

2009

\$1 BILLION IN HEALTH CARE CUTS

LOST ACCESS TO COVERAGE

RISING UNEMPLOYMENT

875,000 UNINSURED BY 2010

HEAVIER BURDEN ON CHCS

HEALTH CARE ON THE BRINK

Shredding the Safety Net *2009 Legislative Summary*



Washington Association of Community and Migrant Health Centers (WACMHC)

WACMHC is a non-profit organization whose mission is to promote health and human services for low-income uninsured and underserved in Washington State served by community health centers; and to ensure that all Washingtonians have access to primary health care, regardless of geographic location, nationality, income level or insurance status.

www.wacmhc.org



COMMUNITY
HEALTH NETWORK
OF WASHINGTON

Community Health Network of Washington (CHNW)

CHNW is a network of community health centers whose mission is to improve the health status of our communities by providing high-quality, affordable, community-based health care to underserved individuals and families, and through sustaining the network of community health centers.

www.chnwa.org



COMMUNITY HEALTH PLAN
of Washington

Committed to your health.

Community Health Plan

Community Health Plan provides managed care for more than 240,000 individuals and families throughout Washington who are enrolled in Basic Health, Healthy Options, State Children's Health Insurance Program, General Assistance-Unemployable, and Medicare Advantage. The health plan's delivery system includes over 300 primary care clinics, 1,600 providers, 89,000 specialists, and 90 hospitals.

www.chpw.org



SaveHealthCareInWA.org

Save Health Care in Washington (SHCW)

SHCW is a grassroots advocacy program of the Community Health Network of Washington (CHNW) which makes it easy for people who care about health care access to voice their opinions with key decision makers in state government.

www.savehealthcareinwa.org

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2009 Legislative Summary | ***BUDGET CUTS BY THE NUMBERS***

\$1 billion

Amount the Legislature and Governor cut from health care programs

\$42.5 million

Amount cut from the General Assistance-Unemployable (GA-U) medical program

40,000

Number of people about to lose Basic Health

875,000

Number of uninsured people in Washington by 2010, due to cuts and rising unemployment

\$250 million

Amount cut from the community health center (CHC) system over the next two years

One-quarter

Percentage of total state health care cuts taken by the CHC system

85%

Percentage of CHCs reporting that they will have to cut providers and staff due to budget cuts

80%

Percentage of CHCs reporting that they will have to increase appointment wait times or limit hours due to budget cuts

\$1,017

Amount of the “hidden health tax” added to each families’ health care coverage each year to cover the cost of the uninsured

THE DEEP CUTS to public health insurance programs during the 2009 State Legislative Session will hurt Washington's community health center (CHC) system and patients across the state. The final 2009-2011 Operating Budget cut \$1 billion from the health care programs that ensure access to needed care for low-income people in communities across the state. Washington's CHC system will absorb one quarter of the health care cuts—\$250 million over the next two years—along with thousands of new uninsured patients seeking care. The lives of nearly 600,000 patients who find their health care home at CHCs will be directly impacted as clinics increase wait times, lay off staff and discontinue services due to the budget cuts.

As a result of this budget, 40,000 people are about to lose their health insurance through the Basic Health program. They will join the 112,000 people in Washington who will also be without health coverage this year due to job loss.¹ Together, rising unemployment and these unprecedented cuts will swell Washington's uninsured population to over 875,000 by 2010. Although the newly uninsured can still seek primary care at CHCs, they lose access to specialty and hospital care, and face catastrophic health care costs. This dramatic rise in the uninsured, with no accompanying increase in state subsidies, multiplies the burden on the CHC safety net providers—the only primary care option for uninsured people outside the emergency room.

ONE BRIGHT SPOT in this budget is that the General Assistance-Unemployable (GA-U) medical program was not eliminated. However, the program took a \$42.5 million cut and caseload control measures may be necessary to meet the budget target. By 2010, all GA-U patients will be served through managed care and all enrollees will have a mental health benefit, which is critical to their recovery or qualification for long-term disability. Although transitioning the program within the allocated budget will be a challenge, scarce resources will ultimately be spent more effectively and patients will be better served.

