

2025 MPCA LEGISLATIVE FORUM

May 8th, 2025 | 8:00am-5:00pm

Heritage Hall (located inside the Michigan State Capitol)





2025 MPCA LEGISLATIVE FORUM



For a directory of all Michigan health centers and their locations visit www.mPCA.net.

We Are the Voice

The Michigan Primary Care Association (MPCA) is the voice of 48 member health centers including Federally Qualified Health Centers, Tribal Health Centers, an Urban Indian Health Program, and other community-based healthcare providers. Our members provide healthcare through over 400 locations across the state and serve one in every 15 Michigan residents.

Mission

To ensure the delivery of excellent care that advances health outcomes.

Vision

Everyone has an opportunity to attain their highest level of health.

Driving Principles

- **Access-** We endeavor to expand access and overcome barriers to care, reduce preventable health disparities, and contribute to solutions that improve the health and well-being of the people we serve.
- **Improvement-** We support health centers in the continuous pursuit of high-quality, patient-centered services, the advancement of value-based care, and the resilience and excellence of health center organizations.
- **Advocacy-** We champion policies that support health centers and the health and well-being of the patients and communities they serve.
- **Collaboration-** We bring together member organizations to encourage sharing and learning, and support relationships between health centers and a wide range of partners to further integration and common objectives.





Greetings from the CEO

Michigan's health centers- sometimes called Federally Qualified Health Centers, Tribal Health Centers, or Urban Indian Organizations- are community-based health organizations that deliver comprehensive primary care and other medical services, dental care, behavioral health care, substance use care, vision care, and more for patients of all ages in rural, urban, and tribal communities across the state of Michigan.

Health centers operate as mission-driven, non-profit healthcare providers serving areas and populations that experience recognized challenges accessing healthcare or having sufficient healthcare providers in their area. Health centers overcome geographic, cultural, linguistic, and other barriers by coordinating and integrating care for patients with multiple health needs, providing supportive services like health education, translation, and transportation that promote access to health care, and using systematic quality improvement approaches to improve health outcomes.

Michigan's health centers, like primary and integrated care providers across the state and country, face growing challenges in providing high-quality, accessible healthcare services. Decades of "underinvestment by the health care system" have left primary care "in a position where it is increasingly unable to meet patients' needs, particularly in rural and other underserved communities." Health centers confront reimbursement systems that don't embrace modern, team-based care or meet the cost of delivering services, constraints in their ability to utilize the critical 340B prescription drug pricing program, and ongoing workforce shortages across many critical healthcare roles, and uncertainty about the stability of their scarce resources in the future.

MPCA's 2025 policy priorities are informed by these collective challenges and present opportunities to make stabilizing, forward-thinking policy and appropriations investments in the health services Michigan needs and Michiganders rely on.

Sincerely,

Phillip Bergquist

MPCA supports Michigan health centers across five key focus areas.
You can find more information about our collective work at mpca.net/about/who-we-are.



Value-Based Care
Delivery



Health Informative
Technology & Data



People, Workforce, &
Training



Health Center Resilience
& Excellence



Government Affairs &
Advocacy



MPCA 2024 Policy Priorities

Medicaid Payment Reform A Population-Based Alternative Payment Methodology (APM) for Health Centers

Background:

In the FY2024 budget, the Legislature included budget boilerplate that directs the implementation of a population-based alternative payment methodology (APM) to delink health center payment from the volume of traditional patient encounters and instead shift reimbursement to a per-patient payment (generally paid per patient per month) for the population of Medicaid beneficiaries participating health centers serve.

