Arizona’s Health Centers

Rural & Public Health Policy Forum

February 6, 2024
Mission:
Advance the vital work of Community Health Centers to serve the unique needs of our communities

Vision:
Equitable access to high quality healthcare for everyone
Arizona’s Primary Care Association (PCA)

- Nonprofit member organization
- HRSA-funded as PCA
- Arizona’s largest primary care network

PCA Requirements:
- Provide CHCs with training & technical assistance (TA)
- Grow health center program by providing TA to organizations interested in becoming a CHC

Other Key Activities:
- Programmatic support
- Advocacy
The Community Health Center Movement
Improving Health Equity, Changing Lives
A History of Impact

- Of all the forms of inequality, injustice in health is the most shocking and inhuman ...”
  – Martin Luther King

- Civil rights activists fight to improve the lives of Americans living in deep poverty and without healthcare
- Funded as a demonstration project under President Johnson’s War on Poverty
- First Community Health Centers open in Boston and the Mississippi Delta
- Removed traditional barriers to care
- Opened access in communities without doctors and primary care
- Addressed the roots of chronic and poor health conditions

1960s

1965

1970s – 2000s

2023

- 1,400 Community Health Centers and Look-alikes across the country
- 14,000 locations
- 30 million patients
- 270,000 full-time employees
Strict Federal reporting requirements
Serve an underserved area or population
Sliding fee scale based on income
Nonprofit: governed by community board
Provide comprehensive primary care & supportive services
No patients turned away

The CHC Model Today
Health Center Services
Health Center Program Today

- Over 1,400 Community Health Centers and Look-alikes across the country
- 15,000 locations
- 31.5 million patients
- 285,000 employees (FTE)
Arizona’s Health Centers
State Access Overview

24 Health Center Program Grantees/LALs with 200+ delivery sites across Arizona

- Adelante Healthcare (10*)
- Black Canyon Community Health Center (1)
- Canyonlands Healthcare (10*)
- Chiricahua Community Health Centers (22*)
- Circle the City (5*)
- Community Health Centers of Yavapai (3)
- Creek Valley Health Center (1)
- Desert Senita Community Health Center (3)
- El Rio Health (14)
- Horizon Health and Wellness (7)
- Mariposa Community Health Center (6)
- MHC Healthcare (16)
- Mountain Park Health Center (11)
- NATIVE HEALTH (3)

- Neighborhood Outreach Access to Health (6)
- North Country HealthCare (16*)
- Sun Life Health (15*)
- Sunset Health (9*)
- Terros Health (5*)
- Tuba City Regional Health Care Corporation (2*)
- United Community Health Center (13*)
- Valle del Sol (9*)
- Valleywise Health (12*)
- Wesley Community & Health Centers (5*)

*Count includes mobile clinic(s)
2022 UDS - Statewide Impact

- **Patients Served**: 817,026
- **Patient Visits**: 3,503,011
- **Staff FTE**: 8,578

**Gender**
- 61% Female
- 39% Male

**Age**
- 27% Under 18
- 60% 18 to 64
- 13% 65 and older

**Ethnicity**
- 51% Hispanic/Latino
- 49% Non-Hispanic/Latino
2022 UDS - Statewide Impact

Payer Mix

- Medicaid: 50%
- Private: 30%
- Uninsured: 10%
- Medicare: 0%

Federal Poverty Level

- 100% and below: 50%
- 101–150%: 25%
- 151–200%: 25%
- Over 200%: 0%
2022 UDS- Statewide Impact

Special Populations

- **194,424** Patients Best Served in Languages Other than English
- **237,769** Individuals in or adjacent to Public Housing
- **33,690** Individuals Experiencing Homelessness
- **24,161** Gender and Sexual Minorities
- **14,042** Veterans
- **10,795** Agricultural Workers or Dependents
Key Partnerships
AACHC Bill: Graduate Medical Education
HB2520: Community Health Centers; Graduate Education (Pena, LD23)

- HB2392 (2021)
  - Required AHCCCS to reimburse CHCs & RHCs for primary care GME programs

- CMS denied approval of the GME SPA in 2023

- HB2520 makes changes:
  - Eliminates reference to “GME Program”
  - Instead reimburses for “GME direct and indirect services”
AACHC Bill: 340B Drugs Distribution
## What is the 340B Program?

<table>
<thead>
<tr>
<th>340B Program</th>
<th>Covered Entities</th>
<th>Purpose of the Program</th>
<th>340B Providers</th>
<th>340B Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Created by Congress 30+ years ago</td>
<td>• Must care for a significant number of uninsured and low-income patients</td>
<td>• Intended to stretch limited federal resources</td>
<td>• Provide free and low-cost drugs to patients</td>
<td>• Helps to make medications affordable</td>
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<tr>
<td>• Required pharmaceutical manufacturers to provide 340B drugs at a discounted rate</td>
<td>• Make drugs &amp; services affordable for those in need</td>
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<td>• Reinvest in patient services</td>
<td>• Improves health outcomes</td>
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<td>• Lowers costs</td>
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Current 340B Challenge

• **Restrictions**
  – Pharmaceutical manufacturers imposing restrictions on 340B
  – Some manufacturers restricting to one contract pharmacy per CHC (if any)

• **Impacts**
  – Places undue burdens on patients
  – Makes drugs unaffordable and unattainable
  – Directly impacts safety net provider funding

• **Solution**
  – SB1251: 340B Drugs; Covered Entities; Distribution
<table>
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<th>Provisions</th>
<th>Enforcement</th>
<th>Conditions</th>
<th>Results</th>
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<td>Requires pharmaceutical manufacturers to distribute 340B drugs to contract pharmacies in Arizona</td>
<td>Board of Pharmacy&lt;br&gt;Unlawful practice enforced by Attorney General</td>
<td>Prohibits requiring claims or utilization data as a condition of distribution</td>
<td>Makes drugs affordable and available for Arizonans&lt;br&gt;Distributes 340B drugs near where Arizonans live and work</td>
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Thank you!