

NACHC P&I Hill Day 2025 Prep Webinar

January 22, 2025



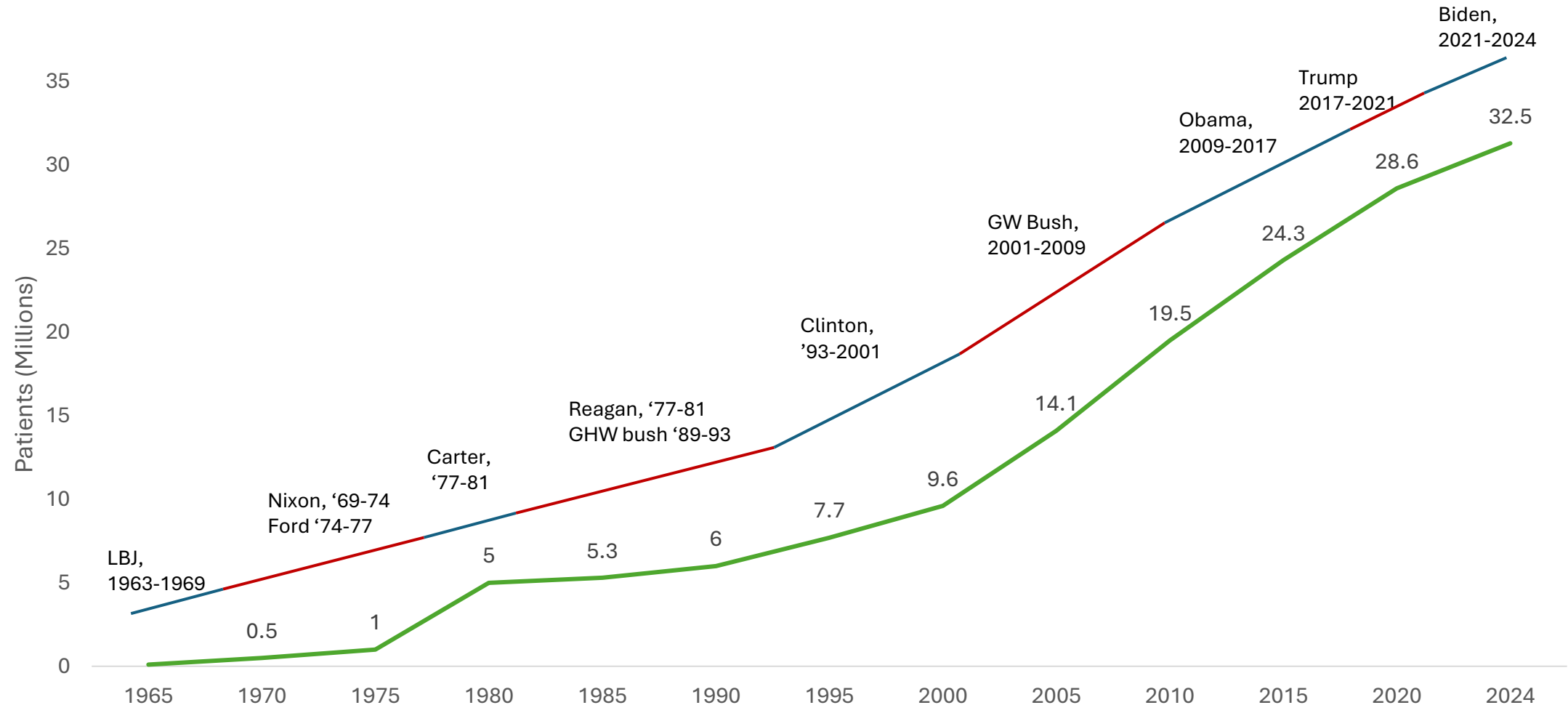
Agenda

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in Washington

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on NACHC
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Logistics