Currently, health centers are paid in the Medicaid program through a Prospective Payment System (PPS), which has some value-based aspects (the PPS uses a single bundled payment for multiple services provided in the same encounter) but is still based on the number of traditional patient encounters health centers provide. The PPS's volume-based structure limits innovation because health centers must design their services around what is reimbursed as a patient encounter, otherwise, the services are not sustainable. Allowing health centers to transition from the PPS to a population-based alternative payment model (APM) will reduce those limitations and support the adoption of more innovative models of care that are better suited to meet Medicaid patients' needs. For example, a dietitian is not currently an eligible provider to be reimbursed under the PPS guidelines, but dietitian nutritionists can provide valuable support and care for a diabetic patient and have a significant positive impact on a patient's healthcare outcomes as part of a patient's healthcare team.

The population-based APM will allow health centers the flexibility to deliver care in ways that support their patients' needs and long-term health rather than the confines of the traditional PPS. The APM will provide more predictability in budgeting Medicaid revenue and lessen the administrative burden associated with Medicaid payment today by reducing the number of services that have to go through a time and resource-intensive reconciliation and settlement process.

In the FY2024 budget, the Legislature made a one-time investment of \$6 million to support the adoption of the APM. \$4 million will be provided to health centers to support their readiness and capacity-building to participate in the APM. The remaining amount will be used by MDHHS to support the implementation of the APM.

Recommendation:

The APM is moving forward in a phased approach to ensure health centers are fully prepared to participate successfully and systems supporting the APM are well constructed. Using the appropriation the Legislature has already made, approximately five health centers will implement the APM in 2026, and approximately another five will in 2027. It will be critical to achieve additional funding in future years to ensure many more health centers are supported in making the transition.



MPCA recommends \$18 million in additional one-time funding to support that need. We anticipate the costs of this transition will far exceed the funding request; however, an \$18 million appropriation would provide the same degree of critical capacity-building funding and support an additional 20+ health centers that may adopt the APM in 2028 and beyond. That funding will support upfront, specialized training for care team members, redesigning patient care workflows to provide better access and coordination, setting up new policies/processes that each center will need, updating patient care technologies including electronic health records and population health management systems, and ensuring state infrastructure, processes, and technology needed for the APM are in place.





MPCA 2025 Policy Priorities

The 340B Drug Pricing Program

Background:

The federal 340B Drug Pricing Program provides health centers access to outpatient drugs at a reduced price. While every health center decides how its 340B savings can best benefit its patients, these savings often support clinical pharmacy programs, extended evening and weekend hours, case management services for at-risk community members, and sliding fee discounts for healthcare services- ultimately increasing patient access to care.

The Challenge:

Many pharmaceutical manufacturers have made it more difficult for 340B entities like health centers to benefit from the savings associated with discounted drugs. They do this by restricting the number of 340B contract pharmacies to which discounted drugs can be distributed.

The Basics:



Health Centers are the safety nets for their communities.



The 340B program is critical to help providers stretch their limited resources to better serve their vulnerable communities.



Health Centers are dedicated to increasing transparency.



Limitations of contract pharmacies will restrict patient access to discounted medications and cause them to travel further to obtain their medications.

Recommendation:

MPCA recommends supporting SB 94 which will prohibit pharmaceutical manufacturers from limiting health centers' (and other 340B covered entities') use of critical contract pharmacy arrangements. This will ensure access for underserved Michiganders who may otherwise struggle to acquire the medications they need.





MPCA 2025 Policy Priorities

Health Center Careers Training Program (HCCTP)

Background:

The Health Center Careers Training Program (HCCTP) was launched in March of 2022 to train and employ at least 300 new healthcare professionals using a 7.6-million-dollar investment from the Michigan Department of Health and Human Services (MDHHS). Participating health centers receive funding to cover employer costs, including tuition and wages, which avoids prohibitive student loan debt or cost barriers for individuals. To date, 360 individuals have graduated or are currently participating in the HCCTP.

MPCA is approved by the U.S. Department of Labor to serve as an intermediary for health centers transitioning their training programs into Registered Apprenticeship Programs. The HCCTP has enabled rural, urban, and tribal health centers to grow local talent and provide economic opportunities within the low-income, underserved communities in which they operate. MPCA is actively exploring new opportunities to build on the program's success by innovating apprentice-style training and paid internship opportunities for behavioral health professionals.

