



Safety Net Workgroup

Additional Background Information and Future Work

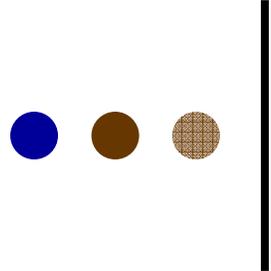
Presentation by:

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Project Director

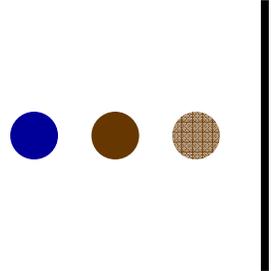
North Carolina Institute of Medicine

August 16, 2010



Agenda

- Overview of Safety Net Workgroup charge
- More detailed description of Affordable Care Act (ACA) provisions
- Next steps



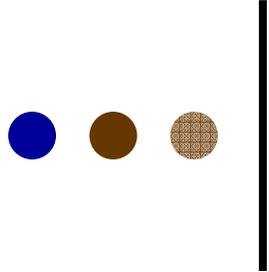
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Safety Net Workgroup Charge

- Charge:
 - Explore new opportunities for community-based collaborative networks of care
 - Examine new requirements for safety net providers
 - Identify areas of the state with greatest unmet need, and encourage collaboration in funding opportunities
 - Explore the new and changing needs of the safety net



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Community Health Centers/ Federally Qualified Health Centers

- New funding (Sec. 10503, Sec. 2303 of Reconciliation)
 - Appropriates a total of \$9B over five years for operations (\$1B in FY 2011 increasing to \$3.6B in FY 2015); and \$1.5B over five years for construction and renovation of community health centers (FY 2011-2015) (Sec. 10503, Sec. 2303 of Reconciliation)
 - Demonstration program in up to 10 CHCs to test individualized wellness plans (Sec. 4206)
- Certified health plan coverage
 - Payments to CHCs must at least match Medicaid rates (Sec. 1302)
 - Exchanges must contract with essential community providers, if provider agrees to generally applicable rates. (Sec. 1311)



● ● ● | Organizations & Providers

- Appropriates \$50 M each FY 2010-2013 to support school-based health centers (Sec. 4101, 10402)
 - Includes capital but not operational funding
- Appropriates \$1.5 B over 5 years (FY 2011-2015) for National Health Service Corps (Sec. 5207, 10503)
 - Appropriates \$290M in FY 2011 increasing to \$310 in FY 2015
- Grants to support nurse-managed health clinics (Sec. 5208)
 - Authorizes \$50M for FY 2010 and such sums for FY 2011-2014





Safety Net

- 340B discount drug program expanded to more hospitals (Sec. 7101, as amended Sec. 2302 of Reconciliation)
 - Eligible entities expanded to include: children's hospitals, free-standing cancer hospitals, critical access hospitals, sole community hospitals
- Support community-based collaborative networks of care (Sec. 10333; authorizes such sums as necessary FY2011-2015)
 - Defined as a consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services for low-income populations.
- States may award grants to support health care providers who serve a high percentage of medically-underserved populations. (Sec. 5606, 10501)





Hospitals & Emergency Care

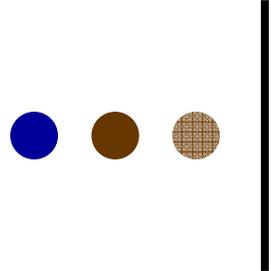
- New requirements for charitable 501(c)(3) hospitals (Sec. 9007, 10903)
 - Must conduct a community needs assessment and identify an implementation strategy; have a financial assistance policy; provide emergency services; and limit charges to people eligible for assistance to amounts generally billed.
- Trauma centers and emergency services
 - Appropriates \$24M in each FY 2010-2014 for competitive grants for regionalized systems for emergency response (Sec. 3504)
 - Authorizes \$100M in each FY 2010-2015 in grants for trauma care centers and to expand service availability (Sec. 3505)
 - Authorizes \$25M in FY2010 for emergency services for children (Sec. 5603)



Possible Partnership & Collaboration (FYI)

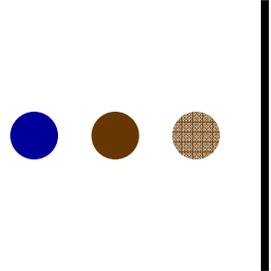
- Health Disparities (Sec. 4302)
 - HHS Secretary must ensure that all publicly-funded health programs, surveys, and reports collect data on: race, ethnicity, sex, primary language, and disability status, and that data be collected at the smallest geographic level possible
 - Authorizes such sums as necessary
- Minority health (Sec. 10334)
 - Office of Minority Health transferred to the Office of the Secretary and new offices of minority health appointed in CDC, HRSA, CMS, SAMHSA, AHRQ, FDA
- Women's health (Sec. 3509)
 - Office of Women's Health established in CDC, HRSA, AHRQ, FDA





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Next steps

Workgroup will consider:

- What are the key needs and grant opportunities for North Carolina?
- How can we support the ongoing work in North Carolina?
- How will safety net roles change with health reform?
- What should safety net providers and organizations do/focus on after health reform?



Useful Resources

- Patient Protection and Affordable Care Act

(HR 3590 signed into law March 23, 2010)

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

- Health Care and Education Reconciliation Act of 2010

(HR 4872 signed into law March 30, 2010)

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h4872eh.txt.pdf

- Kaiser Family Foundation

<http://www.kff.org/healthreform/upload/8061.pdf>

- Congressional Budget Office

<http://www.cbo.gov/ftpdocs/113xx/doc11379/Manager'sAmendmenttoReconciliationProposal.pdf>

http://www.cbo.gov/ftpdocs/114xx/doc11490/LewisLtr_HR3590.pdf

http://www.cbo.gov/ftpdocs/114xx/doc11493/Additional_Information_PPACA_Discretionary.pdf





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