60 Years of Community Health Center **BIPARTISAN GROWTH**



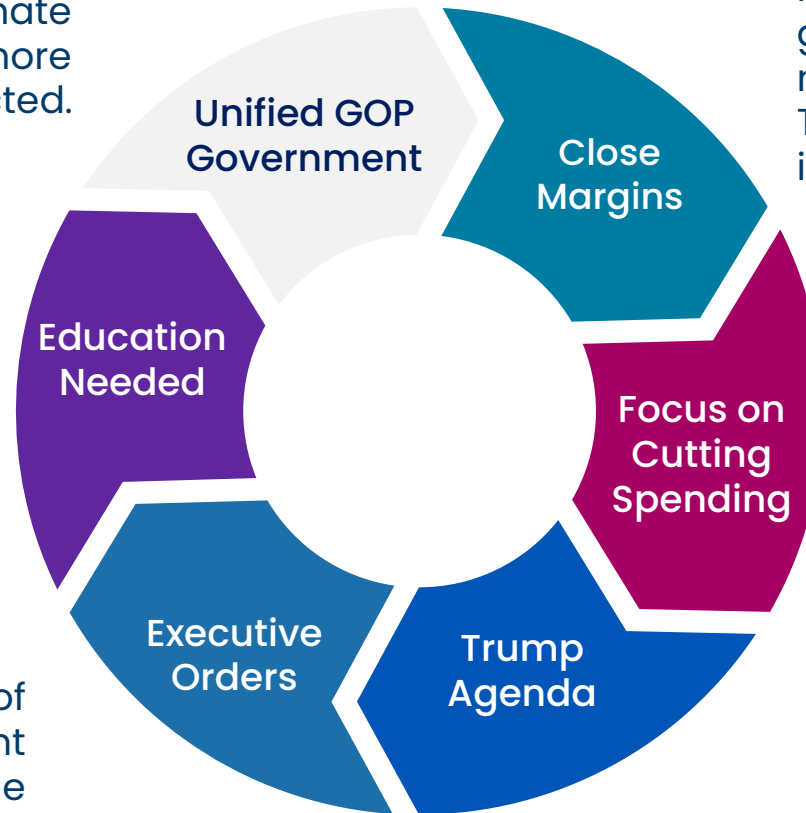
SOURCE: HRSA UDS 2000-2024; 1965-1999 from NACHC archives.

New Landscape in Washington

Republican Trifecta with White House, Senate and House Control could mean more legislation being enacted.

Retirements and election results means that advocates will need to place special emphasis on educating new Members of Congress. There are nine new Senators and 63 new Representatives.

President Trump has issued dozens of Executive Orders to roll back President Biden's policies and begin remaking the federal government.



Republicans have a defined leader in government to set policy but will need near unanimity because of tight margins. The House will be the narrowest majority in nearly a century.

Republicans have begun outlining potential changes to entitlement programs and spending. Preliminary options include major changes to Medicaid and it's unclear what will have consensus. Separate initiative through Department of Government Efficiency.

Initial focus is likely going to be on taxes, energy and immigration but ongoing debate on whether to have one bill with tax cuts and spending reforms.



"If you have your health, you have everything."

Mission Statement

The MAHA Caucus will focus on nutrition, and access to affordable, high-quality-nutrient-dense foods and primary care, we aim to address the root causes of chronic diseases and create a healthier, stronger nation. MAHA seeks to advance a transformative agenda that calls for transparency, consumerism, and innovation with the goal of a healthier America guiding each discussion.

Vision and Goals

- **Food is Medicine:** Promote access to nutritious, affordable food, and encourage education on ingredient impacts, processed foods, and healthy eating habits to facilitate healthy outcomes.
- **Chronic Disease Prevention:** Shift health care resources toward preventive care, and research and implement non-pharmaceutical interventions to address chronic illnesses.
- **Advancing Regenerative and Precision Agriculture and Environmental Efforts:** Encouraging agricultural practices that boost the nutritional quality of food and soil health.
- **Primary Care Access:** Expand community health centers and telehealth initiatives, and promote direct primary care models to reduce costs and improve access. As well as, expanding HSA's and association health plans.

