

FEDERAL POLICY & ADVOCACY UPDATE

2019 MIDWEST STREAM FORUM FOR AGRICULTURAL WORKER HEALTH

***Joe Gallegos, MBA
Senior Vice President for Western Operations
National Association of Community Health Centers***

AGENDA



**Latest on Capitol
Hill and the
Administration**



**What to Expect in
2019**



**AG Worker
Access
Campaign**

**WHAT IN THE WORLD IS
CONGRESS UP TO?**



**New Year, New
Congress!**

**The largest number of
Women elected to the
House!**



THE 116TH CONGRESS AND HEALTH CENTERS

- **New Policymakers for CHC Advocates to educate**
 - **At least 90 New Representatives and 9 New Senators**
- **New House Leadership and New Committee Chairs**
- **w/ different priorities**
 - **i.e. New Speaker of the House (Pelosi), New Senate Finance Chair (Grassley), New House Appropriations lead (Granger), New E&C Health Subcommittee Chair (Eshoo)**



**Split House and Senate may leave few options for bipartisanship:
Health Centers may stand out more than ever!**

NACHC'S 2019 LEGISLATIVE AGENDA

- ✓ **Community Health Center Funding – Mandatory Funding**
- ✓ **Community Health Center Funding – Discretionary Appropriations**
- ✓ **Workforce Program Extensions – National Health Service Corps and Teaching Health Centers program**
- ✓ **Other Key Issues, including 340B, Medicaid, Behavioral Health and Telehealth**

