

LEGISLATIVE FORUM

Welcome and Overview



- Welcome
- Legislative Forum Resources
- Locations/Parking
- Special Guest Sen. Jim Stamas
- Preparing for Visits/Run of Show
- Policy Priorities
- Michigan Legislative Primer
- Advocacy Goals
- Question and Answer

LEGISLATIVE FORUM RESOURCES

- [2023 MPCA Legislative Forum Event Hub Page](#)
- [Legislative Forum Meeting Schedule](#)
- [2023 Legislative Booklet](#)

SCHEDULE

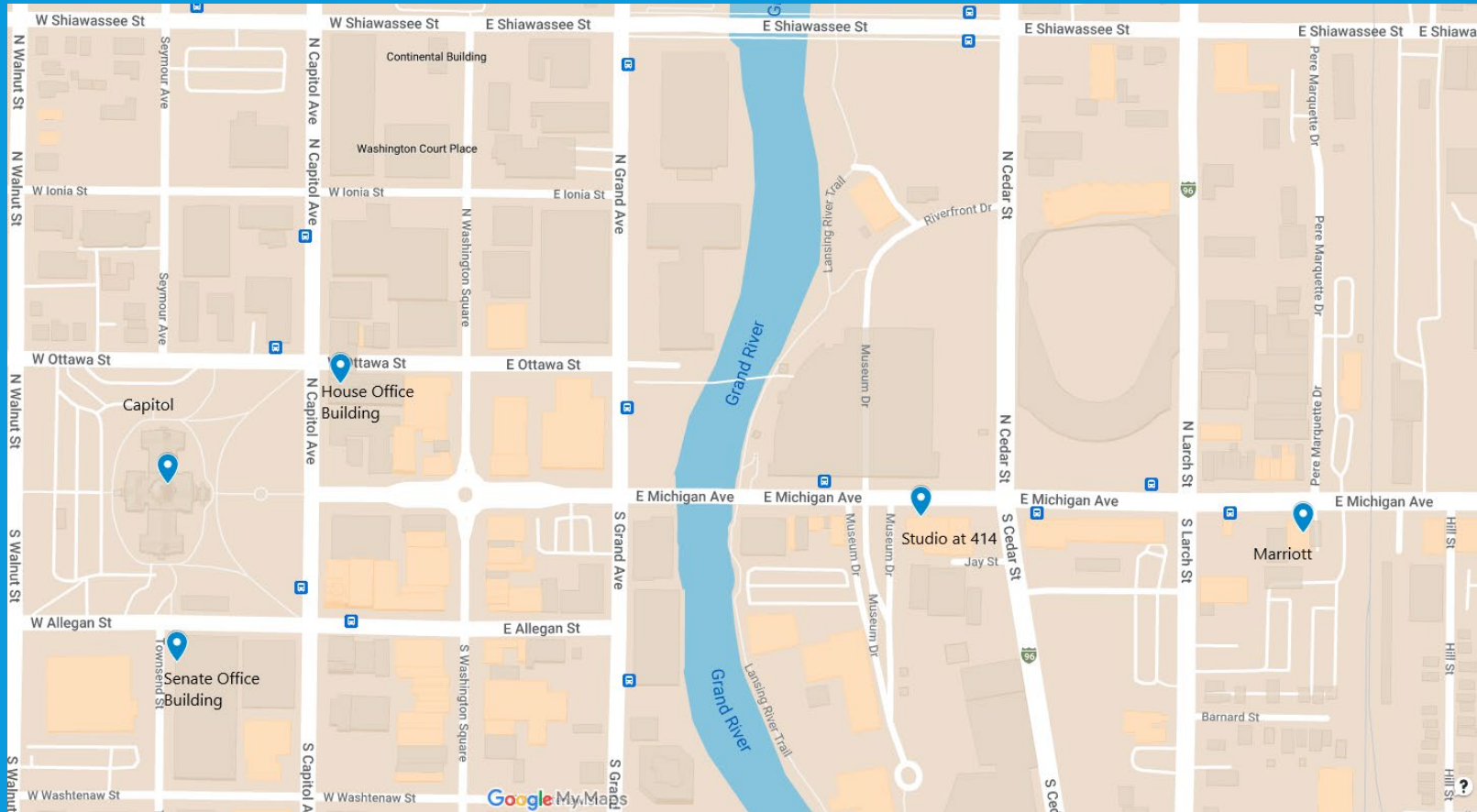
- 8:00 Breakfast (Anderson House Office Building, Mackinac Room 5th Fl.)
- 8:10 Welcome
- 8:15 Plan For the Day Review and Questions
- 9:00 Legislative Visits Begin
- 11:30-1:00 Lunch (Mackinac Room)
- 5:00 Legislative Visits Conclude



