



**COMMUNITY  
HEALTH CARE  
ASSOCIATION**  
of New York State

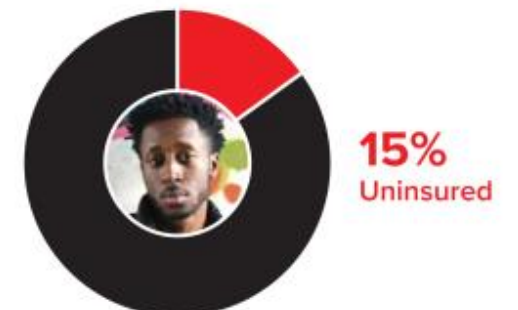
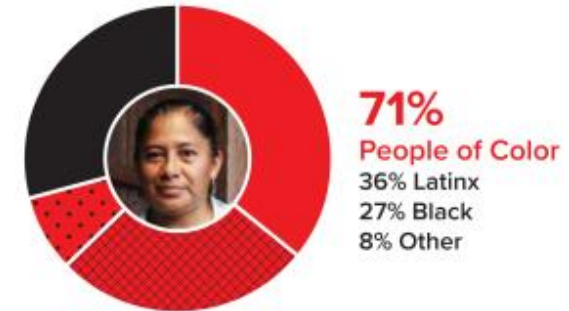
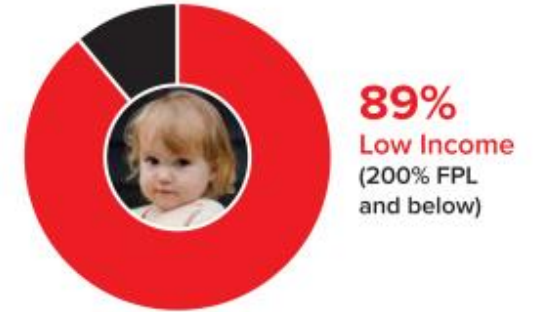
## **Federally Qualified Health Centers & New York's 2022 Budget**

Marie Mongeon, Senior Director of Policy  
January 18, 2022

# About CHCANYS

- The Community Health Care Association of New York State (CHCANYS) is New York's Primary Care Association (PCA), a membership organization representing New York's **70-plus Community Health Centers** (CHCs). CHCs provide care for **1-in-9 New Yorkers** at more than **800 locations** across the state.
- CHCs are a “one-stop shop” for health care, providing high quality primary and preventive care and support services to **all New Yorkers**, regardless of their immigration status, insurance coverage, or ability to pay. Each CHC has a Board of Directors comprised primarily of people who live in the communities they serve.
- For almost 50 years, CHCANYS has represented a diverse membership, from the large metropolitan community health systems of New York City to the rural health centers of Upstate and Western New York, and everything in between.

CHCs Serve **2.3 Million**  
New Yorkers a year:



# Top Priorities

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Workforce

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Remote Care: Telehealth (including telephonic)

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Protect 340B Drug Discount Program



# Workforce

- Support continued COVID-era workforce flexibilities
- Allow Certified MAs to perform injections (i.e. vaccinate)
- Protect and expand existing programs, ex:
  - DANY
  - Diversity in Medicine
  - AHECs
  - Rural Health Access Networks
- Increased emphasis on behavioral health workforce