Well-timed Congressional action increased Medicaid matching funds, injecting needed federal dollars and ensuring coverage for the growing number of children

“People will die.” Those were the unvarnished words of Rep. Eric Pettigrew, D-Seattle, earlier this morning. He was talking about consequences he expects to see from the emerging budgets that House and Senate lawmakers are crafting without new taxes.

— The Olympian, 4/17/09

and families qualifying during the recession. While enrollment in these programs was not reduced, deep cuts to rates and key services will result in less access to providers and appointments. These decreases come when caseloads are expected to soar due to families losing jobs and health insurance.

CHCs ACROSS THE STATE have started bracing for the impact of the cumulative cuts. In a recent survey, 85% reported they will cut providers and staff, and 80% will have to increase appointment wait times or limit hours to keep the doors open.

Budget cuts will also have a negative ripple effect on local economies. Every \$1 spent by a CHC has a \$1.77 multiplier effect in its local community. This session's cuts interrupt the flow of dollars spent on local jobs, goods and services that help to keep communities economically viable and healthy. The impact will be compounded through cost-shifting when uninsured charges are passed on to local employers and insured individuals. We all pay more when people lose their insurance.

Raising new revenues was the only constructive way the Legislature could have closed the gap on the state's budget deficit this year. In the end, they chose not to ask the people to vote on a small, temporary sales tax increase to protect health care for tens of thousands of our friends and neighbors. Despite our best advocacy efforts, these health care cuts cannot be healed until the next legislative session.

WE KNOW FIRSTHAND that uninsured people in Washington cannot wait, which is why our focus over the coming months will be on: 1) wringing further efficiencies from our care delivery model to try to maintain services at this critical time; 2) tracking the devastating impact of the budget cuts on access, insurance status and CHC infrastructure; and 3) advocating in both Washingtons for a more equitable and sustainable solution to the health care access and coverage crisis we currently face.

Here's a big, not-so-quiet secret about providing health care to the poor: We pay one way or the other. When hospitals see patients who cannot pay for their care, the losses are spread among the rest of us. As the cost of health-care services and insurance plans rise, employers begin to narrow choices in their health-care plans or cut the plans altogether.

— The Seattle Times, 2/25/09

GEOFF and Debbie own and run a cafe in Spokane. As small business owners, it is tough to find affordable health coverage. Geoff and Debbie are on Basic Health and do not know what they would do without it. Basic Health allowed Geoff to finally have the knee surgery he so desperately needed to continue running his business and earning a living. If Geoff and Debbie are among the 40,000 people that are kicked off Basic Health, they will lose the security of having health insurance and access to timely medical care.

THE BASIC HEALTH PROGRAM has long been the only health coverage option for many low-income Washingtonians and is needed even more as the number of uninsured people in Washington increases during the recession.² During the first five months of 2009 alone, 25,000 people have joined the Basic Health waiting list hoping for coverage. Most enrollees are employed but unable to access health insurance through their employers.³

Although the need for the program has skyrocketed, the final budget slashed it by 43%. The Health Care Authority (HCA) now has the unenviable task of cutting 40,000 people from the program by January 2010. As a first step, they intend to disenroll members with dual Medi-

caid coverage and identify enrollees eligible for other public coverage. HCA will then explore additional disenrollment criteria to meet the 65,000 enrollment target designated in the budget, with no easy options in sight. Today, Basic Health enrollees who pay their monthly premiums are ensured access to preventive care and protected from catastrophic health care costs. Soon, many of these people may be forcibly disenrolled. Those lucky enough to keep their coverage will face increased premiums and cost sharing.

Most of the people losing Basic Health have no other insurance coverage options. These newly uninsured will have nowhere to go for health care except CHCs or hospital emergency rooms. Patients will lose access to the comprehensive set of services they have under Basic Health, including specialty and hospital services, leaving them vulnerable to the catastrophic costs that come with any major illness or accident.