LOCATIONS

- The Breakfast and Lunch will take place in the Mackinac Room on the 5th floor of the Anderson House Office Building also known as the HOB. 124 N. Capitol Avenue.
- Legislative meetings will occur in the Anderson House Office Building (HOB), 124 N. Capitol Avenue, the Senate Binsfeld Office Building, 201 Townsend Street, and the Capitol Building, 100 N. Capitol Ave.

LOCATIONS



PARKING

- [Find Downtown Lansing Parking Lots](#)
- For metered parking:
 - [Download Passport Parking \(Apple/iOS\)](#)
 - [Download Passport Parking \(Android\)](#)



SPECIAL GUEST SEN. JIM STAMAS

- Former State Representative
- Former State Senator
- Former House Majority Floor Leader
- Former Senate Appropriations Committee Chair



PREPARING FOR YOUR LEGISLATIVE VISIT

- Familiarize yourself with the legislators you will be talking to (if you are not already familiar) read their biographies and know what they look like
 - Research the legislators you are meeting with (You can find a list of legislators and links to their websites [HERE](#))
- Know who else will be participating in the meeting (from other health centers and MPCA) Know your meeting schedule and show up a few minutes early
- Read MPCA's policy priorities (in addition to listening to them today)
- Stay on message, using personal experiences and local stories for emphasis
- Avoid talking about politics that do not pertain to the issues, and try to stay non-partisan
- **Avoid guessing (your staff support can help or note the question/topic for follow-up)**
- **It is okay to start even if the MPCA staff has not arrived. Many have back-to-back meeting and could be a few minutes late**

PREPARING FOR YOUR LEGISLATIVE VISIT

Please be aware of security procedures in the various buildings we will be visiting.

- Anderson House Office Building – Enter at the southwest corner of Capitol and Ottawa. Please have your photo ID ready when you reach the security desk. You will be asked for your destination and be given a visitors badge sticker. Please keep the visitors badge with you. Use the elevators around the corner, not the ones straight ahead.
- Binsfield Senate Office Building – Enter at the entrance on Townsend Street. Please have your photo ID ready when you reach the security desk. You will be asked for your destination and one person in the group will be given an electronic security badge. Please note that access to the Binsfield Building is more restricted, if you are not with the person with the electronic security badge, you will not be able to travel to other parts of the building.
- Capitol Building – Enter through the eastern entrance. There are no security procedures to enter, but the tour desk can direct you to the office you are going to.

RUN OF SHOW FOR LEGISLATIVE VISITS

- Pre-Meeting
 - Coordinate with any other health centers attending the meeting on who will lead the meeting
- Introductions (3 Mins)
- About Your Health Center(s) (5-8 Mins)
 - Patients served, services provided, locations, quality of care, community-focused nature etc. for legislators with less exposure to your organization(s). (This can be reduced or removed when speaking with familiar legislators.)
- Policy Priorities / Legislative Asks
 - Healthcare Payment Reform and Primary Care Investment (8-10 mins)
 - Telehealth Flexibility and Stable Reimbursement (3 mins)
 - Health Centers Careers Training Program Expansion and Extension (3 mins)
 - Dental Student Training and Funding Support (2 mins)
- Wrap Up and Invite (3 Mins)
 - Thank the legislator and/or staff for their time. Invite the legislator to your health center if they have not visited before or not visited in the last couple years. If you can, take a picture!