MAHA Caucus' Purpose:

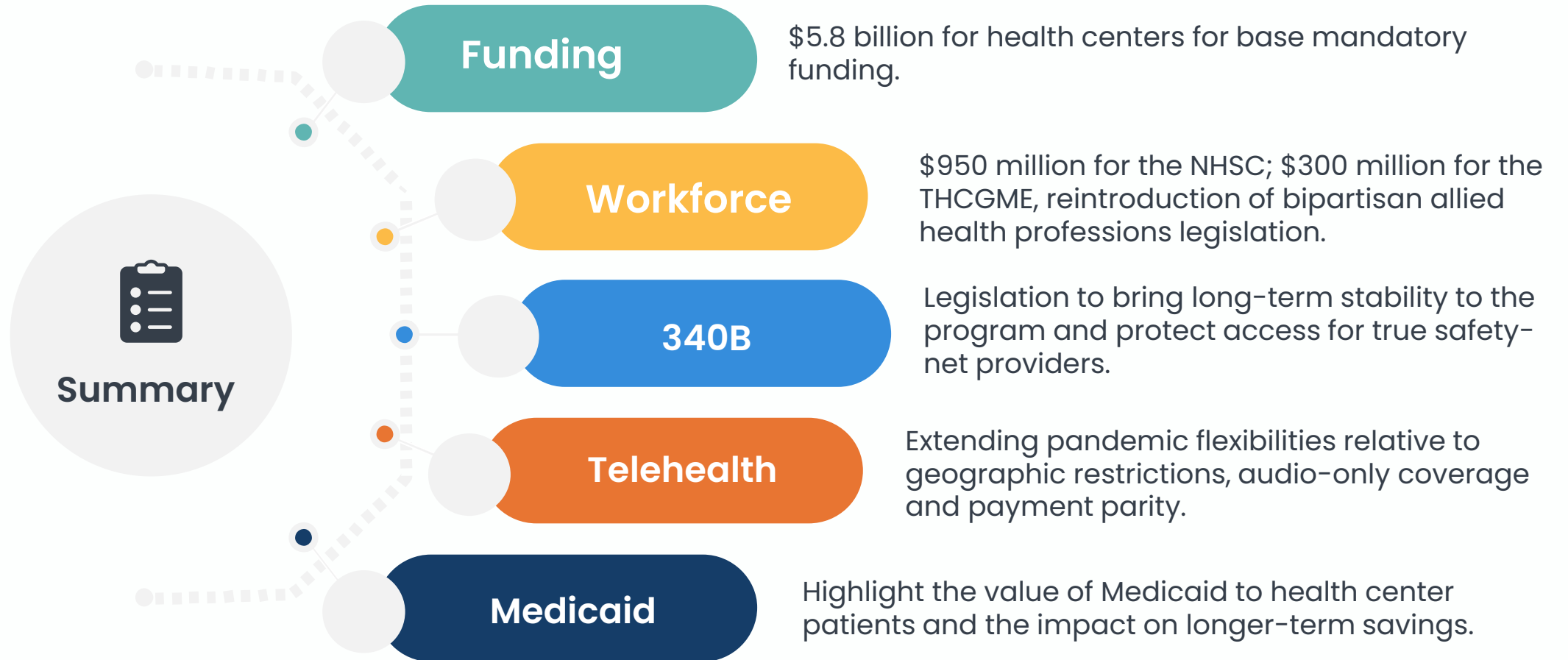
- Work with RFK Jr. to be the legislative force that ensures the key pillars of MAHA are executed.
- Build partnerships with local, state, and federal stakeholders to implement initiatives.
- Mobilize support for legislative priorities.
- Develop educational campaigns to raise awareness about nutrition as preventative care, and increase access to nutritious food.