THE IMPACT OF THE BASIC HEALTH CUT will be particularly devastating to the CHC system because Community Health Plan and CHCs currently serve about 60% of Basic Health enrollees. Disenrolled Basic Health patients will continue to receive services on a sliding fee scale from their CHC health care home, but it will only cover a small portion of the cost of their care. CHCs will try to serve all patients regardless of ability to pay, but longer wait times, staff reductions and even clinic closures are expected.

We believe cuts to programs such as Basic Health are short-sighted. If people need medical care, they will get it one way or another. Unfortunately, without some way to pay, the sick will often wait until they face serious problems and then crowd into our local free clinics or the hospital in need of emergency care.

— Bellingham Herald, Editorial Board, 03/14/09

STACI graduated with a master's in social work and had just begun working full-time when she started experiencing signs of depression. As the depression worsened, it affected her ability to work, and she soon fell deep into debt. After calling the Snohomish County crisis line, Staci learned about GA-U. She received the medical interventions she needed, but the program did not have a mental health benefit. She felt hopeless until she found a charitable organization that helped her pay for counseling. With the right help, she was able to get healthy and back to work. Staci became an advocate, courageously sharing her story with legislators. Soon, other GA-U clients struggling with mental illness will receive the mental health services they need to recover.

THE GENERAL ASSISTANCE-UNEMPLOYABLE (GA-U) program is a state-funded program that provides cash and medical benefits for persons who are physically and/or mentally incapacitated and unemployable for more than 90 days from the date of application.

The GA-U medical program (including promising pilot projects) was slated for elimination in the Governor's 2009-2011 operating budget. The Legislature considered preserving the program, with significantly less funding, in the current fee-for-service model, which is costly, ineffective and does not include mental health services, despite the fact that 40% of GA-U clients have a mental health condition as their primary diagnosis.⁴

Ultimately, GA-U medical funding was reduced \$42.5 million (17%) for the biennium. The Legislature attributed the reduction to cost savings from moving the entire GA-U program into an innovative managed care model by year's end and expediting transitions to federally funded disability programs.

THE MANAGED CARE MODEL will leverage the lessons of an innovative pilot that has demonstrated the value of transforming once fragmented and disparate services for GA-U clients into a care system. In 2004, Community Health Plan partnered with the Department of Social and Health Services (DSHS) to offer a managed care medical pilot to GA-U clients in King and Pierce counties. Over an 18-month period, the managed medical care pilot generated approximately \$3 million in savings, primarily due to reduced acute care inpatient and outpatient hospital costs.⁵ In 2007, the Legislature funded a mental health benefit for the pilot. In 2009, as an alternative to program elimination, Community Health Plan successfully proposed an expansion of this integrated model across the state.

The managed care model will not be able to achieve the total projected savings, especially given the addition of mental health and care coordination benefits. DSHS will need to determine how to manage caseload to stay within the allocated budget. Providing care in a managed care setting, with access to the services necessary to treat the primary conditions of the population (chronic physical conditions, mental illness, and/or substance abuse problems) will make more efficient use of scarce state dollars and speed up transitions back to work or to longer-term, federally funded disability benefits.

“We need to look at the lifeline for the disabled in this state, which is the GA-U program...”
Chopp said. “It’s important that we look at the budget both as a financial document and a moral document as well.”