HEALTHCARE PAYMENT REFORM AND PRIMARY CARE INVESTMENT

- The current reimbursement system is outdated. The Alternative Payment System (APM) will allow for health service flexibility, which ultimately leads to better care. It's based on a per patient per month payment model.
- The current reimbursement rate does not cover the cost of services. A recent study determined that health centers are losing \$61 per Medicaid patient visit.
- As a safety net providers health centers do not limit the number of Medicaid patients.
- The long-term sustainability of health centers is at stake. There are significant consequences if funding issues are not addressed.
- Funding is for staff training, information technology upgrades, departmental costs associated with the transition.
- Asks
 - \$55.8 million in one time funding to implement the APM
 - A Medicaid reimbursement rate increase. The amount to bring health centers to the break even point on Medicaid is \$112 million in ongoing funding. This is large number and it's understood that it may not be able to all be done in one year.

MPCA 2023 Policy Priorities

Healthcare Payment Reform and Primary Care Investment (Alternative Payment Methodology and Medicaid Payment Rate Increase)

Issue:

For the last several years, health centers have navigated the challenges of the public health emergency while simultaneously adapting their core healthcare services to meet the evolving needs of patients and the changing healthcare landscape. While some pandemic-related changes have been temporary, many are having lasting impacts and one of the most challenging and ongoing changes is the significantly higher costs health centers are facing.

From the expenses of maintaining facilities to the salaries of care team members, today it costs meaningfully more to deliver care than it did three years ago and the cost changes health centers have experienced have significantly outpaced reimbursement from Medicaid. A prime example of rising costs is personnel expenses, which have gone up nearly \$44 million annually in the last three years. That increase doesn't represent adding staff or growing services, it simply costs \$44 million a year more to employ the same clinicians and staff because of higher wages and workforce competition. While there are many similar examples, research from Health Management Associates sums up the impact in a single number... on average, Michigan health centers are paid \$61 less by Medicaid than it costs to provide each Medicaid patient visit. That loss adds up when it's multiplied across health centers' hundreds of thousands of Medicaid visits each year. And, unfortunately, recent investments the legislature has made in Medicaid rate changes have not positively impacted health centers because they are reimbursed through a unique payment system.

Two of the most common misconceptions about health centers are that they receive enough federal funding to make up for low Medicaid and other insurance payments and that health centers' Medicaid payments cover their costs. But, regrettably, neither is true. In most health centers, federal funding accounts for about a quarter or less of their budget, and in the Medicaid program health center payments are only adjusted by a small amount each year, for example, 2.1% in 2022 compared to broader inflation for the same period which was generally over three times that amount.

In addition, in the last decade, it's become clear that volume-based payment for healthcare services is a key factor in escalating total healthcare costs and limitations on healthcare delivery innovation. Volume-based payment models reimburse solely based on the number of services rendered, instead of the services or healthcare team members that are most effective in supporting a person's healthcare needs, and volume-based payment is generally made regardless of the quality of the service provided.

TELEHEALTH FLEXIBILITY AND STABLE REIMBURSEMENT



- Telehealth has proven itself to be a very effective service. It allows patients for any number of reasons that cannot make in-person appointments access to quality health care.
- HB 4213 is legislation to ensure that telehealth services including audio only services remain reimbursable by Medicaid after the end of the Public Health Emergency.
- Asks
 - Support HB 4213.

MPCA 2023 Policy Priorities

Telehealth Flexibility and Stable Reimbursement

Issue:

Health centers' experiences during COVID-19 have demonstrated that telehealth services are an effective tool for improving access to care not only during an emergency, but permanently as a healthcare delivery mechanism for patients facing transportation challenges, communities facing healthcare provider shortages, and more.

Michigan's advancements in telehealth services during the COVID-19 pandemic are at risk, however, if the policy and reimbursement flexibilities implemented are not maintained long-term. Losing the ability to, for example, provide and be reimbursed for audio-only telehealth services or receiving a lower reimbursement rate for telehealth services than in-person services, would pose significant challenges. And, now more than ever, it's critical to maintain telehealth access, particularly for services that have been widely adopted and are now relied upon in telehealth form like behavioral health.

