



National Association of Free Clinics

Health Care Reform Update
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Free Clinics and Health Care Reform

- Recap
 - American Reinvestment & Recovery Act (ARRA)
 - 2010 Presidential budget
- Congress and health care reform
- 2010 Outlook
 - Congressional Discussions
 - FY 2011 Presidential Budget
- NAFC, free/charitable clinics and Health Care Reform



Recap-Stimulus Package and FY2010 Presidential Budget

- Free/Charitable Clinics were not named in the FY 2010 Presidential Budget
- Free/Charitable Clinics were not named in the American Reinvestment & Recovery Act (ARRA)
- There three areas in the Stimulus Package that may be of interest to free and charitable clinics however they require a great deal of outcomes based reporting:
 - Two priorities for Health Technology
 - Grant opportunities for non profits but require matching funding by entities
 - One program for rural community centers
 - Loan programs



Recap- FY2010 Presidents Budget and Health Care

- The fiscal 2010 budget set aside a "reserve fund" of \$634 billion as a "down payment" on the costs of universal health care coverage over 10 years.
1. **Protect Families' Financial Health.** The plan must reduce the growing premiums and other costs American citizens and businesses pay for health care. People must be protected from bankruptcy due to catastrophic illness.
 2. **Make Health Coverage Affordable.** The plan must reduce high administrative costs, unnecessary tests and services, waste, and other inefficiencies that consume money with no added health benefits.
 3. ***Aim for Universality.*** The plan must put the United States on a clear path to cover all Americans.
 4. ***Provide Portability of Coverage.*** People should not be locked into their job just to secure health coverage, and no American should be denied coverage because of preexisting conditions.



Recap-2010 Presidents Proposed Budget and Health Care

5. *Guarantee Choice.* The plan should provide Americans a choice of health plans and physicians. They should have the option of keeping their employer-based health plan.
6. *Invest in Prevention and Wellness.* The plan must invest in public health measures proven to reduce cost drivers in our system-such as obesity, sedentary lifestyles, and smoking- as well as guarantee access to proven preventive treatments.
7. *Improve Patient Safety and Quality Care.* The plan must ensure the implementation of proven patient safety measures and provide incentives for changes in the delivery system to reduce unnecessary variability in patient care. It must support the widespread use of health information technology and the development of data on the effectiveness of medical interventions to improve the quality of care delivered.
8. *Maintain Long-Term Fiscal Sustainability.* The plan must pay for itself by reducing the level of cost growth, improving productivity, and dedicating additional sources of revenue



Presidents Health Care Forum and Free Clinics

- In early March 2009 the President brought together a Health Care Forum to discuss Health Care Reform
 - Free/Charitable Clinics were not invited
 - NAFC started a letter writing campaign to the White House
 - To date the NAFC has not heard from the White House at all.



House of Representatives and Health Care Reform

- The House of Representatives passed H.R 3200 “America's Affordable Health Choices Act of 2009”
- This legislation had no reference to free/charitable clinics in the bill
 - no reference to expansion of FTCA,
 - No expansion of 340B pricing for free or charitable clinic
 - No inclusion of free clinics under the medical home provision in the bill
- The bill was sent to the Senate to be considered however, the Senate passed their own version of a health care reform bill.



Senate and Health Care Reform

- The Senate passed H.R. 3950
 - “The Patient Protection and Affordable Care Act”
- The legislation includes the expansion of the Federal Torts Claim Act to include free clinics site and staff
 - Sec. 10608. Extension of medical malpractice coverage to free clinics.
 - The expansion of FTCA reform is not included in the house legislation

Differences Between the House and Senate Bill

The pieces have passed their chambers separately and now they must be merged together.

- After conference the final merged bill needs to go back to each chamber and pass before being sent to the President.
- Challenges for conference
 - House bill includes a public option and the Senate bill has no public option
 - House bill allows undocumented workers to purchase health insurance with their own funds; Senate bill does not.
 - Rep Stupak amendment which would not allow the use of federal funds for abortions.
 - A similar measure was voted down in the Senate.

Differences Between the House and Senate Bill

Challenges for conference (cont)

- House-Medicaid coverage extended to 150% FPL, Senate coverage extended to 133% FPL
- Senate prices for coverage
 - Uninsured contribute fixed dollar amounts per person coupled with income-related contribution: phases up from \$95 in 2014 to \$495 in 2015 to \$750 in 2016; 50% for children; \$2,250 family max; or, if higher than these flat dollar amounts, a contribution phasing up to 2 percent of income in 2016, capped at the average premium level
 - Hardship exemption for those who can't afford
- House prices for coverage
 - Uninsured contribute 2.5% of income above filing threshold (e.g., ~\$20k), capped at the amount of the average premium



Health Care Reform – PRESENT DAY

The President announced his 2011 budget it includes:

- Increased Spending for Community Health Centers.
 - The budget includes \$2.5 billion, an increase of \$290 million, for health centers to expand service capacity beyond the ARRA and to make investments in behavioral health services.
- 340B Funding Increase for Community Health Centers
 - In addition to a funding increase to expand community health centers (see below), the FY 2011 budget request includes \$5 million to “improve access to potentially lifesaving drugs as authorized by section 340B of the Public Health Service Act, allowing Federally funded grantees and other health safety net providers to purchase medications at significantly discounted prices.”

Health Care Reform PRESENT DAY

- President has called a bipartisan meeting to discuss health care reform and its future
- Senate Election in Massachusetts and the Governors race in NJ shook up Washington a bit
- There is talk in the House of using a reconciliation method to pass the bill
 - Reconciliation is when the debate must end within a set time limit - 20 hours in the Senate - and requires a simple majority to pass a measure.
- The President has not firmly objected to reconciliation but is hoping the meeting of both parties will move the bill along.

NAFC and Health Care Reform

NAFC and its members have been working hard to impact Congress and the President

- Sent thousands of letters last year to Congress and the White House speaking about our importance
- Lobby day where NAFC members went to meet with their members of Congress
- Held a Congressional briefing to discuss our importance
- Attended meeting/Congressional meetings with coalition partners to educate about free clinics
- Introduced a House and Senate Bill that would increase HIT funding for free clinics

Next Steps?

- Free and Charitable clinics need to invite their members of Congress to their clinics to see first hand what work you do everyday
- Free and Charitable clinics need to be as vocal as possible with respect to your patient increase and demand for services
- If possible, attend NAFC lobby day-federal legislation is driving this discussion just as much as state
- Visit your members of Congress when they are in town and attend town hall meetings.
- Press, press, press. Be visible in your community



Questions and Answers?

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