CHC PROGRAM - FEDERAL GRANT FUNDING SOURCES

**“Mandatory”
Funding**

**Community Health
Center Fund (CHCF)**

\$4.0 Billion

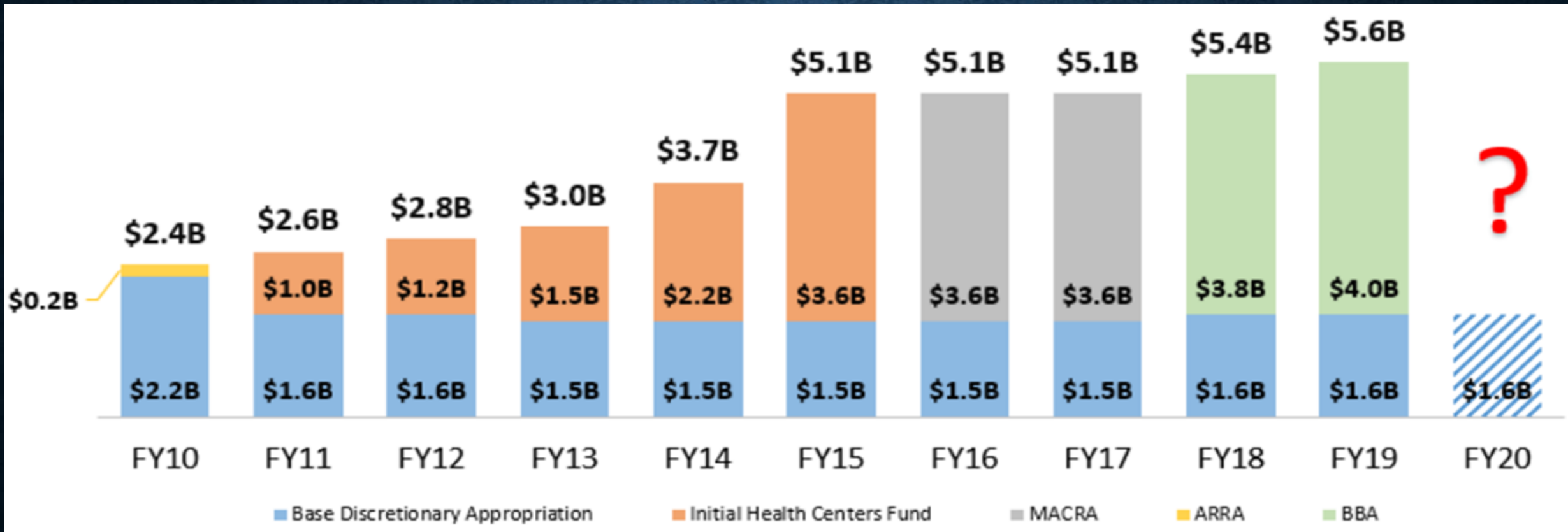
+

**“Discretionary”
Funding**

**Subject to Annual
Appropriations**

\$1.63 Billion

COMMUNITY HEALTH CENTER FUNDING



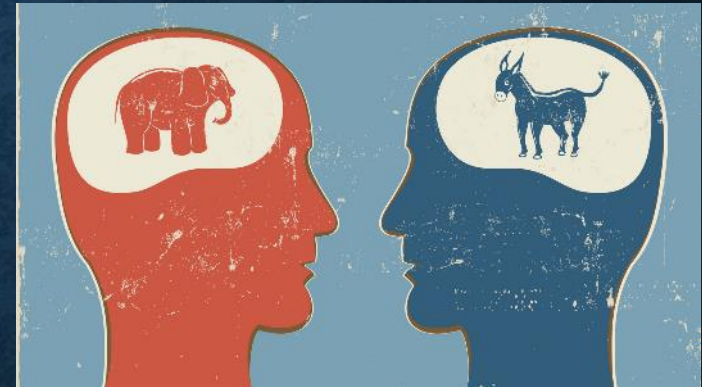
CHCs were only funded through the annual budget prior to 2010 (Blue)

2010: Congress created a dedicated 5-year fund for growth in CHCs (Orange)

In 2015 & 2018, CHC advocates succeeded in getting 2-year extensions (Gray & Green)

CHALLENGES

- It's expensive! (Even more than last time...)
- No Children's' Health Insurance Program (CHIP) extension bill to ride on and fewer programs for combo package
- Pay-fors will be a critical factor
- Surprise Medical Billing
- Partisan environment
- Crowded agenda
- New Members to get up to speed
- Lingering philosophical issues with mandatory funding



A CHANGE IN TONE OF MESSAGE

Evolution of the issue from “falling off a cliff” to “time for Reauthorization”



WHERE DO WE STAND?

FUNDING REAUTHORIZATION - HOUSE

- **House Energy & Commerce Committee recommended funding for the CHC program, NHSC, THC GME programs for a period of four years at current funding levels: \$4.0 Billion in Mandatory funding. (Mark Up included amendments for other Public Health programs, Special Diabetes programs for Native Americans; extending DSH Payments to hospitals and other Low-Income Medicare Programs.**
- **House, Senate and White House cannot agree on hot button policy issues: family planning, border wall, etc. With only five days left before the end of the federal fiscal year, the House passed a Continuing Resolution (C.R.) to avoid a government shutdown.**
- **Last week House of Representative voted for a Continuing Resolution (C.R.) through November 21, 2019. The C. R. includes extending the Mandatory Fund for the Health Center Program, NHSC and THC GME Program. The C.R. also applies to the \$1.6 Billion in Discretionary funding.**
- **C.R. authorizes all federal agencies to continue to operate at current funding levels to avoid another government shutdown until a final appropriation for FY 2020 is completed.**

WHERE DO WE STAND?

FUNDING REAUTHORIZATION - SENATE

- **Senate Labor HHS Committee included a reauthorization of funding for the CHC program, NHSC, THC GME Programs for five (5) years and the current funding level of \$4.0 Billion.**
- **House, Senate and White House cannot agree on hot button policy issues: family planning, border wall, etc. With only five days left before the end of the federal fiscal year, the House passed a Continuing Resolution (C.R.) to avoid a government shutdown.**
- **The Senate will vote on a similar Continuing Resolution (C.R.) this Thursday (September 26, 2019) as passed by the House. The C.R. also applies to the \$1.6 Billion in Discretionary Funding.**
- **C.R. authorizes all federal agencies to continue to operate at current funding levels to avoid a government shutdown until a final appropriation for FY 2020 is completed. The C.R. will expire on November 21, 2019.**

APPROPRIATIONS

“Discretionary” Funding

- Annual process, up to Congress (Appropriations Committees) to determine amount of funding.
- Congress currently working on twelve FY 2020 appropriations bills for all federal agencies. CHC discretionary funding is included in the Labor HHS bill.
- Current discretionary funding is \$1.63 billion/year. – President’s Budget adds \$50 Million for CHCs to eliminate HIV Epidemic. This amount has been dropped from the pending Continuing Resolution (C.R.)