— The Seattle Times, 1/12/09

PEOPLE in the greater Tacoma area are already experiencing the direct impact of budget cuts — Community Health Care was forced to close their Sumner clinic. One patient sent the following plea to her Legislators and the Governor, “My health clinic was closed due to budget woes! Now what am I supposed to do? I have no insurance and I have chronic illnesses that are not being treated! I am worried and afraid that if I get ill, I will be forced to forgo treatment . . . “

THE COMMUNITY HEALTH SERVICES (CHS) grant program helps fund uninsured medical and dental care at CHCs. Early in the budget process, the Governor proposed increasing these grants by \$40 million, stating that “an investment in the health care safety net is targeted to clinics that may disproportionately be affected by the elimination of the General Assistance medical program and reductions to the Basic Health Program.”⁶

Unfortunately, there were significant enrollment and funding cuts to public health insurance programs in the final budget but CHS grants were not increased. The stabilizing revenues from insured patients are disappearing while the number of uninsured patients who cannot pay for their care is increasing. The situation is unsustainable for CHCs and will ultimately impact access to preventive and primary care services for vulnerable people across the state.

WHEN THE 40,000 PEOPLE BEING CUT from Basic Health join the 112,000 people expected to lose insurance due to job loss, our state’s uninsured population will grow by 21% to over 875,000. CHCs have already increased care to uninsured people by nearly 50% this decade alone, consistently serving about one quarter of the state’s uninsured population. CHCs will now struggle to continue playing this critical safety net role for communities across the state. CHC wait times for primary care services will increase and lead to more costly hospital emergency room visits that could have otherwise been avoided.

Community health clinics are critical because they’re at the nexus of health care delivery. Outside of emergency rooms, they are the option for low-income people and rural communities. From 2000 to 2007, the number of uninsured patients at health clinics increased by 42 percent. Obviously, there’s a need.

— Lynne K. Varner, *The Seattle Times*, 2/25/09

PARENTS know the value of children's health care. A Federal Way dad asked legislators to prioritize kids: "Being the parent to two small children, I've seen first-hand the effects that budget cutbacks have had on my own children. Our children are our future. Budget cutbacks on health care facilities affect all of us."

CURRENTLY, 95% OF WASHINGTON CHILDREN HAVE HEALTH INSURANCE.⁷ Coverage is critical to ensuring children receive the appropriate immunizations and preventive care. This year, the Governor and the Legislature reaffirmed their commitment to the goal of health coverage and access for all kids by 2010 through the Apple Health for Kids program.

Even with these gains, however, children's access to care will be affected by budget cuts to health care and the safety net. Nearly 250,000 children get their health care in the CHC system, which must absorb one quarter of the state's health care cuts.

THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) was reauthorized in early February, closing a loophole to provide Washington State with a permanent extra \$15 million per year in enhanced federal match for children above 133% FPL. Before the legislative session began, the Governor had postponed the expansion to cover children between 250% and 300% FPL (or up to

\$55,000 per year for a family of 3). However the SCHIP reauthorization caused the Governor to reinstate the expansion. Children approved for coverage before the delay received coverage retroactive to January 1 and newly applying children could enroll starting in April.

ADVOCATES SUPPORTED HB 2128 to modify the 2007 Cover All Kids law that preceded the Apple Health for Kids program. This effort was designed to bolster children's health insurance enrollment. The bill:

- Requires managed care enrollment for all Apple Health for Kids populations subject to limitations and conditions in the budget;
- Establishes requirements for streamlining enrollment and renewal processes;
- Requires improvements in enrollment, enrollment rates, renewals, and renewal rates; and
- Delays implementation of a full-cost buy-in program for children above 300% FPL until January 2010 and allows copayments, pre-existing condition requirements, waiting periods, and other design changes needed to make the premiums affordable.

OUTREACH FUNDING, vital to finding and enrolling eligible children, was included in the final budget. The funding (\$2.4 million) was lower than in the previous biennium, but will increase the state's chances of receiving newly available federal matching funds that require maintenance of effort.

Congress' reauthorization of the State Children's Health Insurance Program is a nearly \$100 million shot in the arm for Washington state, where health care for children has been an effort tackled with too little federal help.

— The Seattle Times, Editorial, 2/01/09

ELLENSBURG residents receiving Medicaid rely on their CHC for care: “We live in a small town and it has very limited dental care for children covered on Medical [Medicaid] and it’s hard for us to travel thirty five or more miles to go get other dental services. We need this clinic, it’s the only one in our town.”

