserve a successful health care system for low-income and other special populations, and make important investments in the health care workforce to ensure access to care.

The CHC system achieved a mixed bag of results with its legislative priorities in the final budget. While we secured investments to expand the state's Health Professional Loan Repayment Program and increased residency program funding, we were unable to take steps to address the remaining uninsured. We hoped to establish a process to evaluate churn between health insurance coverage and affordability of coverage options, and will continue to work with stakeholders and legislators on this moving forward. We also hoped to secure 5% of marijuana revenues for CHCs to serve the uninsured—as required by Initiative 502, which legalized recreational marijuana in 2012. Unfortunately, the final budget used the marijuana revenue to supplant existing Medicaid dollars to the CHCs instead of directing new grant funds to them. A goal of promoting behavioral health integration in primary care was sidetracked early in session, but we still achieved some important workforce gains related to this timely issue.

Workforce Capacity Issues Addressed to Meet Coverage Expansion Needs

With last year's coverage expansions, there are an additional half million people on Medicaid and over 160,000 people enrolled in qualified health plan coverage through the Health Benefit Exchange. The security that comes with insurance coverage is important for low- and middle-income families in our state – some of whom have coverage for the first time. But having an insurance card does not necessarily equate to access to care. CHCs have done their best to step up to the plate and ensure access to care in their communities with new clinics, expanded hours and the addition of new providers. With over 65,000 new patients in one year, CHCs certainly rose to the occasion to provide access to care for their communities – and cared for 30% of the state's Medicaid population in 2014. Challenges will remain for the newly insured to retain their coverage and maximize it to improve health outcomes.

There is a need to get more primary care providers in the pipeline and a need to attract more providers to serving low- and middle-income families, which can be done through increased provider rates or offers of loan repayment. The Legislature addressed both the pipeline and the loan repayment angles of workforce capacity. First, increased funding for the Family Medicine Residency Network at the University of Washington will increase the number of residents training in various settings, including CHCs. There was also funding in the final budget for an integrated psychiatry program at the University of Washington to train psychiatric residents in the integrated care model used by many of the CHCs – which is expected to increase the number of consulting psychiatrists available to provide support to primary care providers, leveraging a scarce resource in the state. Finally, the investment to return the Health Professional Loan Repayment Program to pre-recession levels should help to incentivize providers to work in rural and underserved areas.

Legislative Session Brings Other Health Care Changes

Policy staff and lobbyists worked closely with legislative staff and community stakeholders to leverage opportunities and neutralize threats during the legislative session through testimony, legislative contact, and coalition work. When the dust settled, the 2015 Legislative Session provided an important opportunity for Washington and the CHC system to leverage telemedicine to increase access to care. Telemedicine legislation ([SB 5175](#)) passed the Legislature this year, requiring commercial and Medicaid plans to reimburse providers for health care services delivered through telemedicine. This includes reimbursement for “store and forward” technology, which entails sharing medical information (e.g. photos, charts) for medical diagnosis and management. The legislation does not require insurance carriers to reimburse for telemedicine at a specific rate for services that meet criteria. The CHCs welcome this change and hope to increase their limited utilization of telemedicine in the coming years.

Legislative session also ended with a challenge that CHCs will closely monitor moving forward. The final budget included an unfunded proviso requiring a Health Care Authority study comparing CHC Medicaid payment rates to Uniform Medical Plan rates for similar services, and proposing a change in CHC Medicaid payments to the Centers for Medicare and Medicaid Services. The CHCs are concerned because they are federally required to be paid based on reasonable costs for Medicaid enrollees, a population that is more complex than the state employees enrolled under the Uniform Medical Plan.

Financing the Health Benefit Exchange was a contentious issue. The Legislature provided the Exchange with a \$110 million budget, less than their initial request. A specific allocation of \$6.4 million to In-Person Assisters and \$9.8 million to the call center will be important for consumers. The Exchange is the one-stop portal for both Medicaid and qualified health plan enrollees and must remain committed to meeting the needs of all consumers. The CHC system will monitor and influence as the Exchange develops a sustainable plan to operate within a tighter budget.

Grassroots Advocacy: Save Health Care in Washington & Legislative Visits

Through direct contact with legislators, the grassroots advocacy program Save Health Care in Washington encouraged protection of the health care safety net, while pushing for improvements. This year:

- Almost 20,000 people sent postcards to Olympia telling legislators and the Governor that the Medicaid expansion is working, and that CHCs are critical to its success.
- Legislators received over 3,000 emails into their offices at pivotal decision-making points.
- Over 1,000 advocates signed a petition asking legislators to raise revenue to protect health care.
- We organized participation at targeted town halls, focusing on influencing key legislative decision-makers.

On February 5, CHC representatives traveled to Olympia to advocate to protect health care safety net programs, expand loan repayment, direct marijuana revenues to CHCs, evaluate churn and affordability, and promote behavioral health integration. Representatives from 21 CHCs met with 130 legislators. The Legislature heard loud and clear that the Medicaid expansion is working and positively impacting their communities.

These in-person discussions with legislators were further supported by communications strategies throughout the session. CHCs were actively engaged in submitting letters to the editor and guest columns, and influencing editorial boards and news stories in important districts to reinforce our key messages. In the end, we had four editorials in support of our priorities, five opinion editorials or guest columns, and 16 distinct news pieces featuring the CHC system priorities.

Innovation: Creative Layers of Grassroots Advocacy Make an Impact

Several clinics wanted to keep legislators on their toes and requested an additional strategy after submitting hundreds of postcards that would be sent to their legislators. Save Health Care in Washington sent red construction paper umbrellas for patients to sign and include their address. Over 100 signed umbrellas were received from 3 participating clinics. The umbrellas were separated by district and pasted onto poster board with the message, “Keep Coverage Up!”

An advocate drove from Seattle to Olympia to hand deliver the posters to legislators or their legislative assistants. The delivery was met with enthusiasm by Rep. Carol Gregory as well as a legislative assistant who said he was “flabbergasted” by the poster. Augmenting the clinic card program with creative layers of advocacy meant that legislators could not ignore the strength of grassroots health care advocacy.



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