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BI-STATE PRIMARY CARE ASSOCIATION 2024 National Public Policy Principles and Priorities

Public Policy Principles

Bi-State Primary Care Association has a steadfast commitment to improving the health of New Hampshire and Vermont residents. Our mission is to advance access to comprehensive preventive and primary care services for all, with special emphasis on those most in need. Our work focuses on preserving, strengthening, and expanding Community Health Centers and primary care safety net providers and growing the primary care workforce to ensure all individuals have access to care that integrates medical, oral, behavioral, mental health, and substance use disorder diagnosis, treatment, and recovery services, regardless of insurance or ability to pay.

Bi-State's health care policy work at the state and national level is primary to our purpose, and we aim to achieve our goals by working in partnership with federal and state governments, health policy organizations, thought leaders, foundations, as well as public and private payers.

Public Policy Priorities Highlights

Health Care Systems and Finance Reform

- Work toward universal, comprehensive, sufficient, equitable, fair, and sustainable coverage and universal access that is available and affordable to everyone.
- Support Value Based Care models to include safety net providers assuring payment, practices, and policies invest in comprehensive primary care safety net providers to address health equity, mental health and substance use disorder and social drivers of health.

Appropriations for the Community Health Center Program

- Promote and support increased and sustained mandatory and discretionary appropriations for Community Health Centers, prioritizing base grant increases, Market Adjustments, Service Expansion, and New Access Point funding to preserve, strengthen, and expand the model.
- Promote and support deepening and expanded services for comprehensive medical, oral, vision, pharmacy, behavioral, mental health, and substance use disorder diagnosis, treatment, and recovery. Include resources for those experiencing homelessness, and migrant and seasonal agriculture workers.

Pharmacy Access

- Promote and support access to low-cost drugs, including the continued availability of 340B drug pricing options for Community Health Center patients.
- Support policies that prevent private, for-profit companies from "pick-pocketing" 340B savings from Community Health Centers.
- Strengthen protections for Community Health Centers using contract pharmacies to dispense 340B drugs to their patients.
- Prevent the implementation of a 340B rebate model by private tech companies and drug manufacturers.

Medicaid and Medicare

- Promote and support strong, viable Medicaid and Medicare programs, including expansion of dental, vision, and hearing benefits under Medicare, with fair and equitable reimbursement to Community Health Centers.
- Retain the Medicaid and Medicare Prospective Payments (PPS) to Community Health Centers,

ensuring there is sustainable, long-term funding amidst rising inflation, market pressures on salaries, and inadequate reimbursement trends.

- Under Medicare, ensure patients have permanent access to telehealth services provided by Community Health Centers, including audio-only services. Ensure Community Health Centers are reimbursed for telehealth visits at a rate equal to an in-person visit.

Workforce

- With an emphasis in underserved communities, support increased and sustained federal investments that enhance health care workforce development, recruitment, and retention of primary care providers and ancillary staff including:
 - Increased resources for Teaching Health Center Graduate Medical Education, including Planning and Development grants, to support residency training slots for primary care physicians and dentists at community-based sites.
 - Increased investments in National Health Service Corps, Nurse Corps, and STAR Scholarship and Loan Repayment programs, as well as Nurse Practitioner Residency and Fellowship programs.
 - Increased investments in Area Health Education Centers to expand health care workforce pipeline development and training at the community level.
- Support increased and sustained federal investments in Community Health Centers to build their capacity to serve as accredited community-based training sites for a breadth of health care workforce roles. The training may include, but is not limited to medical and dental assistants, mental health and substance use disorder treatment providers, family medicine and nursing residents, and dental students and residents.
- Support increased and sustained federal investments in Community Health Centers to build and sustain collaborative partnerships with training programs, community/technical colleges, universities, and academic medical centers to ensure that the health care workforce reflects the communities they serve.
- Ensure continued support for the Conrad 30, J-1, and H-1B Visa Waiver Programs to allow communities to recruit foreign physicians who have trained in the U.S.
- Support strategies and policies that reduce the administrative burden on community-based primary care practices to minimize unnecessary costs incurred by health care employers.

Capital

- Promote and support access to capital, including building, renovations, and IT infrastructure for Community Health Centers through federal appropriations and mandatory funding, New Market Tax Credits, USDA Rural Loans, tax-exempt bonds, loan guarantees, and mortgage insurance.

Reproductive Health Access

- Promote and support affordable access to the full range of comprehensive reproductive health care, including essential family planning services and abortion care.

Social Drivers of Health

- Support policy changes that eliminate health disparities tied to race, ethnicity, and other factors, and remove structural barriers to health equity.
- Promote and support adequate and sustained funding for the Maternal and Child Health Block Grant (Title V), Family Planning Program (Title X), Women Infants and Children Nutrition Program (WIC), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families Program (TANF), and Low-Income Home Energy Assistance Program (LIHEAP).
- Support policies and practices that make food access and health care integration feasible for all communities.
- Support policies and practices to make housing more accessible and affordable for our communities and patients.
- Promote and support policies, practices, and programs that help our Community Health Centers and communities reduce their carbon footprint and become more resilient to the impacts of climate change and natural disasters.