Together, we can Make America Healthy Again—one community, one policy, and one step at a time.

Republicans Launch Making America Healthy Again (MAHA) Caucuses

- Sens. Roger Marshall (R-KS), Tommy Tuberville (R-AL), Rick Scott (R-FL), Cynthia Lummis (R-WY) and Ron Johnson (R-WI) are leading in the Senate.
- Reps. John Joyce (R-PA) and Lloyd Smucker (R-PA) and others are leading the effort in the House.
- Mention of primary care and expanding Community Health Centers in the Senate [fact sheet](#).
- The MAHA Caucus is a bicameral initiative that is focused on working with the Trump Administration to focus on nutrition, and access to affordable, high-quality- nutrient-dense foods and primary care.

Policy & Issues Forum Priority Asks



Health Center Funding Status

Health Center Funding Expires in March 2025

Congress provided the first increase to health centers in years in March 2024. The funding level was disputed by the two sides but resulted in \$4.26 billion for health centers (7% higher).

Health centers are a solution to the MAHA agenda to prevent and manage chronic disease, but resources are needed. **We will continue to push for \$5.8 billion.**



Recognizing the incredible needs of health centers, NACHC pushed for the highest funding levels – \$5.8 billion from the Sanders/Marshall HELP Committee bill. Advocacy included direct engagement, calls/emails and December fly-in with 300+ advocates.

Congress was poised to pass a two-year bipartisan agreement at \$4.5 billion and \$4.6 billion but the overall bill was later scuttled when there was not support in the US House. Led to three-month level funding.

Addressing the Workforce Crisis

HRSA estimates that in the next 15 years, the primary care workforce will need:

68,000 primary
care physicians

9,000
dentists

100,000 mental health
professionals



Support workforce programs that help CHCs train and retain health professionals:

- **National Health Service Corps (NHSC)** – More than half of NHSC clinicians serve at health centers and decrease costs per visit.
- **Teaching Health Center Graduate Medical Education Program (THCGME)** – A recent analysis estimated that THCGME has saved Medicaid about \$1.5 billion and Medicare about \$364 million because of the more efficient care practiced by THCGME graduates.
- **Allied Health Professions Legislation** – Bipartisan, bicameral bill that would authorize new funding to support health centers and PCAs to support pathways into health care careers.

Ask: \$950 million annually for the NHSC; \$300 million annually for the THCGME program; support reintroduction of bipartisan legislation to train allied health professionals.

NACHC 340B Policy Principles

Protecting the Value and Intent of the 340B Program



Patient Choice

Patients should maintain the flexibility to see their provider virtually or in person.



Prioritizing Access

Health center patients should have access to the broad range of medications they need at the 340B price.



Regulatory Clarity

Health centers need a clear patient definition that will not create additional administrative burdens.

Access to 340B Discounts

It's essential 340B legislation prohibits manufacturers from implementing any policies that include a rebate model.



State Rights

Federal 340B legislation should serve as the floor and preserve states' ability to expand protections.



Regulatory Authority

HRSA needs additional resources and regulatory authority to appropriately govern the 340B Program.



Improving Telehealth Access For Patients

More than nine out of ten patients value the convenience of telehealth to access primary care.

- Benefits rural communities where 97% of CHCs adopted telehealth services
- Seniors rely on audio-only services at higher rates than other age groups .

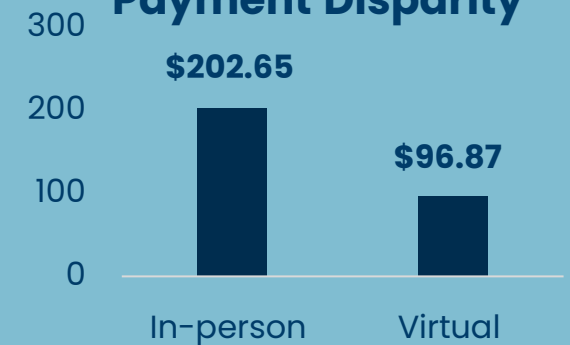


Payment parity will protect seniors' access to telehealth services.

