

2016 Legislative Priorities

- **Protect existing health care safety net programs**
 - **Expand loan repayment assistance to build mental health capacity**
 - **Accelerate the path to behavioral health integration**
-

Washington State has demonstrated leadership in expanding coverage for low-income populations. The community health center system has worked hard to prepare for the coverage expansions by increasing capacity, expanding access and assisting over 350,000 individuals enroll in and maintain health insurance. Community health centers (CHCs) throughout the state have been making significant investments toward capital and service expansions, in order to increase access to care for the newly insured in their communities. Since the passage of the Affordable Care Act in 2010, Washington's CHCs are serving 156,932 more patients per year, including 58% more Medicaid recipients, and have added 71 new service delivery sites (including medical, dental and mobile clinics). Additional modest investments will help to support their efforts to increase access to care by adding providers and integration of physical and behavioral health in their communities. We remain focused on preserving the health care safety net and making strategic investments in key areas that will increase access to care.

Protect Existing Health Care Safety Net Programs. Washingtonians are finally getting relief and security through affordable health care coverage and programs, helping them have better access and support of their care. Many programs are critical to the primary care safety net – including Medicaid and supporting programs like maternity support services and interpreter services. Medicaid coverage includes adult dental services that were restored in 2014. The Legislature should protect the investments they have made by preserving vital health care programs that provide coverage and access.

Expand Loan Repayment Assistance to Build Mental Health Capacity. It is essential to encourage providers to work in rural and underserved areas to increase access to care. The Legislature should invest \$3 million to follow up on the commitment made in 2015 to expand the health professional loan repayment program, and prioritize this added investment for non-prescribing mental health providers (who were unexpectedly excluded this award cycle) to better facilitate behavioral health integration. These providers include licensed clinical social workers, licensed marriage and family therapists, licensed mental health counselors and psychologists.

Accelerate the Path to Behavioral Health Integration. The Legislature should invest \$3.5 million to incentivize new regions to adopt behavioral health integration as early as 2017. Additional funding in regions that transition to fully integrate managed care before the 2020 deadline could be used towards delivering technical assistance for providers and implementing planning and design work needed to ensure successful integration. Incentives in these regions will complement and build on integration set to occur in the “early adopter” region of Clark and Skamania Counties. Jump starting behavioral health integration will provide the community health center system and other providers with important information about the challenges they will face as the state approaches full system integration.