

2018 LEGISLATIVE SUMMARY

LEGISLATORS MAKE A HISTORIC AND UNPRECEDENTED INVESTMENT IN DENTAL CAPACITY

Last year, after a marathon legislative session the state failed to pass a biennial capital budget. For community health centers (CHCs), this stalled their efforts to build new dental clinics and expand existing ones. These clinics will help address the dental health crisis in our state—right now only 1 in 5 Medicaid adults can access care.

This year, this outstanding policy priority stood front and center on the CHCs' legislative agenda. Low income Washingtonians could not wait any longer for dental care. Our CHCs were ready once again to advocate for this critical funding. We talked to legislators, wrote op-eds in local papers, and shared patient stories. Our message to lawmakers was loud and clear—to invest **\$12.6 million to support 19 CHC dental projects that will serve nearly 52,000 additional patients each year.**

As legislators got to work in January, their “to do” list was straightforward—make progress on an unrelated water rights issue (which held up the 2017-19 biennial capital budget) and pass the biennial capital budget. Two weeks into session, Senate and House lawmakers passed the capital budget and on January 19, the Governor signed the capital budget! Later in session, the Legislature also passed their 2018 supplemental capital budget. It includes **\$750,000 for Unity Care NW's Ferndale dental clinic that will serve 3,000 additional patients each year!** This project was left out of the earlier biennial capital budget and this funding is great news for Whatcom County.

Thanks to our unrelenting advocacy and support from our legislative champions, thousands of Medicaid patients are eagerly awaiting the moment they can “open their mouth wide” at a CHC for much needed dental care. We have a lot to be proud of!



A young Sea Mar patient getting his teeth checked at one of their dental clinics. Photo is courtesy of Sea Mar.

LEGISLATIVE CHAMPIONS SUPPORT THE SAFETY NET, INCLUDING CHILDREN'S HEALTH

This session, uncertainty in Washington, DC caused concerns about the Washington State safety net. As we started our state legislative session, Congress had failed to re-authorize funding for the Children's Health Insurance Program (CHIP). Created in 1992 with bipartisan support, CHIP provides health care coverage for low- and middle-income kids. CHIP's funding lapsed on September 30, and despite vigorous advocacy by children's advocates, CHCs, and other supporters, health care coverage for 9 million kids (including 58,000 kids and pregnant women in Washington) was in jeopardy.

Our state's lawmakers recognized that Congress' political “dysfunction” was directly impacting our kids and families' health care security. To help address this, legislation was introduced (**Senate Bill 6304** and **House Bill 2660**) that would require the state to cover kids currently on CHIP if the federal government fails to act. Our CHC advocates heard this message and carried it to their elected officials during our Joint Legislative Days and throughout session.

On January 22, Congress finally re-authorized funding for CHIP for six years and a couple of weeks later, extended CHIP funding for an additional four years (10 years total). With this long term certainty, our state lawmakers determined that state legislation was not needed. However, they stand ready to protect our kids and families if the need arises.

Congress let CHIP's long-term funding lapse for 114 days!

LEGISLATORS DISAGREE ABOUT PRESERVING PATIENTS' ABILITY TO MAINTAIN THEIR PROVIDERS OR CLINIC OF CHOICE

As part of Integrated Managed Care (IMC), the Health Care Authority (HCA) plans to limit the number of Medicaid health plans in certain regions. As a result, many people may not be able to visit their current doctor or get care at their current clinic. This session, CHC advocates worked tirelessly to preserve patients' ability to maintain their providers or clinic of choice. Low-income patients should have a voice in their health care. Also, continuity of care is essential in promoting good health and supporting whole person care.

We had legislative champions in both the Senate and House who understood this problem and wanted to require the HCA to implement IMC without limiting the number of health plans in any region. This would assure patients could maintain their critical health care relationships with their providers or clinics. Our champions worked determinedly with us to broaden our legislative support. Patients wrote messages to their lawmakers and the Governor, CHCs highlighted patient hardship to the media, advocates stood up at town halls and talked about the importance of patient choice, and CHCs carried this message to their legislators in Olympia.

We got off to a good start when language to protect patient choice was included in the Senate's draft budget bill. But our valiant efforts were not enough! Supporters of limiting the number of health plans in regions were able to convince the Senate fiscal committee to remove the patient choice language and the House fiscal committee did not include it in their budget bill. This essentially brought an end to our hard fought advocacy.

OTHER HEALTH CARE CHANGES

Along with our priorities, the Policy Team worked on a number of other legislative issues that could impact the CHC system and patient care.

Statewide Medication Takeback Program

There is no single solution to the opioid and prescription drug overuse crisis in this state. But one effort that helps reduce people's access to unused or unwanted drugs is a medication takeback program. There are medication takeback programs in King, Kitsap, Pierce and Snohomish Counties, but this need is statewide. CHCs experience first-hand patient demand for safe disposal sites.