MEDICAID

- Large scale, structural changes to Medicaid unlikely to pass Congress.
- Focus is on the states, particularly as CMS has expressed interest in “fast tracking” waivers that include provisions previously approved
 - States seeking variety of provisions (e.g., work requirements, premiums, lockouts, co-pays, drug testing, asset testing, eliminating retroactive coverage).
 - CMS encouraging Block Granting Medicaid program to States. State of Tennessee has submitted an 1115 Waiver to Block Grant Medicaid in TN. (Utah, Alaska, Kansas are also considering a block grant).
 - PPS Rate Protection
- Really important for health centers to work with their PCAs and Networks to ensure thoughtful, coordinated responses to complex proposals.

Summary of State Waiver Options

NATIONAL ASSOCIATION OF Community Health Centers

There are currently several types of waivers that states can use to increase flexibility in their Medicaid program and health insurance Marketplace. Below are summaries of the most common types of waivers, the various authorities each waiver includes, and resources for more information on each type.

Medicaid and CHIP Waivers

1115 Waivers

An 1115 waiver is the broadest type of waiver available under Medicaid. Officially, these waivers are to be used by states to create demonstration projects intended to improve Medicaid and/or CHIP programs, and they must include a formal evaluation of impact including but not limited to changes to premium levels and again at the state level and again at the waiver website at [www.nachc.org](#).

1915(b) Waiver

A 1915(b) waiver (except for family requirement) states that impact one Managed Care Organization (MCO) or other MCOs a template for every two years.

1915(c) Waiver

A 1915(c) waiver alternative to other Medicaid institutions. approved for more information.

For more information contact state@nachc.org

January 2018

Update on Recent State Waiver Activity

States may seek approval from CMS to waive certain federal requirements in order to test new or different models for administering or implementing their Medicaid, CHIP and Health Insurance Marketplace programs. The waivers that are most often relevant for health centers and their patients are Section 1115 (used to waive certain Medicaid requirements) and Section 1332 (used to waive certain Marketplace requirements) waivers. Both types of waivers are subject to several procedural requirements, such as the opportunity for public comment at the state and/or federal levels and, in the case of 1332 waivers, the enactment of enabling state legislation. See NACHC's Fact Sheet on State Waiver Options [here](#).

Section 1115 Medicaid "Demonstration Project" Waivers

A Section 1115 waiver is the broadest type of waiver available under Medicaid. Officially, these waivers are to be used by states to create demonstration projects intended to improve Medicaid and/or CHIP programs, and they must include a formal evaluation of impact.

STATE	BRIEF DESCRIPTION OF WAIVER	STATUS
AZ	Arizona Health Care Cost Containment System - On or about Nov. 17, 2017, AHCCCS submitted a letter to CMS indicating that they would aim to submit an 1115 waiver amendment(s) by Dec. 31, 2017 seeking to implement the following reforms: changes to FQHC payment methods; work/education/training requirements for certain able-bodied adults; restrict (limit) non-emergency medical transportation (NEMT) for certain able-bodied adults w/income equal to 100-138% FPL; limit retroactive coverage to the month of application; exclude drugs from their formulary, but still receive the Medicaid Drug Rebate; relief from the access to care rule for the FFS population, majority of whom are American Indians; expedited approval for a period of 10 years of all waivers that were previously approved at least two times.	Pending at State
	Recent Amendments pending at CMS -	Pending at CMS
	<ul style="list-style-type: none"> • AZ AHCCCS Waiver - work requirements, cost sharing and lifetime limits (Dec. 2017) • Institution for Mental Disease (IMD) Waiver Amendment Request (May 2017) 	
	Recent Amendments approved by CMS -	Approved
	<ul style="list-style-type: none"> • Phoenix Children's Hospital (PCH) Safety Net Care Pool - On Dec. 29, 2017, CMS approved the state's request for a waiver amendment to allow FFP payments to PCH made after Dec. 31, 2017. 	
AR	Arkansas Works - The amendment proposal caps eligibility at 100% FPL (100-138% FPL would move to the Marketplace), establishes work requirements (with a lockout for the rest of the calendar year for those who do not meet requirements), and eliminates retroactive coverage.	Pending at CMS
ID	Idaho CHIP Waiver (see also, 1332 waiver application) - The state gave notice of its intent to apply to CMS for an 1115(d) demonstration waiver on or about Jan. 5, 2018 with a proposed effective date of July 1, 2018. The Complex Medical Needs (CMN) waiver aims to provide Medicaid coverage to children and adults who have a complex medical condition(s). It would extend coverage to individuals with certain chronic medical conditions whose countable income is from 0% to 400% FPL. Public comments were accepted through Dec. 15, 2017.	Pending at State
IL	The Path to Transformation: Illinois 1115 Waiver Proposal - State application submitted to CMS in June 2014. State sought 5 year waiver to implement broad alignment goals encompassing all services and eligible populations. The application laid out 11 goals, including the integration of care, consolidation of several 1915(c) waivers, optimize existing managed care models including risk based, promote community-integrated, competitive employment opportunities (incentive payment targeted to increase employment opportunities for the ID/DD population), and enhance access to SUD services.	Pending at CMS
	Illinois Behavioral Health Transformation - State application submitted to CMS in Oct. 2016. This application proposed comprehensive transformation to integrate behavioral and physical health delivery.	Pending at CMS