Medicare reimburses at less than 50% of in-person rates:

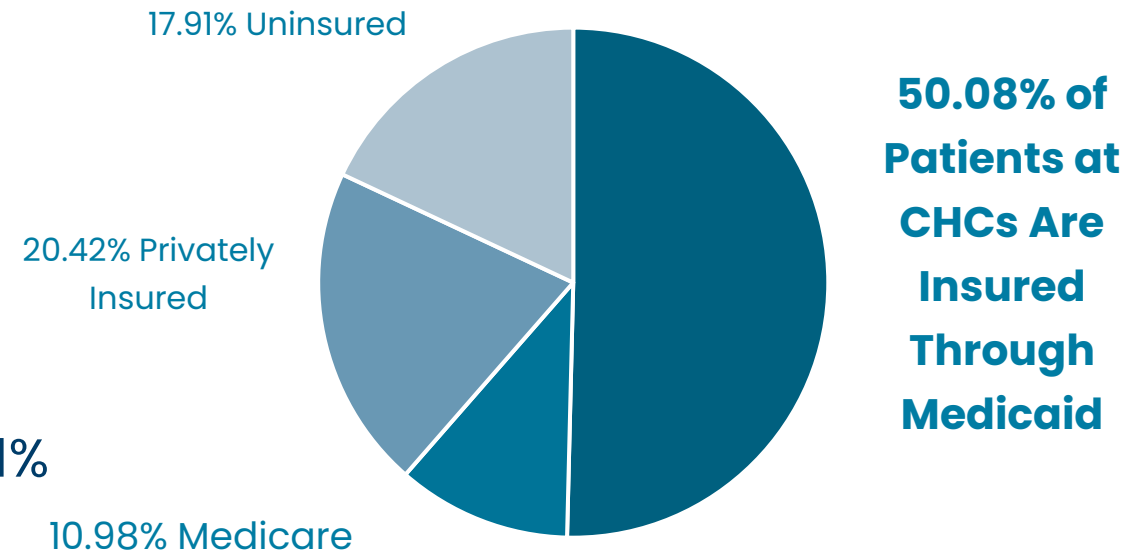
- FQHC PPS payment rate for an in-person visit is \$202.65
- FQHC PPS payment rate for a telehealth visit is \$96.87

Payment Disparity



Medicaid: Health Centers Deliver Savings

- Earlier this year the CBO found that investing \$5.8 billion per year in health centers will produce \$3.4 billion in savings to public insurance programs.
- Health Centers save 24% on average per Medicaid patient compared to private physician offices and outpatient clinics.
- Health Centers care for around 18% of all Medicaid beneficiaries but only account for 2.1% of total Medicaid spending.
- CHCs reduce Medicaid spending by \$1,411 per adult and \$741 per child enrolled, with savings reaching up to \$3,500 for dual eligibles.





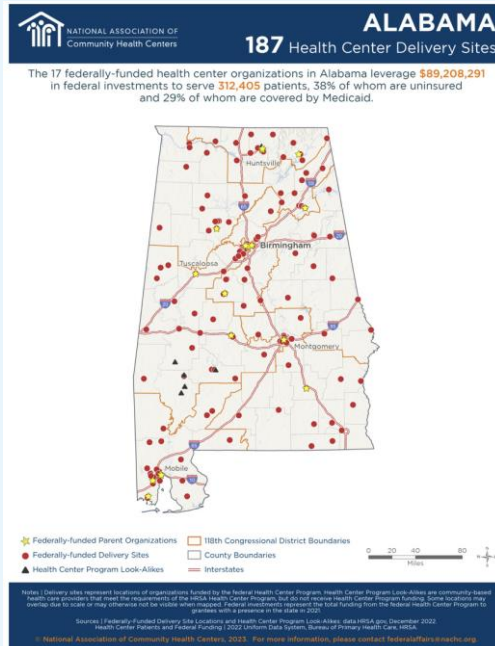
Materials to Support Congressional Visits



