

2016 Legislative Summary

Protecting the Health Care Safety Net

This session was a prolonged roller coaster ride for the health care safety net. The bumpy ride was propelled in large part by scarce budget resources. This prompted some legislators to look at ways to roll back important health care investments that had been made in years past.

The Governor and House did not threaten the health care safety net nor managed care in their proposed budgets. The roller coaster took off at the end of February, when the Senate proposed a significant blow to the managed care model—moving the Medicaid Blind and Disabled population from managed care to fee-for-service. In their follow up budget proposal, the Senate made the blow worse—calling for a 7.3% cut to capitated rates for this vulnerable population. If this could not be done, cost cutting measures could be implemented for other Medicaid populations. If this does not produce targeted savings, the Blind and Disabled would be moved to fee-for-service starting in 2017—thereby eliminating important services such as care coordination.

The community health centers (CHCs) leveraged the media, our grassroots advocacy network, lobbying resources, and some CHCs personally reached out to key legislators on both sides of the aisle. All of these efforts were used to reinforce the importance and value of managed care for such a vulnerable population.

Our legislative efforts prevailed and we stopped the roller coaster ride! In the final budget, House and Senate legislative leaders had the foresight to keep the Blind and Disabled in managed care—enabling them to continue accessing key services that are not available to them in a fee-for-service model. Our legislative champions also ensured that other health care safety net programs such as Maternity Support Services and interpreter services were not threatened. This ensures that health care remains a foundation for stable communities and a prosperous state.

Legislative Champions Defend Investments in Workforce Capacity

During the 2015 legislative session, the CHC system helped restore state funding to the Health Professional Loan Repayment Program. This program provides eligible health care professionals with loan repayment assistance if they commit to working in rural or underserved areas. Loan repayment assistance plays a key role in helping CHCs and other safety net providers recruit and retain a wide range of health care professionals. This is an immediate solution to expanding access to care for tens of thousands of low-income patients.

As the program was being implemented, behavioral health specialists such as marriage and family therapists, psychologists, and licensed social workers were inadvertently excluded. Successfully integrating physical and behavioral health care delivery requires an adequate workforce, particularly in historically underserved parts of the state. During the 2016 legislative session, the CHCs took the opportunity, along with their stakeholder partners to fix this oversight—building upon the Legislature’s commitment to use loan repayment as a tool to address health care workforce shortages.

We started this year’s session by asking legislators to prioritize \$3 million in new funding for behavioral health specialists excluded from the program. As legislative session progressed and fiscal realities became clearer, we considered it a win when the House proposed to add \$1 million to the program! Our excitement was short lived

when the Senate initially proposed to cut \$1 million from the program. We were in jeopardy of losing this important recruitment and retention tool. Given the budget constraints of this session, we breathed a sigh of relief when the program's funding was not cut even though it was not expanded to behavioral health specialists. The Legislature also did not cut funding to other important workforce investments made last year, including the Family Medicine Residency Network and the integrated psychiatry program at the University of Washington. We applaud our elected officials for not rolling back their commitment to workforce development.

Overall, the CHC system achieved a mixed bag of results with its legislative priorities in the final budget. We successfully defended against moving the Blind and Disabled population out of managed care and cutting funds from the Health Professional Loan Repayment Program. We were not successful this year in obtaining incentives for regions to accelerate their plans to integrate behavioral health into primary care. As Washington works towards achieving statewide integration of behavioral health by 2020, we anticipate there will be future opportunities to ensure that the state and the CHC system are ready for full integration.

Legislative Session Brings Other Health Care Changes

Policy staff and lobbyists worked closely with legislative staff and community stakeholders to neutralize threats and leverage opportunities during the legislative session. When dust from the 2016 Legislative Session settled, a number of issues for Washington and the CHC system were addressed.

- *Defending CHC Medicaid Payment Rates:* Last session, an unfunded budget proviso required the Health Care Authority (HCA) to compare CHC Medicaid payment rates to Uniform Medical Plan (UMP) rates for similar services and propose changes in CHC Medicaid payments to the Centers for Medicare and Medicaid Services (CMS). The CHCs were very concerned because under federal law they are required to be paid based on reasonable costs for Medicaid enrollees—a population that is more complex than the state employees enrolled in the UMP.