For more information contact state@nachc.org

Page 1 of 4

STAY ENGAGED AND IN-THE-KNOW



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Twitter: @HCAAdvocacy



Sign up for the weekly Washington Update, calls to action, and other important advocacy communications at

www.hcadvocacy.org/join

What can I do Now?

Be prepared to ramp up advocacy efforts!

- National call-in days
- Urgent email campaigns/action alerts
- OP/ED
- Social media push
 - Remember #RedAlert4CHCs?



JUSTIFICATION FOR EARLY ACTION

- **Without sustainable and predictable funding, health centers will continue to experience operational and service related impacts, placing our patients' care in jeopardy.**
- **For example, at my health center...(tell your local story about recruitment challenges, layoffs, cutbacks on programs and services, etc.).**
- **Health centers are small businesses and need to be able to plan for the future, we cannot wait until the last minute to know whether or not the funding will be there.**

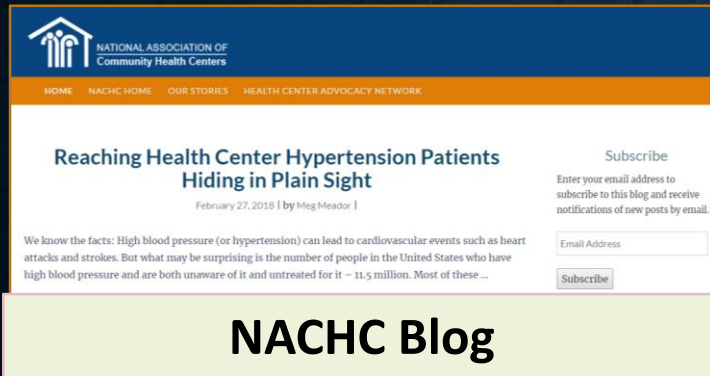
ONLINE RESOURCES



NACHC Policy Papers



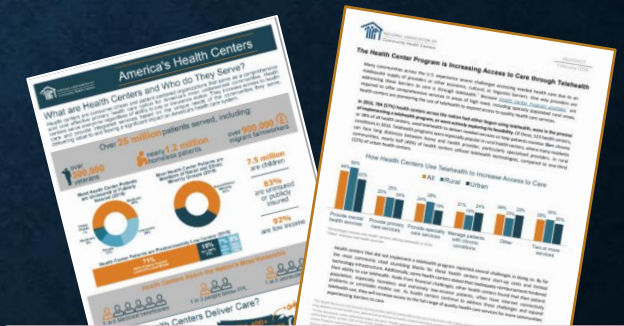
State and Congressional District Maps, State Fact Sheets



NACHC Blog



NACHC Webpage



NACHC Fact Sheets

For these and other materials, go to www.nachc.org/policy-matters

RECURSOS EN ESPAÑOL



Seminarios de internet

www.hcadvocacy.org/defensor



Presentaciones



Folletos,
infographics




Imagenes para medios
sociales



Hoja de
compromiso

SIGN UP FOR THE MONTHLY SPANISH NEWSLETTER

- Monthly newsletter, written in Spanish, for health center advocates
 - Upcoming events
 - Action Alerts
 - Health Awareness themes
 - Advocacy tips
 - and more!
- Have ideas? ¿Tienes ideas? We welcome your feedback!
- Email grassroots@nachc.org to get added to the list!