MEDICAID RATE CUTS included in the final budget will have a lasting impact on low-income families and disabled individuals who already face barriers to care. Although our state was able to mitigate some of the impact through a temporary increase in federal funding, the rate cuts will make it harder for people to find providers willing to take further reduced Medicaid payments. These cuts will lead to delayed care, culminating in more unnecessary and expensive emergency room care.

HEALTHY OPTIONS (H.O.), the Medicaid managed care program for Washington, provides service for about one half of all Medicaid enrollees. The final budget made several cuts to H.O. rates that will stymie health plan efforts to expand provider networks and access for patients.

Health plans pay Medicaid providers based on the rates set by the state, which are very low compared to commercial rates. To convince providers to accept Medicaid patients, health plans must be able to offer the annual increase in the cost of providing services in their negotiations. However, the proposed 2009 supplemental budget actually assumed a negative 1% rate of inflation for health care expenses for H.O., followed by two years of zero inflation. The total impact of the H.O. program rate cuts is about \$159 million, including an estimated \$48 million to the CHC system alone. These reductions must be passed on to some primary care and specialty providers, which means patients may have an insurance card but struggle with access to care.

MEDICAID PAYMENTS TO SAFETY NET PROVIDERS

were also cut this session. Additional payment reductions to CHCs for their Medicaid managed care patients will cause even further damage to the capacity and infrastructure of the state’s health care safety net. In response to a federal audit finding, a new payment methodology is under development for Washington. The payment methodology change for Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) supplemental payments was expected to result in a \$32 million biennial funding reduction—a significant blow to clinics dependent on every dollar to cover the cost of care. However, the final budget included \$62 million in cuts, far beyond proposals from the Governor, House, and Senate. Legislative leadership did not intend to cut this deeply and is working with the Governor to resolve the issue. The Governor and DSHS remain committed to addressing CMS concerns while preserving the infrastructure and viability of the clinics. This reduction comes at a time when many other local and state sources of revenue for CHCs are also being significantly reduced.

ADDITIONAL MEDICAID RATE AND SERVICE CUTS

will impact people across Washington. While Medicaid adult vision and hearing services escaped proposed budget cuts, Medicaid dental rates were cut. The final budget directs DSHS to control utilization and roll back some 2007 dental rate increases. This dental rate reduction will make it more difficult for Medicaid enrollees to find a dentist and fewer children and adults are likely to receive preventive dental care.

Maternity Support Services were cut by 20%. These services offer preventive health services that supplement medical coverage for Medicaid-eligible women who are pregnant or within 60 days post-pregnancy. The Legislature prioritized remaining funding for women with high-risk pregnancies. Cuts were also made to fee-for-service Medicaid rates for pediatricians and

If only the stimulus money came with this warning: Mitts off.

— Lynne K. Varner, *The Seattle Times*, 2/25/09

hospital outpatient services. Rate decreases will compound access issues for Medicaid patients.

THE AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) was passed by Congress in February, infusing billions in temporary federal Medicaid matching funds into struggling states and industries. Washington has historically received a 50% Federal Medical Assistance Percentage (FMAP) match rate, the minimum a state must receive. Under the ARRA, Washington will enjoy a higher federal match rate (60-63%) for Federal fiscal years 2009 and 2010. All told, the federal assistance will total approximately \$1.8 billion in one-time federal funding until December 2010.⁸

These additional funds proved critical in the budget process. While funds must be used for Medicaid, state funding was freed up to prevent some cuts to state-only public health care programs such as GA-U. With CHCs and hospitals in the lead, nearly 40 organizations banded together to urge legislative leaders to keep health care dollars in the health care budget. A statewide media campaign helped spread the message about the value of the federal assistance and the need to preserve vital health care programs. While it is impossible to track how every extra federal dollar was allocated in the final budget, we know that the health care cuts could have been much worse without these federal dollars.