Recommendation:

We urge the reinvestment in the Michigan Health Center Careers Training Program (HCCTP) to sustain and expand on-the-job training and registered apprenticeship programs that help overcome barriers to entering health professions. This initiative is critical to rapidly growing the workforce needed to meet healthcare demands in Michigan's low-income and medically underserved communities.

We propose establishing permanent funding of \$2 million per year for the HCCTP program. This funding will empower Michigan Health Centers to maintain their newly established training programs for entry-level health careers and expand internship training models that support the development of critically needed behavioral health professionals. The allocated funding will be utilized to broaden and sustain the HCCTP while fostering the growth of the health center workforce in multiple professions, including medical and dental assistants, community health workers, doulas, medical billers and coders, pharmacy technicians, and opticians. This program model will continue to demonstrate a highly efficient return on investment in an area where growth is desperately needed.





Health Center Careers Training Program

- The Health Center Careers Training Program (HCCTP) **reduces barriers** and **creates career pathways** by offering participants **on-the-job training** while maintaining **employment and compensation**.
- HCCTP allows health centers to **save money** in the areas of **recruitment, training and retention**.
- Health Centers are **valuable employers** with **80%** of MPCA's member health centers participating in **workforce education initiatives**.



360
Participants



24
Health
Centers



86%
Graduated or are
still enrolled

Training Participant Demographics:

46% from Rural Health Centers

57% 35 Years or Younger

28% No prior work experience
in health care

*All data for the period
June 2022 - March 2025*

Thank you to our evaluator:



WESTERN MICHIGAN UNIVERSITY
The Evaluation Center



MPCA 2025 Policy Priorities

Nurse Practitioner Full Practice Authority

Background:

Full Practice Authority (FPA) is the authorization of nurse practitioners (NPs) to evaluate patients, diagnose, order, and interpret diagnostic tests and initiate and manage treatments- including prescribing medications- under the exclusive licensure authority of the state board of nursing.

Michigan is just one of 11 states that restricts NP scope of practice, including requiring NPs to maintain a state-managed agreement with a physician to provide care and treatment for patients.

FPA would bring Michigan's Public Health Code into alignment with current Michigan Board of Nursing Rules and the national education and practice standards for nurse practitioners.

To date, 27 states have enacted full practice authority for NPs.

Nurse practitioners offer high-quality, cost-effective healthcare. Removing barriers to practice creates greater access to care, especially for minority and disadvantaged populations in underserved areas that Michigan's federally qualified health centers serve. In states with similar PFA statutes, more NPs practice in health professional shortage areas.

Full Practice Authority Will Not:

- Require new or additional third-party reimbursement.
- Require or mandate increased reimbursement rates for healthcare services from healthcare insurers.
- Increase medical malpractice liability for physicians.
- Allow NPs to form certain corporations independently, i.e., "Hanging a Shingle" (current law restricts this practice already).
- Interfere with current or future healthcare insurers requirements for direct reimbursement.
- Interfere with current or future practice arrangements made with employers and employees.
- Allow an NP legal authority to practice outside of his/her defined scope of practice.

Recommendation:

MPCA recommends supporting legislation that authorizes NPs to directly apply for control substances license, in addition to maintaining their DEA number registration and requirements of their Board of Nursing License. NPs have been safely prescribing controlled substances in the state for decades. Defining the scope of practice for NPs based on their national certification is consistent with the Board of Nursing rules.



OUR MISSION GUIDES US

MPCA is the voice of **48 COMMUNITY HEALTH CENTERS** that provide primary and preventive healthcare to more than **675,000 PATIENTS** in rural and urban communities across Michigan.