EL BOLETÍN DE DEFENSORES

Estimado Aliza --

¡El verano ha terminado y se está convirtiendo en un otoño ocupada! Muchísimas gracias por su ayuda a hacer la semana nacional de los centros de salud un éxito "heroico". Con más de 1.600 eventos locales en más de 700 centros de salud, 3.000 artículos y otros medios de comunicación, y 50 millones impresiones sobre los medios sociales, los héroes de salud de nuestra nación realmente brillaron el mes pasado! Sigue leyendo para más importante información de este mes.

Celebramos el Mes Nacional de la Herencia Hispana

Cada año, el mes nacional de la herencia hispana esta observada del 15 de septiembre hasta el 15 de octubre, celebrando las historias, las culturas y las contribuciones de las personas Hispanos que viven en los Estados Unidos y sus cuyos antepasados procedían de España, México, el Caribe, y centro y Sudamérica. Los centros de salud comunitarios están encargados de proporcionar atención culturalmente competente, y es importante recordar que el 35% de los pacientes de los centros de salud son hispanos/latinxs — el mayor grupo de minorías raciales/étnicas atendido por centros de salud.

No se olvide revistar nuestros [recursos para correr la voz sobre los centros de salud](#) en su centro de salud, la sala de espera, o durante eventos en la comunidad como ferias de salud y más de [La Red de Defensores de los Centros de Salud](#).

AG WORKER ACCESS CAMPAIGN UPDATE

WHAT IS THE CAMPAIGN?

- **The Ag Worker Access Campaign is a national initiative to increase access to quality healthcare for America's Agricultural workers and their families.**
- **Overarching Goal**
 - **Increase # of Ag worker users to 2 million AG Workers.**

Sign up to be part of the Campaign!