But we will ask that state lawmakers stick with the federal outline set to move the country through this period. Money from the stimulus package intended for basic health care should remain where it is sent, to provide for the least among us as well as the community as a whole.

— Kitsap Sun, Editorial Board, 2/22/09

There's a lot of funding in the stimulus package to prevent these scenarios. Reportedly, about \$2 billion of the federal money headed for Washington State is nominally intended for health care. Nominally, because lawmakers might be able to divert lots of it with some slick accounting.

— The News Tribune, Editorial Board, 2/10/09

STATEWIDE, *many people rely on CHCs for dental care, including the following Seattle resident: “My local dental clinic has saved me from going to the hospital. I could not afford dental insurance and funded clinics are my only resource! Thank you for supporting these programs!”*

COMPREHENSIVE DENTAL RESIDENCY TRAINING is a critical component of maintaining the quality of and access to oral health care in Washington State. The Northwest Dental Residency Program is designed to meet this need by training and equipping dental residents to provide care to underserved communities in Washington State. Residents receive their training in CHCs in Spokane, Seattle, Toppenish, Othello, Yakima, Grandview and Walla Walla.

Although early budgets proposed elimination of the program, the final budget included sufficient funding to continue operation (\$771,000). Thanks to collaboration between Yakima Valley Farm Workers Clinic and the statewide Coalition to Fund Dental Access, this appropriation will build on the state’s initial investments in program facilities, staffing and equipment. This CHC-based dental residency training program is essential to developing the next generation of primary care dental providers, especially those who are trained to provide efficient, integrated care for underserved, low-income, and special patient populations in CHCs.

Since 2006, residents have provided care for 7,480 patients during 14,307 encounters. *Nearly 8 out of every 10 patients seen by these dental residents live in extreme poverty—less than \$22,050 annual household income for a family of four.*

“With this program you are living community health every day.”

— Recent graduate

“I left dental school knowing how to be a dental student. Now I feel like I’m a dentist.”

— Recent graduate

MEMBERS OF THE COMMUNITY, CHC PATIENTS AND CHC PROVIDERS who advocate on behalf of our health care delivery system each have a reason for caring deeply about health care. It is our goal to help their voices reach their policymakers in Olympia to shape vital public policy decisions. We engage in a wide variety of advocacy strategies to accomplish this goal, including the Save Health Care in Washington program and close communication with elected officials.

THE SAVE HEALTH CARE IN WASHINGTON (SHCW) program is a vehicle for tens of thousands of people to voice their concern about health care in our state. Since its inception in 2003, SHCW has helped activists send almost half a million messages to elected officials in Olympia, asking them to “get health coverage up.”

With the economy faltering and thousands of people losing their jobs and health care every day, the stakes were higher than ever this year. SHCW activists sent more than 92,000 messages to lawmakers in Olympia, including 10,000 messages the first week of session alone.

Via email, phone calls, and personal messages to legislators, Save Health Care in Washington activists shared

their personal stories and the impacts budget cuts would have on their lives and communities:

As a small business with no insurance, my family needs clinics like this to stay open. Our only other option would be ER, for non-emergency care. That makes NO sense! If you're going to cut our care, please tell the packed waiting room in person! — Port Orchard activist

As a dentist at a . . . health clinic I can say from experience that this would have a devastating effect on not only our patients but our clinic. — Bellingham activist

OUR GRASSROOTS EFFORTS also emphasize face-to-face contact with elected officials, both during session and throughout the interim. During the legislative session, CHC leaders, patients, board members, and providers gathered for a day in Olympia to meet with and educate over 120 legislators who represent the clinics in their districts on local health care priorities. In addition, staff from 19 CHCs traveled to Olympia to display their innovative primary care and wellness programs to educate policymakers and staff.

We've learned from the financial crisis that if we ignore big problems, they don't go away; they grow until they become a disastrous crisis. Today we are watching a crisis unfold before our eyes, but it is not too late to take action.