WE ADVOCATE FOR OUR COMMUNITIES

We are the voice of community health centers - in Lansing, Michigan, and in Washington, D.C. We help policymakers understand and recognize issues that deserve their support. Last year:

Grew our Facebook presence by **15%** with **1.4 million** people seeing MPCA's message



Michigan health centers appeared in local, state, and national news **more than 15 times**

hosted more than **100 visits** within legislative offices



WE DELIVER EXPERT ASSISTANCE ON DEMAND

We offer comprehensive support through training, webinars, education, and peer networking. Last year:



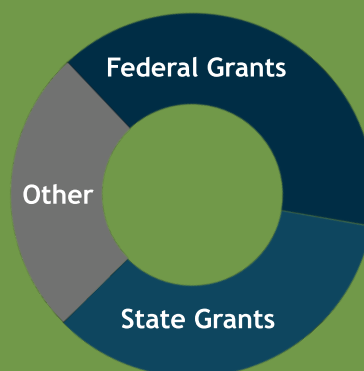
1,536 people attended **60** webinars



2,054 people attended **35** in-person trainings

WE HELP FUND INNOVATION

We pursue and manage grant funding at the local, state, and national level to support new and existing program initiatives.



\$4,321,342
\$3,784,012
\$2,754,096

WE DON'T JUST FOLLOW BEST PRACTICES - WE CREATE THEM

We strive to help our members become leaders by providing a full suite of support services to help them succeed

- Advocacy and health policy analysis
- Clinical, enabling services, and operational support
- Communications and media relations
- Data analysis
- Growth, recruitment, and workforce development
- Technology-based solutions

Health Centers Deliver Value

The following data reflects MPCA Member Health Centers who receive 330 funding.

THEIR DOORS ARE OPEN TO EVERYONE

Last year, Michigan health centers served over 675,187 patients, including:

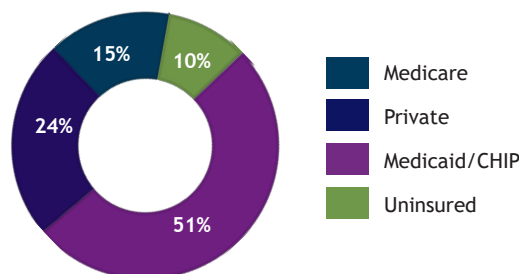
12,886
are
veterans

198,641
are
children

258,296
live
in poverty

35,973
are
homeless

Most Michigan community health center patients are uninsured or publicly insured:



HEALTHY PEOPLE SPELL A HEALTHY ECONOMY

Michigan health centers don't just put people back to work, they also **CREATE JOBS** and generate cost savings.

6,485

Michigan health centers employ 6,485 people of all skill and education levels.

\$612

Michigan Health Centers **save Michigan's Medicaid program** \$612 per beneficiary per year.

\$171 million

Estimated savings Michigan Health Centers generate annually to Michigan's Medicaid program.

\$2.5 million

In 2024, staff at Michigan Health Centers provided more than **2.5 million patient visits**, both in clinic and virtual.

\$51

Services provided by Michigan Health Centers to adult Medicaid beneficiaries cost **\$51 per member per month less** than those provided by other providers.

COVERAGE EQUALS CARE

PREVENTIVE, INTEGRATED CARE offered by Michigan health centers makes it easier to catch problems early – when they're easier and less expensive to treat. Community health centers are also on the **FRONT LINES** of the opioid epidemic, providing evidence-based treatment to support recovery.



1,614,922
Medical
services



311,476
Dental
care



376,934
Behavioral
health



49,350
Substance use
disorder treatment



27,576
Vision
services



63,481
Enabling
services

(e.g., transportation, translation, health education)

Sources: • https://www.mpca.net/wp-content/uploads/2022/09/evaluationofcost_effectivene.pdf
• https://www.mpca.net/wp-content/uploads/2022/09/executive_summary_8.8.22.pdf



SUPPORTING MICHIGAN
HEALTH CENTERS

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