JOIN THE AG WORKER ACCESS CAMPAIGN



**I CARE ABOUT AMERICA'S
AGRICULTURAL WORKERS**
www.ncfh.org/ag-worker-access



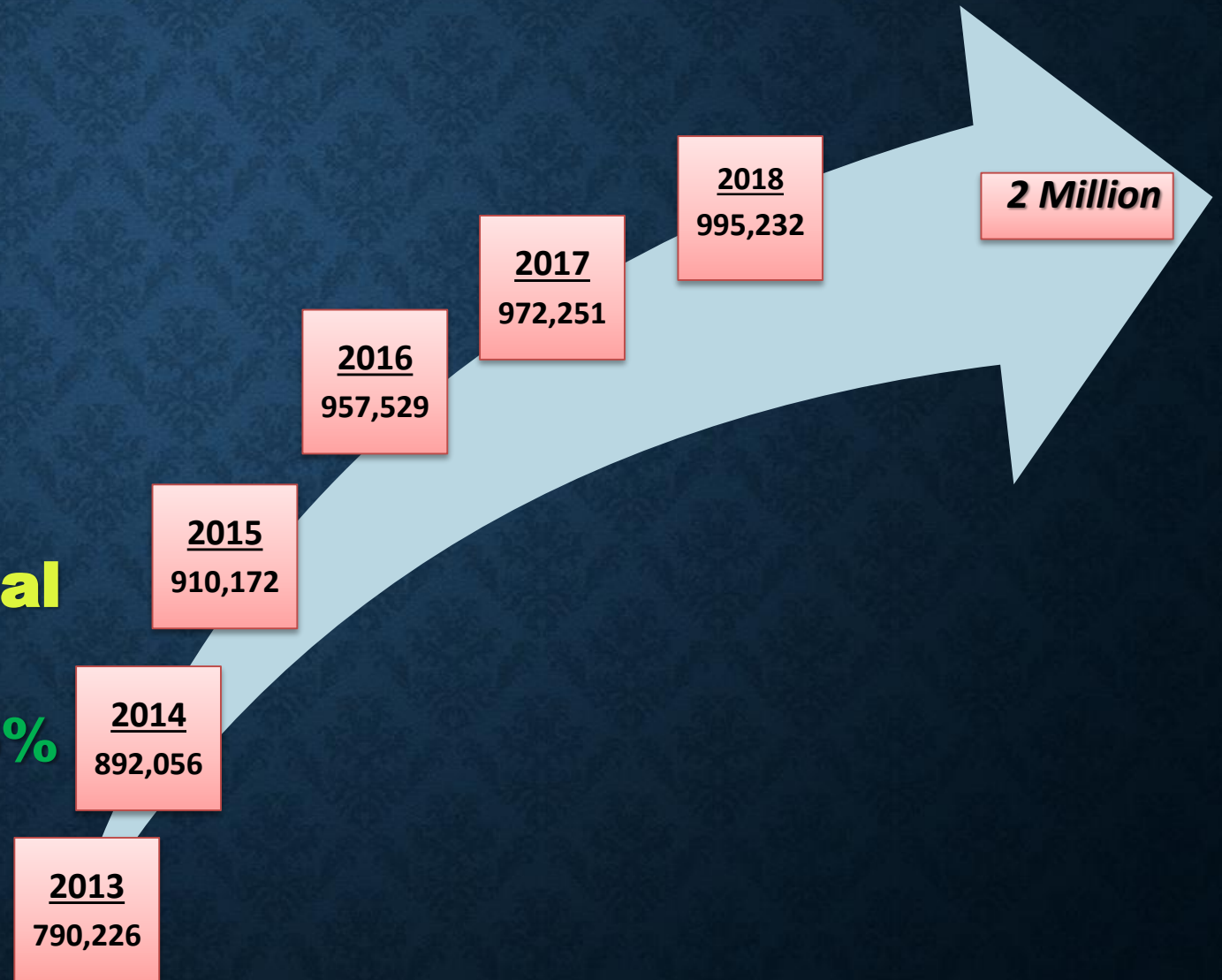
WHAT ARE THE CAMPAIGN GOALS?

- **Overarching Goal**

- Increase # of Ag worker users to 2 million

- **Health Center Level Goal**

- Increase the # of Ag workers served by 15% each year, over the next five years



HOW WILL THE GOALS BE ACHIEVED?

<p>Strategy 1: “Credit Where Credit is Due”</p>	<ul style="list-style-type: none">• Accurately identify and report ALL Ag worker patients being seen in health centers, regardless of whether the health center receives migrant health funds
<p>Strategy 2: “Open Hearts, Open Doors, Open Access”</p>	<ul style="list-style-type: none">• Reach out to Ag workers who are not currently being served• Develop partnerships & collaborations with other community-based providers that result in increased access for Ag workers• Develop innovative strategies designed to reach more Ag workers
<p>Strategy 3: “Build Capacity to Sustain Growth”</p>	<ul style="list-style-type: none">• Ensure sufficient funding to support potential growth in services needed to serve an increase in the number of Ag workers served (primary care, dental, substance use disorder and mental health treatment, pharmacy & enabling services)

WHO SHOULD BE INVOLVED?

- **Everyone should get involved!**
 - **All Community & Migrant Health Centers throughout the U.S. that serve Ag workers & their families**
 - **All individuals, organizations & networks that share a commitment to this special population**



WHO IS INVOLVED?

- **Campaign Task Force**
 - **21 members representing health centers, primary care associations, health center-controlled networks, NCAs, and organizations representing education, housing, and labor**

What are they doing?

- ▶ **In general, guiding Campaign activities to increase access to care for MSAWs.**
 - ▶ **Identifying challenges**
 - ▶ **Exploring and launching innovation**
 - ▶ **Formulating recommendations**
 - ▶ **Supporting collaboration and coalition building**
 - ▶ **Identifying and disseminating promising practices**

WHO IS INVOLVED?

Coalitions being developed to Increase Access to Care:

- 3 PCAs – Washington, Colorado, NWRPCA
- 2 HC networks – Central Valley Health Network & Central Coast Health Network in California
- 2 Voucher Programs - KS & GA
- 19 Health Centers from CA, WA, NY

What are they doing?