**WE CREATE GOOD JOBS** for thousands of people in the communities we serve.



**12,500** CLINICAL STAFF  
Physicians, OBGYNs, NPs, PAs,  
Dentists, SUD Providers, Mental  
Health Providers, etc.



**7,000** NONCLINICAL STAFF  
Management, Support Staff,  
Billing and IT Staff, Facilities, etc.

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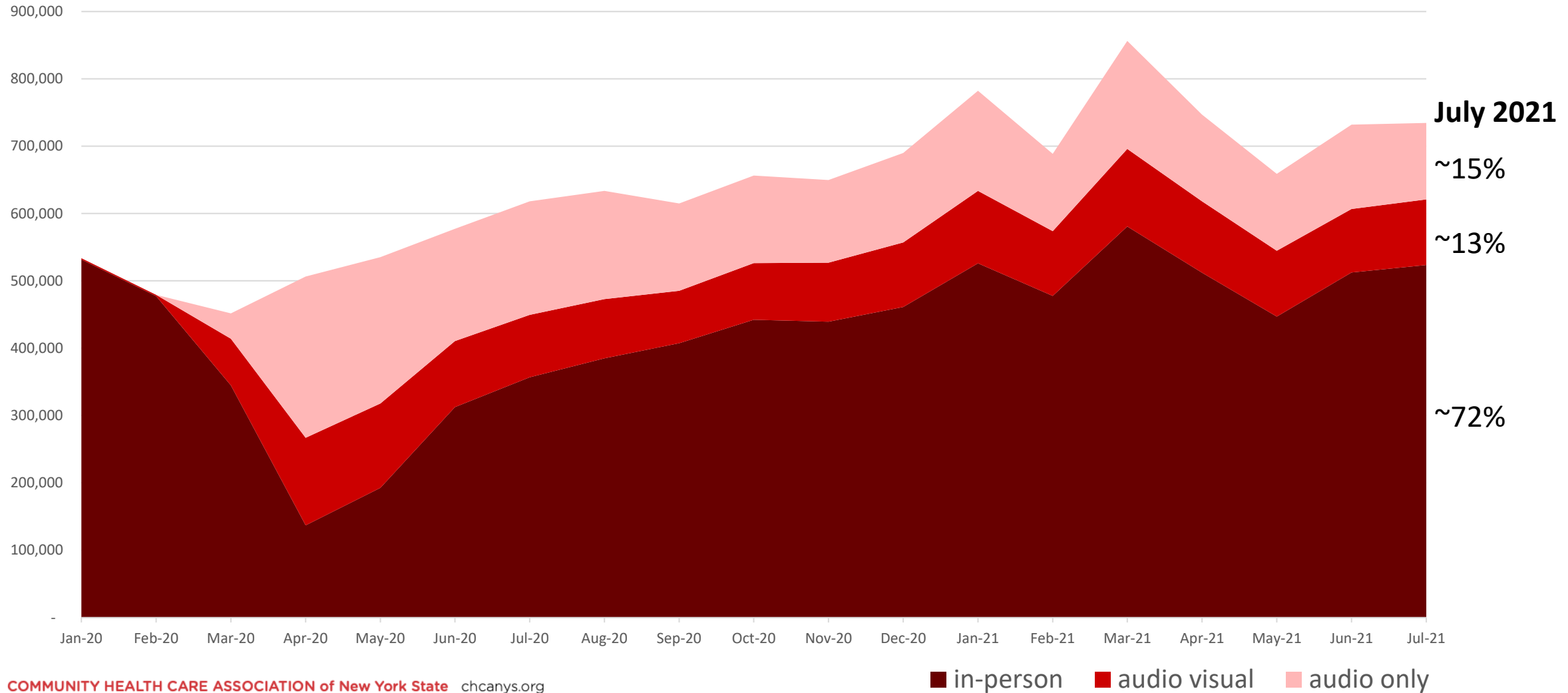
**19,500** FULL TIME EMPLOYEES

# Telehealth: A critical access point, especially for rural communities

- Remote care decreases barriers that would usually inhibit the ability to visit a provider:
  - Lack of transportation
  - Childcare issues
  - Geographic isolation
  - Work schedule/time off
- CHCs are seeing fewer no shows for remote visits, especially for behavioral health visits
- Telephonic is especially important for patients w/o video capabilities, broadband, wifi, etc.
- **To ensure that CHCs and other providers can continue to provide services via telehealth and patients can continue to have accessible health care, it is imperative that NYS:**
  - Extends the telehealth rules initiated during the public health emergency continue beyond the public health emergency.
  - Continues reimbursement parity for in-person and audio-visual telehealth visits.
  - Pays CHCs for telephonic care on par with in-person and audio-visual telehealth visits.



# Estimated Visit Volume at NYS FQHCs, January 2020 – July 2021



# Protect Access to the 340B Program: Repeal the Pharmacy Benefit Carve Out

- Pharmacy Benefit Carve out delayed implementation to April 2023
- Will remove major benefits of Federal 340B drug discount program
  - Used to fund uncompensated care & care expansion for unbillable services
- \$100M in losses to health centers – others impacted:
  - Safety net hospitals
  - Ryan White clinics

## Critical services funded through 340B:



COVID-19 vaccine administration



Low cost medications



Food/nutrition programs



Transportation



STI prevention programs



# Additional Areas to Support

- Continued access to care management payments
  - Patient Centered Medical Homes
  - Health Homes
- School-Based Health Center Funding
- Uncompensated care funding for FQHCs (“Safety Net Pool”)
- Coverage expansion for undocumented immigrants (A880/S1572)
- Future of the 1115 waiver – budget initiatives to support?