— Dr. Jeff Smith & Susan Eidenschink, The News Tribune, 3/1/09

THIS LEGISLATIVE SESSION DEMONSTRATED that our current system of financing health care is neither equitable nor sustainable. Over the past decade, the number of uninsured adults in Washington has climbed. The number of people receiving coverage through their jobs has declined. Thousands more people are discovering that when they lose their job and their employer-based health insurance, the safety net is shrinking. There is little to catch and protect them during a time of great financial vulnerability.

THE CUTS TO BASIC HEALTH make crystal clear just what is at stake. Imagine if at your place of employment, management announced that half the employees would be losing their health insurance by year's end. That fear is what 40,000 Basic Health enrollees face today. From their perspective, or the perspective of over 800,000 others who will be living without coverage or access to health care by year's end, the current system is not working.

Perhaps this is why health care is one of the most important issues for voters in Washington and across the nation. As the impacts of budget cuts—health care provider layoffs, packed emergency rooms, higher private insurance premiums—roll out, the urgency for change will grow. This is not just someone else's issue—it is our collective issue that we must solve. Our focus over the coming months will be on advocating for and helping create more sustainable solutions.

FIRST, WE'LL WORK TO MITIGATE THE IMPACT of budget cuts to the greatest extent possible, including negotiating

with state agencies on implementation details and finding ways to wring further efficiencies from our care model. For example, by taking up the challenge of implementing a statewide managed care program that includes integrated primary care and mental health services for the GA-U population, we will save scarce state resources that can be driven back into serving more people.

SECOND, WE'LL BE TRACKING AND PUBLICIZING the impact of the budget cuts on access, insurance status, and the CHC safety net infrastructure to inform future policymaking. Washington's CHC system has played a critical role in keeping more than 600,000 underserved people in Washington healthy, but this task got infinitely harder with the passage of the 2009-2011 state budget. We anticipate staff layoffs, longer wait times, and clinic program reductions that will hurt communities across the state.

FINALLY, WE'LL BE ADVOCATING in both Washingtons for a more equitable and sustainable solution to the health care access and coverage crisis we currently face. All people should have affordable health coverage that guarantees access to care. Coverage should be comprehensive and include medical, dental and mental health services, while emphasizing prevention and primary care. CHCs are a vital part of the solution, particularly for those who are medically underserved and face complex barriers to timely health care.

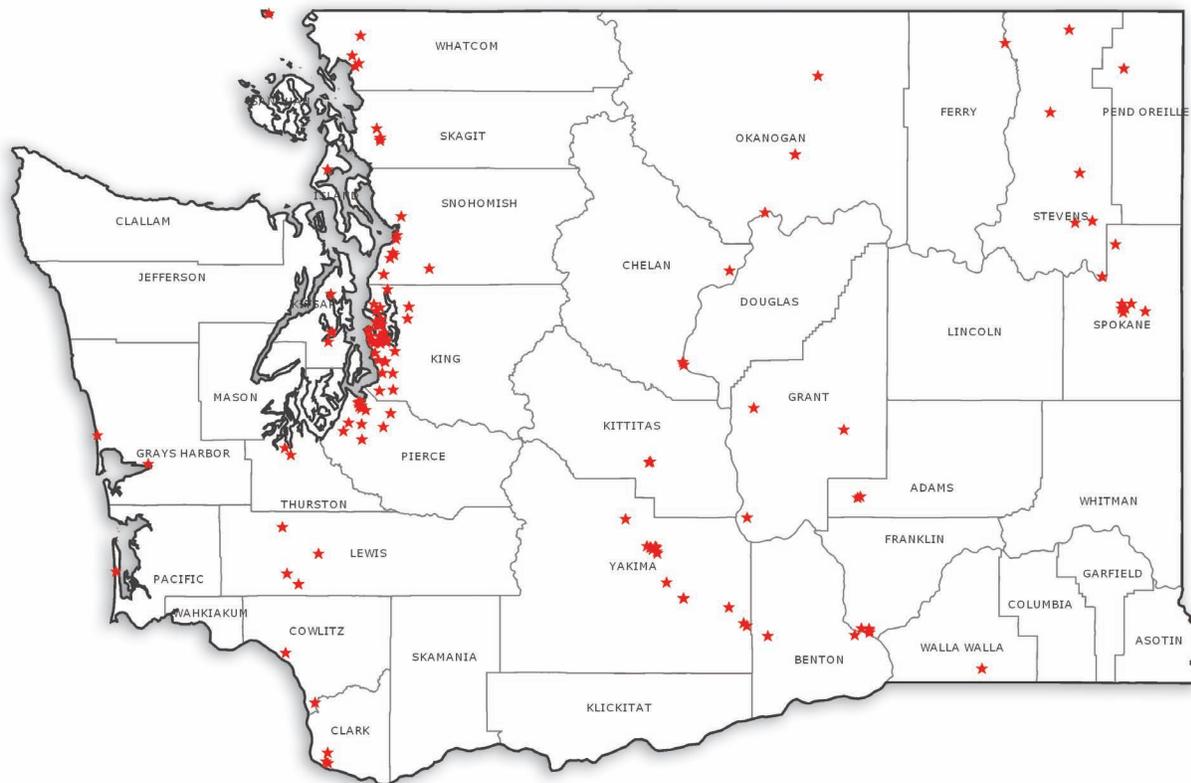
“We’re hoping that by planning and not filling vacant positions and finding efficiencies, we will not have to close our doors anywhere.... I think the effects will take a while to come into play.... It could be a few months before we start seeing the real impact. I think it’s going to be significant.” Mary Bartolo (Deputy Director, SeaMar Community Health Centers).