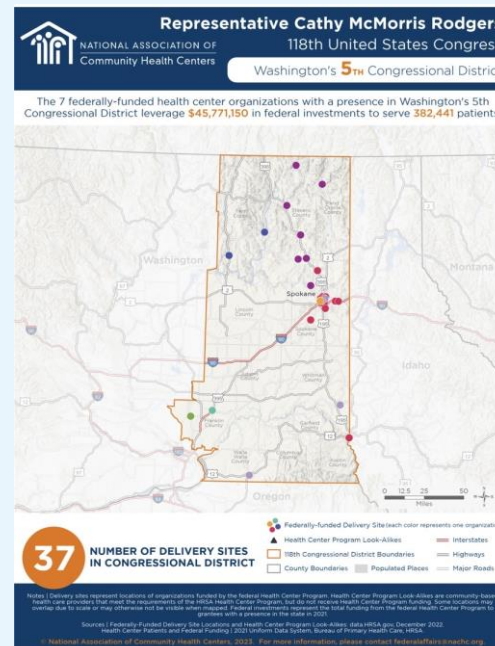
- Materials on NACHC's Priority Asks are in final stages of approval
- Resources include:
 - Policy Papers on topics: 340B; Medicaid; Rural Health; Telehealth; and Workforce
 - CHC Funding Policy Paper
 - State Level Health Center Data & Maps
 - Recording of the P&I Hill Day 2025 Prep Webinar
- Webinar registrants will be notified once the policy papers are uploaded here: <https://www.nachc.org/policy-advocacy/nachc-fly-ins/>

State Level Health Center Data & Maps

State Map



District Map



State Fact Sheet

NATIONAL ASSOCIATION OF Community Health Centers
The United States Health Center Fact Sheet

What are Community Health Centers?

Health centers are consumer governed, patient-centered health care organizations that provide quality, cost-effective primary care for medically underserved communities. Health centers serve patients regardless of income and insurance status by offering services on a sliding-fee scale. Health centers increase access to health care and provide integrated care coordination services based on the unique needs of their patients. Health centers deliver high-quality, affordable care to patients and reduce costs for America's healthcare system. Health centers...

- Serve as the health care home for over **30 million patients** in over **14,000 communities** across the **country**
- Reduce health care costs, saving an average of **24% per Medicaid patient** compared to other **providers**
- Integrate medical, specialty and social services such as mental health, substance use treatment, oral health, case management, translation services, transportation, and employment **services**
- Create **270,000 jobs** and generate an estimated **\$84.8 billion** in total economic activity in local **communities**
- Provide care to **389,000 veterans**, **1.3 million** patients experiencing homelessness, and **1 in 8 children**.

Health Centers in the United States, 2021

US Health Centers		US Patients	
Total Grantees	1373	Children	8,635,363
Service Delivery Sites	14276	Older adults	3,280,246
% Rural	42%	Patients experiencing homelessness	1,294,327
% utilizing MAT Services	71%	Veterans	388,939
% Utilizing Telehealth	99%	Agricultural workers	1,015,162
		Racial/ethnic minority	14,882,023
		Total patients	30,193,278

US Services and Staff		Health Center Population		State Population	
Physicians	14,858	Income < 100% FPL	44%	13%	
NP/PA/CNAs	16,124	Income < 200% FPL	15%	16%	
Nurses	20,877	Uninsured	20%	9%	
Behavioral Health Specialists	17,415	Medicaid	48%	21%	
Pharmacy	7,095	Medicare	11%	14%	
Dental	18,749	Dually Eligible	4%		
Vision	1,000	Private Insurance	20%	55%	
Enabling Services	25,615				
Other	2,109				
Total FTEs*	271,781				

US Economic Activity

Health centers in the United States created 500 million jobs and generated \$85 billion in total economic activity in 2021.

