



Community Health Center Association of Connecticut

State Legislative Priorities 2024

Who we are: The Community Health Center Association of Connecticut (CHC/ACT) is a not-for-profit organization dedicated to strengthening and supporting the clinical and administrative operations of Connecticut's community health centers (also called Federally Qualified Health Centers, or FQHCs).

Our mission: CHC/ACT's mission is to advance and align the work of Connecticut health centers, with stakeholders, to improve the health and wellness of all.

To support our state's goals to improve health for all, CHC/ACT recommends:

- 1) **Support Senate Bill 8**, to protect the ability of FQHC patients to use all contract pharmacies for 340B medications.
- 2) **Support House Bill 5456**, to provide financial stability to health centers and help them increase access to high quality medical, dental, and behavioral health care:
 - a) Repeal recent dental policies which have restricted care to FQHC patients.
 - b) Increase HUSKY/Medicaid rates immediately, to get closer to meeting current operating costs.
 - c) Modify DSS's "change in scope" request process to comply with federal law.
 - d) Require DSS to implement federally mandated Medicaid rate increases for FQHCs in January of each year, instead of delaying until October (current practice).

Connecticut's health centers and their 420,000 patients thank you for your support!

Our members:

*Charter Oak Health Center / CIFIC Health / Community Health & Wellness Center of Greater Torrington
Community Health Services / Cornell Scott-Hill Health Center / Fair Haven Community Health Care
Family Centers / First Choice Health Centers / Generations Family Health Center / InterCommunity,
Incorporated / Norwalk Community Health Center / Optimus Health Care / Southwest Community
Health Center / StayWell Health Center / United Community & Family Services / Wheeler Family Health
& Wellness Center*

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Learn more about CT's health centers at www.chcact.org

More Information About CHCACT's Legislative Priorities

1) **Support Senate Bill 8, to protect the ability of FQHC patients to use all contract pharmacies for 340B medications.**

The federal 340B program allows uninsured and underinsured people to purchase prescription drugs at the lowest possible rate, as long as they are FQHC patients. Unfortunately, many pharmaceutical companies have begun restricting access to these 340B prices, by allowing FQHCs to contract with only one pharmacy location for these prescriptions – regardless of how many patients the FQHC sees, and where they live.

Connecticut should join other states in passing legislation that prohibits this limitation, to protect patient access to these deep discounts for necessary prescription drugs.

2) **Support House Bill 5456, to provide financial stability to health centers and help them increase access to high quality medical, dental, and behavioral health care:**

a) **Repeal recent dental policies which have restricted care to FQHC patients.**

Section 1 of HB 5456 repeals Public Act 22-118, section 239(b), which led to the issuance of Policy Bulletin 2022-45. This policy change has restricted FQHCs' ability to provide dental care to their patients.

b) **Increase HUSKY/Medicaid rates immediately, to get closer to meeting current operating costs.**

HUSKY rates are so low that Connecticut FQHCs lose an average of \$84 on every medical visit and \$121 on every dental visit. CHC/ACT has studied Medicaid rates across the country: Connecticut's FQHC rates are below the national average and far below those in other northeastern states. Low rates make it difficult for FQHCs to recruit and retain providers – leading to reduced patient access. Section 2(b) of HB 5456 increases rates this year.

c) **Modify DSS's "change in scope" request process to comply with federal law.**

The "change in scope" process is how FQHCs demonstrate to DSS that they have expanded services and therefore need a rate increase to support the expansion. DSS's process is vague, and requests are consistently denied. Section 2(c)-2(e) of HB 5456 brings the process into compliance with federal law.

d) **Require DSS to implement federally mandated Medicaid rate increases for FQHCs in January of each year, instead of delaying until October (current practice).**

The federal Medicare Economic Index (MEI) serves as a sort of COLA for FQHCs across the country and is announced each September for the upcoming calendar year. Most states implement this increase in January, and some do in July. Delaying until October keeps FQHC rates lower than necessary for longer than necessary and leaves millions of federal dollars in Washington each year. Section 3 of HB 5456 changes the implementation date to January, for a one-time state cost of \$4-5 million.

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