Recommendation:

MPCA recommends supporting HB 4213 that would codify current Medicaid and Healthy Michigan Plan policies regarding telehealth and ensure that health centers and other providers receive appropriate reimbursement for the telehealth services they provide to patients. MPCA is specifically interested in:

- Ensuring a comprehensive array of services are permanently covered as telemedicine services.
- Ensuring continued reimbursement for audio-only telemedicine services which have been critical for patients who do not have easy access to broadband and/or smartphones.
- Ensuring healthcare providers are not reimbursed at a lower rate than in-person services for telemedicine and that other requirements are not more restrictive than they are for in-person services.

Background and Discussion:

"Telehealth" and "telemedicine" are often used interchangeably to reference the use of telecommunications technology to connect a patient with a health care professional in a different location. MDHHS has issued policy and made available other flexibilities that have expanded telemedicine access and resulted in an increase in telehealth service delivery. CMS has subsequently made clear to states that the "broad flexibility that states have to cover and pay for Medicaid services delivered via telehealth... will continue to be available to states after the end of the COVID-19 public health emergency", clearing the way for the type of codifying legislation recommended.

HEALTH CENTER CAREERS TRAINING PROGRAM EXPANSION AND INVESTMENT

- Health Centers have seen unprecedented workforce shortages over the last several years.
- The Health Center Careers Training Program was launched in March of 2022 to train and employ up to 300 new healthcare professionals.
- Asks
 - Reinvest in the HCCTP to sustain on-the-job training and registered apprenticeship programs that surmount barriers to entering health professions and rapidly grow workforce needed to meet healthcare needs in Michigan's low-income and medically underserved communities. The funding ask is for at least three or more years at \$2 million per year.

MPCA 2023 Policy Priorities

Health Centers Careers Training Program (HCCTP) Expansion and Extension

Issue:

Michigan Community Health Centers, like other healthcare providers, have seen unprecedented workforce labor shortages over the COVID-19 Pandemic. The most critical labor shortages health centers have experienced have been in clinical support roles. The number of people newly entering healthcare occupations (especially entry-level healthcare roles) has not kept pace with the number of people leaving the healthcare field due to the pressures of the pandemic, retirement, or opportunities outside the healthcare sector. Financial, social, geographic, and academic performance factors are some of the key barriers that limit opportunities for high school graduates or those without a degree to enter health careers.

Background:

The Health Center Careers Training Program was launched in March of 2022 to train and employ up to 300 new healthcare professionals using a 7.6-million-dollar Investment of American Rescue Plan (ARP) funds, part of an appropriation by the legislature for healthcare recruitment, retention, and training. Participating health centers receive funding to cover employer costs, including tuition and wages, which avoids prohibitive student loan debt or cost barriers. Within the first year of the program, thirteen Michigan health centers, including two tribal health centers, hired and trained fifty-nine new medical and dental assistants in some of Michigan's most underserved communities. In Year Two, additional Health Centers are joining, and the program has been expanded to include additional high-demand careers, including community health workers, doulas, and pharmacy technicians. MPCA was also approved by the U.S. Department of Labor to serve as an Intermediary for Health Centers transitioning their training programs into Registered Apprenticeship Programs. HCCTP has enabled rural and urban Health Centers to grow local talent and provide economic opportunities within the low-income, underserved, and BIPOC communities they serve. MPCA is actively exploring new opportunities to build on the program's success by innovating apprentice-style training pathways for other high-demand advanced careers, such as registered nurses, dental hygienists, and behavioral health professionals.

Recommendation:

- Reinvest in the Michigan Health Center Careers Training Program (HCCTP) to sustain on-the-job training and registered apprenticeship programs that surmount barriers to entering health professions and rapidly grow the workforce needed to meet healthcare needs in Michigan's low-income and medically underserved communities. Support long-term funding (three or more years, approximately \$2 million per year) for the HCCTP program to enable Michigan Health Centers to sustain their newly established training programs for entry-level health careers and grow innovative training program models to support advanced careers training opportunities for high-demand licensed provider roles, such as registered nurses, dental hygienists, and behavioral health professionals.