For example, CHCs participating in the safe disposal program in King County often find their disposal boxes full well before scheduled pick-ups.

Last year, **House Bill 1047** was introduced (but did not pass) to create a statewide program because demand is not limited to select counties. This year, the bill was re-introduced and despite opposition from the pharmaceutical industry (since they would finance the program's



A medication disposal box at ICHS's Seattle-ID clinic.

cost), supporters, including CHCs, prevailed! Legislators heard testimony that this program could help reduce addiction, poisoning, and overdoses caused by unused medications in homes. The bill passed unanimously in the Senate and with a strong majority in the House. Starting in 2020, we can look forward to seeing safe disposal sites at our CHCs and other locations throughout Washington.

Affordable Health Coverage for Marshallese, Micronesian and Palauan Migrants in Washington

Our state has the third-largest population of people from the Marshall Islands, Micronesia, and Palau. They are allowed to reside and work in the US but are currently not eligible for Medicaid or any financial assistance through the Health Benefit Exchange. Last session, bills were introduced in the Senate and House to create a premium and cost sharing assistance program for these Washingtonians, but neither passed.

The 2018 Supplemental Budget includes \$1.2 million to improve access for these 2,600 low-income Pacific Islanders.

Senate Bill 5683 was reintroduced this year and supporters, including the CHCs, advocated to improve health equity and health care access for

these Pacific Islanders residing in our state. A CHC staff member stood before the Legislature to highlight the historical and current issues impacting this community's health and to urge them to address their need for affordable health insurance in our state. Our lawmakers heard this message clearly and passed the bill! CHCs that care for this community extend their heartfelt appreciation.

The Children's Mental Health Work Group Continues

In 2016, the Legislature established the Children's Mental Health Work Group (CMHWG). Its task was to identify barriers children and families face in accessing mental health services and to advise the Legislature about potential solutions. That year, the CMHWG presented its recommendations to the Legislature and then ended.

However, stakeholders quickly realized that the lack of children's mental health services is a pervasive problem without an easy solution. Continuing the CMHWG will help sustain progress. **House Bill 2779** was introduced to extend the CMHWG through 2020 and to oversee the implementation of its 2016 recommendations. CHCs, along with children's and behavioral health stakeholders supported this bill and celebrated its overwhelming support in the House and Senate. Our policy staff was

engaged in this work in 2016 and will continue to provide input and identify opportunities for CHC engagement.

CHCs URGE OUR MEMBERS OF CONGRESS TO FUND CHCs AND OTHER CRITICAL HEALTH CARE PROGRAMS

Last year, our federal advocacy work focused on protecting the gains we made through health care reform (the Affordable Care Act). This year, front and center on the CHCs’ federal legislative agenda was to re-authorize funding for the CHC Fund (“fix the cliff”), along with other critical health care programs such as CHIP, the National Health Service Corp (NHSC), and the Teaching Health Center (THCGME) programs. Federal funding for these programs ended on September 30 and as we started 2018, a resolution was not in sight!

The CHC Fund supports critical patient programs that are not otherwise paid for by Medicaid. CHIP provides coverage to 58,000 Washington kids and families. The NHSC helps CHCs recruit and retain essential providers in our rural and underserved clinics. The THCGME program supports CHCs in training their future primary care workforce.



HHS Secretary Alex Azar
(Speaking at the 2018 NACHC Policy & Issues Forum)

“We see you [CHCs] not just as vital partners in our movement toward a health system that delivers quality, affordable care for all Americans—we see you as pioneers in this effort already.”

When federal lawmakers returned to Congress from winter recess, we stepped up our advocacy. CHCs sent emails, made calls, had face-to-face meetings in the state and in Washington DC. Our patients needed Congress to act! The first sign of hope was in late January, when Congress addressed CHIP’s long-term funding. While we took a moment to celebrate, our work was far from done. The CHCs ramped up our advocacy work to make sure our Members of Congress understood what these programs mean to their constituents.

Finally on February 9, we could breathe a sigh of relief. We did it! In the *Bipartisan Budget Act*, Congress reauthorized the CHC Fund for two years—providing \$3.6 billion for 2018 and \$4 billion for 2019, a \$600 million increase. Our federal lawmakers also re-authorized funding for the NHSC and THCGME for two years. To the

surprise of many, they also extended CHIP funding for an additional four years (10 years total).

When the CHCs traveled to Washington, DC for NACHC’s Policy & Issues Forum, their message to their Members of Congress included a heartfelt “thank you.” But it also included asking them not to forget that the CHCs’ annual discretionary funding still needed to be addressed. Once again they listened and the 2018 federal budget includes \$1.6 billion in discretionary funding for CHCs—a \$135 million increase from last year.