— Brad Shannon, The Olympian, 5/31/09

2009 Legislative Summary | **ENDNOTES**

- ¹ Holohan, John and A. Bowen Garrett. "Rising Unemployment, Medicaid and the Uninsured." Kaiser Commission on Medicaid and the Uninsured, January 2009. Available at <http://www.kff.org/uninsured/upload/7850.pdf>. This assumes a 10% unemployment rate for WA by 2010, which is the current projection. <http://schmudget.blogspot.com/2009/03/unemployment-rate-expected-to-reach-10.html>
- ² Since 1987, the Basic Health program has provided health insurance coverage to uninsured low-income Washington residents at or below 200% of the Federal Poverty Level (\$36,620 per year for a family of three).
- ³ State of Washington Joint Legislative Audit and Review Committee, "Basic Health Plan Study - Part 2: Who Is Enrolled? What Services Do They Use?" Briefing Report 06-9, November 29, 2006. http://www.leg.wa.gov/reports/06-9_RegularPaper.pdf
- ⁴ Mancuso, D, et al. "GA-U Clients: Challenges and Opportunities." Department of Social and Health Services, Research and Data Analysis Division, August 2006. <http://www.dshs.wa.gov/pdf/ms/rda/research/6/54.pdf>
- ⁵ Milliman shared savings calculation analyses provided to the Department of Social and Health Services, May 9, 2007, and November 1, 2007.
- ⁶ Washington State Health Care Authority Recommendation Summary - Governor's Proposed Operating Budget (2009-2011). <http://www.ofm.wa.gov/budget09/recsum/107.pdf>
- ⁷ WA State Population Survey 2008. Washington State Access to Health Insurance chart <http://www.ofm.wa.gov/shpo/healthin/profiles/2009/children.pdf>
- ⁸ Beginning October 1, 2008, the 27-month ARRA increase combines a base level increase of 6.2% with increases due to unemployment rates. Washington State will have a 60.22% match rate for the first two quarters of Federal Fiscal Year (FFY) 2009. Our state's FMAP is projected to reach nearly 63% in FFY 2010.

2009 Legislative Summary | **MAP OF COMMUNITY HEALTH CENTER SYSTEM**



- **Columbia Basin Health Association** [Web site](#)
- **Columbia Valley Community Health** [Web site](#)
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