DENTAL STUDENT TRAINING AND FUNDING SUPPORT

- Dental students have the opportunity to engage in clinical rotations at health centers. This has been mutually beneficial, as more patients are served, and students gain valuable hands-on experience. The strained health center workforce is strengthened by the students.
- The issue is the costs associated with hosting dental students is a challenge to sustain.
- Asks
 - Appropriating \$1.5 million annually to support the clinical rotations of dental students. This amount would cover:
 - Clinical rotations for approximately 58 fourth year dental students per year.
 - Supporting dental students' clinical rotation expenses, like travel and local housing during their rotation.

MPCA 2023 Policy Priorities

Dental Student Training and Funding Support

Issue:

Michigan's dental schools (the University of Michigan School of Dentistry (U of M) and University of Detroit Mercy School of Dentistry (UDM)) and Michigan community health centers have long-standing partnerships in supporting the training and growth of strong, capable dentists. Both dental schools encourage their fourth-year students to do 2-week clinical rotations within health centers, and more recently, other organizations. These partnerships provide students with critical hands-on experience in community settings; they also involve a significant cost to health centers. Sharply increasing wages and rising operational costs have left most health centers with strained operating budgets, making the costs associated with hosting dental students a much greater challenge to sustain.

The continuation of this mutually beneficial relationship is important for all involved: the patients, students, dental education programs, health centers, and broadly, the chronically understaffed dental safety net.

Recommendation:

MPCA recommends appropriating \$1.5 million annually to support the clinical rotations of dental students. This amount would cover:

- Clinical rotations for approximately 58 fourth year dental students per year.
- Supporting dental students' clinical rotation expenses, like travel and local housing during their rotation.

Background and Discussion:

Michigan Dental schools offer their Fourth-year dental students the opportunity to engage in 2-week clinical rotations within safety net organizations, including MPCA member dental clinics and My Community Dental Centers (MCDC). This has been mutually beneficial, as more patients are served, students gain valuable hands-on experience working in public health settings, dental education programs grow stronger with community partnerships and more experienced graduates, and the strained health center workforce is strengthened by the students. This relationship also provides students with exposure to potential employers and health centers with exposure to potential recruits.

MICHIGAN LEGISLATIVE PRIMER

- 110 State Representatives
 - 56 Democrats
 - 54 Republicans
- 38 State Senators
 - 20 Democrats
 - 18 Republicans

This is the first time in over 40 years the Democrats control both chambers of the legislature and the Governor's Office.



LEGISLATIVE ACTIVITY

- The beginning of this legislative session has focused on issues that Democrats have had at the top of their agenda for numerous years:
- Gun Control
- Pension Tax Repeal
- Prevailing Wage
- Reproductive Rights
- Civil Rights Protections



MICHIGAN'S BUDGET PROCESS

- Budget cycle is October 1st through September 31st of the following year.
- Budget starts with the Governor proposing an Executive Budget recommendation.
- House and Senate review the Governor's proposal and make changes based on individual priorities.
- Budgets are reconciled after May Revenue Estimating Conference which determines revenues for the state.



ADVOCACY GOALS

- Personal / Organizational
- Lawmakers want to hear from you, approach the meeting with excitement
- Don't be intimidated, legislators aren't expecting you to be a policy or budget expert
- Get to know your legislators better and use it as a springboard to strengthen your relationship (What committees do they serve on? Are they in a leadership role? What issues are important to them?)
- Invite legislators to your health center and follow-up on the invite
- Legislative Forum
- Help legislators see the impact of policy and budgetary priorities on your patients and in their district
- Identify supporters and legislators who may be supportive with further advocacy engagement

DAY OF CONTACTS

- If anything unforeseen happens like you are unable to make a meeting please text Griff Drew or Taylor Siebecker for assistance.
- Griff Drew, Michigan Primary Care Association
 - (734) 272-8189
- Taylor Siebecker, Kelley Cawthorne
 - 517-898-2283

Q&A