At the beginning of this session, the HCA released a draft report to the CHCs that included some alarming statements. The CHCs were able to review the report thoroughly and discuss their concerns with the Office of Financial Management. We outlined our issues and successfully advocated for revisions. As a follow up to the report, this year's final budget directs the HCA to ask CMS whether CHC Medicaid payment rates may be adjusted to the UMP rates as a reasonable proxy to cost and reissue the report with CMS's answer. Absent a change in federal law, we feel that it is highly unlikely that CMS will say "yes." Nonetheless, we will be closely following this during the interim.

- *Clarifying a Medical Assistant's Ability to Retrieve Medication:* This year resolved an issue that the CHCs have been working on since 2014—clarifying that a medical assistant (MA) may retrieve the medications they are authorized to administer. At first glance, this may seem like a "no brainer," but in 2014, the Washington State Board of Pharmacy decided that since the word "retrieval" was not specifically included in the MA authorizing statute, this precluded an MA from retrieving medication they are authorized to administer. The CHCs worked diligently to clarify this with the Board of Pharmacy and the Department of Health, but to no avail. During session, the CHCs and a broad coalition of stakeholders dedicated a great deal of energy and effort to pass House Bill 2350! Governor Jay Inslee signed the bill on April 7, and the law now clearly states that an MA is authorized to retrieve the medication they administer.



Governor Jay Inslee is joined by (L to R) Rep. Joe Schmick (R-9th), Sen. Randi Becker (R-2nd), Susie Tracy (Washington State Medical Association), Jennifer Kreidler-Moss (Peninsula Community Health Services), and Kate White Tudor (Washington Association of Community and Migrant Health Centers) at the bill signing ceremony for House Bill 2350.

- *Examining Changes to the Administration of the Medicaid Dental Program:* This year may also set the path for significant changes in how the Medicaid dental program is administered. The final budget calls for the HCA to work with dental stakeholders (including CHCs) to review the impact of contracting out the

administration of the Medicaid dental program to one or more managed care organizations or a third party administrator. Any plan must be developed by the end of this year and would need legislative approval before being implemented. The CHCs will be eager to engage in these discussions and find ways to integrate dental care into a patient's whole person care.

Grassroots Advocacy: Save Health Care in Washington and Legislative Visits

Through direct contact with legislators, the grassroots advocacy program Save Health Care in Washington encouraged legislators to protect the health care safety net. This year:

- More than 22,000 people sent postcards to Olympia telling legislators and the Governor that the Medicaid expansion is working and health care should not be cut to meet budget demands;
- Legislators received over 1,600 emails at pivotal decision-making points; and
- We organized participation at targeted town halls, focusing on influencing key legislative decision-makers.

On February 4, CHC representatives traveled to Olympia to advocate for protecting health care safety net programs, expanding loan repayment to build mental health capacity, and accelerating the path to behavioral health integration. During this single day, representatives from 20 CHCs met with 141 legislators! The Legislature heard loud and clear about our priorities and that the Medicaid expansion is working and positively impacting their communities.

Our communications strategy supported and extended the impact of our in-person discussions with legislators. In light of the budget challenges that dominated this year's session, our approach was to take our two very specific priorities (loan repayment and behavioral health integration) and roll them up to a larger conversation about our current mental health crisis and the need for more investment in early intervention and prevention. We worked with CHCs and placed five op-eds on this topic in Auburn, Olympia, Tacoma, Wenatchee, and Yakima; generated a KING 5 TV news story on loan repayment and a news story about our priorities in the Yakima Herald; and placed a letter to the editor in Yakima in response to the final budget. Ongoing contact with legislative and health reporters throughout session kept them apprised of these priorities and laid the groundwork for potential stories during the interim.

Innovation: Grassroots Advocacy's Rapid Response to Olympia's Shifting Landscape

As a strategic part of its operations, Save Health Care in Washington reserved some clinic cards in case they were needed at critical times during session. During this legislative session, these reserved cards were used when a threat to the health care safety net arose in the Senate's proposal to move the Medicaid Blind and Disabled population from managed care to fee-for-service.

Fourteen legislators in key health care or fiscal positions received approximately 100 messages each from CHC patients in their areas at a critical period during budget negotiations. The main message on the cards was a call to protect the health care safety net. Save Health Care in Washington sent the messages citing how the Senate's proposal would devastate one of our state's most vulnerable populations and directly contradict their constituents call to protect health care.

"Having healthcare coverage for me and my family has been lifesaving — literally. Access to quality healthcare during this financial hardship means we can stay in our home."

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