CHC representatives from the Seattle area met with U.S. Representative Pramila Jayapal (D-WA-7th) at her Washington, DC office during the 2018 NACHC Policy & Issues Forum.

Looking ahead, our federal legislative work will include securing discretionary funding for 2019 and reinforcing the importance of CHCs and the programs that support our patients (e.g., Medicaid, telemedicine, the 340B drug program, etc.). CHC advocates stand ready and willing to be the voice for our state’s health care safety net.

OUR STATE AND FEDERAL LEGISLATORS HEAR FROM CHC ADVOCATES

CHC supporters who are part of our grassroots advocacy program, *Save Health Care in WA* encouraged legislators to protect the health care safety net. This year, CHC advocates contacted their legislators in numerous ways.

ADVOCACY BY THE NUMBERS	
86,596	ADVOCACY MESSAGES were delivered to lawmakers in Olympia;
213	EMAILS sent by advocates to state and federal lawmakers;
100+	NEW FOLLOWERS on social media (Facebook and Twitter); and
9	TOWN HALLS had Save Health Care in WA advocates in attendance.



CHC CEOs, senior staff, and board members also made direct contact with legislators this session. During our Joint Legislative Days on **January 31 and February 1**, they traveled to Olympia to protect the health care safety net, ensure that Medicaid patients could maintain their providers or clinic of choice, and thank lawmakers for their important investment in dental capacity. The Legislature heard our collective voices about our priorities and the important work CHCs do for their patients and communities.

JOINT LEGISLATIVE DAYS	
80	Representatives from
20	CHCs visited
144	Legislators in Olympia



CHC Representatives from the Spokane area met with State Representative Marcus Riccelli (D-3rd LD) during the 2018 Joint Legislative Days in Olympia. Photo is courtesy of CHAS Health.

MEDIA PLACEMENT	
11	News Pieces
10	Op-Eds/Guest Columns
1	Editorial
1	Letter to the Editor

Our media strategy this year connected the uncertainties of federal policy and funding to the need for our state to maintain its strong

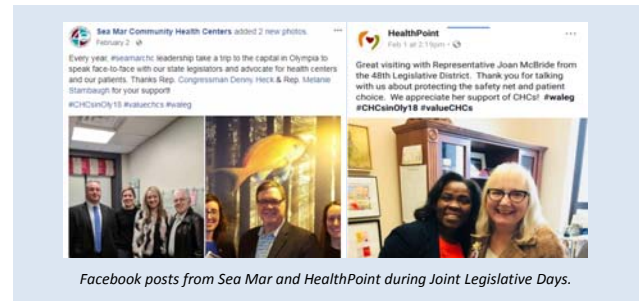
commitment to health care funding. We used the unpredictability of decisions at the federal level to set up our legislative priorities at the state level.

Media stories highlighted delayed dental clinic projects to draw attention to community impacts caused by the capital budget delay. Ongoing contact with legislative and health reporters throughout session kept them apprised of our legislative priorities and lays the groundwork for potential stories during this interim.

INNOVATION: EXPANDING OUR SOCIAL MEDIA PRESENCE

Most of us have a social media account (or several). Who doesn't take a moment during the day to read the latest post or tweet? This is true of not only us, but our lawmakers, CHC followers, and our advocacy partners. To increase our presence on social media, we encouraged CHCs attending Joint Legislative Days to post messages and pictures on their social media accounts. We asked

them to tag their legislators and we even created a hashtag for the CHCs to use, **"#CHCsinOLY18."**



Facebook posts from Sea Mar and HealthPoint during Joint Legislative Days.

In this first year of using social media to spotlight our Joint Legislative Days, we had social media posts by **9 CHCs** and had direct responses from **6 lawmakers**. Our hashtag was used by **23 accounts**. Save Health Care in WA's most popular original content posts were from our Joint Legislative Days! Going forward, we will be looking for other CHC events to highlight on social media.

THE ROAD AHEAD

With legislative session ending on time, we have a long interim period to ensure that CHCs are well positioned. Our work will include continuing to engage in behavioral health issues, assessing needed investments in program services and infrastructure, advocating for CHCs as the state moves to implement carved out dental managed care, and identifying other opportunities. We will also be actively monitoring activities at the federal level to address any threats to Medicaid and the ACA. This work will help us take advantage of opportunities from this session and help us look ahead to next year.

For more information, please contact:
 Shirley Prasad | shirley.prasad@chnwa.org
 Bob Marsalli | BMarsalli@wacmhc.org



COMMUNITY HEALTH NETWORK OF WASHINGTON



WACMHC Washington Association of Community & Migrant Health Centers



www.SaveHealthCareinWA.org



COMMUNITY HEALTH PLAN of Washington