

2015 Legislative Priorities

- **Protect existing health care safety net programs**
 - **Support community health center funding from marijuana revenues**
 - **Expand the state's health professional loan repayment program**
 - **Promote behavioral health integration in primary care**
 - **Evaluate affordability and continuity of coverage**
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Washington's Medicaid expansion has provided nearly half a million low-income individuals with health care coverage. While community health centers have expanded clinics, added hours and services, and hired staff to help meet anticipated demand, there are still challenges to meet capacity. Meeting the need would be impossible without the help of existing health care safety net programs.

Coverage expansions are a step in the right direction but we also need a sufficient numbers of providers to care for them, with effective strategies and tools to provide care across systems. We need to evaluate the affordability of coverage for individuals purchasing coverage on the Health Benefit Exchange to understand why individuals are falling through the cracks and design coverage opportunities to better meet their needs. Ensuring continuity of coverage is critical as people transition between coverage sources, payers and providers.

Protect Existing Health Care Safety Net Programs

Washingtonians are finally getting relief and security through affordable health care coverage and programs helping them to better access and support their care. Many programs are critical to the primary care safety net – including Medicaid, maternity support services and interpreter services. Despite these tough budget times, we cannot turn our backs on the progress we have made or unravel programs that have consistently provided a safety net for our patients. Providing assistance to help our most vulnerable residents to be healthy and go to work is an investment in the state's continued economic productivity. *The Legislature must continue to protect existing health care safety net programs.*

Support Community Health Center Funding from Marijuana Revenues

Governor Inslee's proposed biennial budget directs \$9.6 million to community health centers, as required by Initiative 502, which legalized the recreational production, sale and use of marijuana. For many years, the community health centers received direct grant funding from the state as part of the state's commitment to serving the uninsured. The grant program was suspended in 2011. Initiative 502 requires 5% of the marijuana tax and licensure revenues be directed to community health centers to provide primary health and dental care services, migrant health services, and maternity health care services. *The Legislature should direct 5% of Initiative 502 revenues to community health centers.*

Expand the State's Health Professional Loan Repayment Program

The community health centers are at the forefront of providing primary care, including dental and behavioral health, to their communities. They must have a reliable workforce of health professionals. The state's Health Professional Loan Repayment Program is a critical tool for workforce recruitment and retention in underserved urban and rural areas in Washington State. In 2011, the program was cut dramatically, but there are nearly 180 vacant positions for health professions in the community health centers, including more than 80 vacant positions for physicians. The community health center system also wants to ensure that behavioral health providers can benefit from loan repayment assistance. *The Legislature should invest \$8 million to expand loan repayment for health care professionals.*

Promote Behavioral Health Integration in Primary Care

Washington State has laid out a path to financially integrate physical health and behavioral health (comprised of mental health and chemical dependency treatment). The community health centers recognize that financial integration is only part of the solution, and that delivery system integration is also needed to improve health outcomes. To accomplish this, critical infrastructure—including staffing, consultative resources and data sharing systems—need to be in place to support integration in the primary care setting. King County's early adopter proposal specifically focuses on behavioral health integration in primary care for the first year. *The Legislature should invest \$11.9 million to support the necessary infrastructure for the proposed King County early adopter model.*

Evaluate Affordability and Continuity of Coverage

Despite the recent coverage expansions, many Washingtonians remain uninsured. Some may not have purchased coverage because it is still too expensive, while others may not qualify for any coverage options. It is time to better understand the financial barriers to health coverage for Washington residents. An affordability study might look at rates of transitions between coverage types (also known as churn), coverage gaps and how to improve any barriers to coverage. A task force focused on continuity of coverage and care can develop solutions to minimize gaps in coverage and care. *The Legislature should create a Continuity of Coverage Task Force and procure a study to evaluate affordability of coverage options.*