- ▶ Participating in training, migrant health action planning, quarterly network calls, sharing UDS information 2x/year to track outcomes, & sharing knowledge, tools and resources

**HOW DO WE CONTINUE TO BUILD ON THIS
MOMENTUM?**

COLLABORATE! COLLABORATE! COLLABORATE!

SHARE PROMISING PRACTICES WITH EACH OTHER

**RECRUIT AND DEVELOP MORE INCREASE ACCESS
CHAMPIONS**

HOW CAN WE ALL SUPPORT THE CAMPAIGN?

Individuals	Organizations
Sign up to be part of the Campaign	Sign up to be part of the Campaign
Share the importance of the Campaign with your friends & colleagues	Establish Board resolution to affirm your organization's commitment to increasing access to the target population
Get others involved in this initiative – Schools, churches and synagogues, migrant education, migrant & seasonal head start, farmworker housing projects, business community, policy makers	Promote local, regional and/or statewide partnerships and collaborations with other organizations that serve this population
Follow & promote the Campaign on social media channels	Promote the Campaign on your website, during presentations, etc.
+ Other	+ Other

CAMPAIGN RESOURCES

- **Campaign Webpage (NCFH.org)**
 - **NCFH Tools & Templates**
 - Informational Campaign PPT
 - Board Resolution Template
 - Migrant Health Program Self-Assessment Tool
 - MH Action Planning Training & TA
 - Memorandum of Understanding Template
 - Ag Worker Identification Patient Education Digital Tool
 - Archived MSAW Identification, Registration & Reporting webinars (in English & Spanish)

AG WORKER ACCESS 2020 TASK FORCE

- Task Force Co-Chaired by: NACHC/NCFH/NWRPCA
- Composed of Individuals representing:
 - National Organizations: NACHC; NCFH; Farmworker Justice; Health Outreach Partners; National Migrant/Seasonal Head Start Collaboration Office;
 - State/Regional Primary Care Associations – NWRPCA, CO, AZ, CA, FL, NC, MA
 - Community/Migrant Health Centers – NY, TX, IL, PA,
 - Farmworker Housing Projects – Tierra Del Sol
 - Faith/Based Community – Keystone Farmworker Health Program – PA
 - Others: ? Farmers/Growers; Policy Makers; Business Community

CAMPAIGN RESOURCES

- [NCFH Website](#)
 - Campaign Webpage
 - NCFH Tools & Templates
 - Policies & Procedures
 - Registration forms
 - Intake and registration questions to ask
 - Staff training resources
 - Digital Stories on Ag Worker patient registration


NATIONAL CENTER FOR FARMWORKER HEALTH

ABOUT HISTORY & MISSION AG WORKER HEALTH RESOURCES TRAINING EVENTS ESPAÑOL

AG WORKER ACCESS 2020 LOG IN CART (0)



ADMINISTRATIVE TOOLS



Click text to download.
All documents are
available in PDF or Word
format.

Agricultural Worker Status Verification Tools

- Introduction
- Points to remember
- Definitions: agriculture and agricultural workers
- List of agricultural tasks
- NAICS Codes and Sub-codes accepted by HRSA to determine eligibility for Migrant Health Services
- Verifying migratory and seasonal agricultural worker status (English or Spanish)
- How agricultural workers identify themselves
- Example status verification policy and procedure
- Example new patient registration template (English or Spanish)
- Frequently asked questions
- C/MHC Acronym list

NATIONAL TRAINING RESOURCES

The following National Cooperative Agreements (NCAs) offer training and resources to health centers serving the Ag Worker population:

Farmworker Justice

<http://www.farmworkerjustice.org>

Migrant Clinicians Network

<http://www.migrantclinician.org>

Health Outreach Partners

<http://www.outreach-partners.org>

MHP Salud

<http://www.mhpsalud.org>

National Association of Community Health Centers

<http://www.nachc.com>

National Center for Farmworker Health

<http://www.ncfh.org>

Sign up to be part of the Campaign!

JOIN THE AG WORKER ACCESS CAMPAIGN



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www.ncfh.org/ag-worker-access



Questions?

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