*FTEs = Full Time Equivalents. Notes: State data include only health centers receiving Health Center Program Section 5501 grants. Sources: 2021 Uniform Data System, HRSA, 2019-2020, 2021 American Community Survey 5-Year Estimates, U.S. Census Bureau. Detailed sources are available at <http://www.nacho.org/research-and-data/data-fact-sheet/>

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Materials are currently being finalized and will be printed for each delegation

Tailor Your Asks to Your State & MOCs

- Do research on priorities/interests of each MOC, and see how they align with priorities of health center and state delegations
- Outline talking points that will **win support or deepen understanding**
- Be diplomatic if an ask doesn't land
- Bring supporting materials that are **state and health center specific**
 - Fact sheets
 - Program highlights
 - UDS data



2025 Policy & Issues Forum

Conference Advocacy Highlights

Tuesday, February 4

- Committee Meetings
 - Health Center Board Member Cmte. Meeting (4-6pm)

Wednesday, February 5

- Advocacy Task Force Breakfast (8:00-9:00am)
- Opening General & Policy/Advocacy Prep Session (1:00-5:30pm)
- State Delegation Meetings (check w/your PCA)

Thursday, February 6

- Hill Day (check w/your PCA)
- Advocacy Awards Reception (6:00-8:00pm)



[Click here to view schedule and details](#)

Congressional Visits – Thurs., February 6

- Each state's/region's **PCA will set up the Congressional meetings for Hill Day.**
- Wear **comfortable walking shoes** and dress for weather!
- Take **materials** for Congressional visits
 - State association staff will have awards & packets for legislators
 - Materials to take notes
 - Cell phone #s for members of delegation
- **Travel to Capitol Hill with your state delegations**
 - Uber/Lyft/Taxi is ~10 min ride from hotel
 - Metro is roughly ~30 min total travel time (includes some walking)



Allow enough time to go through security

Logistics for Hill Day

- Check with PCA on date, time and location of first Hill meeting
- **Optional:** Group photo at 8:15 am in the Hart Senate Building
- Please wear NACHC Advocacy Button on Hill Day (included in conference bags)
- Email us with any questions: grassroots@nachc.org
- Please share feedback about your meetings with NACHC staff



NACHC's P&I 2024 Hill Day



Immediate Hill Meeting Follow-Up

- **Note what's most important to each Member of Congress and staffers**
- Ask permission to take a **group photo**
- Send **thank you emails** to MOC and staff who attended meeting – including meeting participants
- Post photo on **social media** and thank Member for their time – tag health centers that have social media accounts and use **#ValueCHCs** and **#PIForum25**
****Use official social media accounts**, not campaign accounts.



Long-Term: Nurture Relationships with Members of Congress & Staff

- Remember what's important to the member and **follow up monthly with updates on impact** (not just asks)
- **Build communication** with staff of Members of Congress **into your regular health center's Communications plan, can include...**
 - New service available to Member of Congress' constituents
 - Invitation to visit CHC for a tour or an event
 - Share press releases and news articles highlighting health centers
 - Add local, state, and federal elected officials on email list

Let's remember in-district staff!

Key Dates for In-District Advocacy Opportunities



January 27 – February 3

February 14 – 21

March 17 – 21

NACHC's Advocacy Programs and Resources



Become an Advocate

Strengthen your role as an advocacy leader, be inspired by the stories of others and get health center policy updates when you [subscribe](#) to our Washington Update newsletter.



Advocacy Center of Excellence

ACE health centers are recognized for consistent engagement and commitment to making advocacy an organizational priority. [Learn more](#) and apply for ACE status.



Advocacy Leadership Program

ALP is 4-month [virtual program](#) designed to guide participants in building a culture of health center advocacy at their organization.

Questions?

