

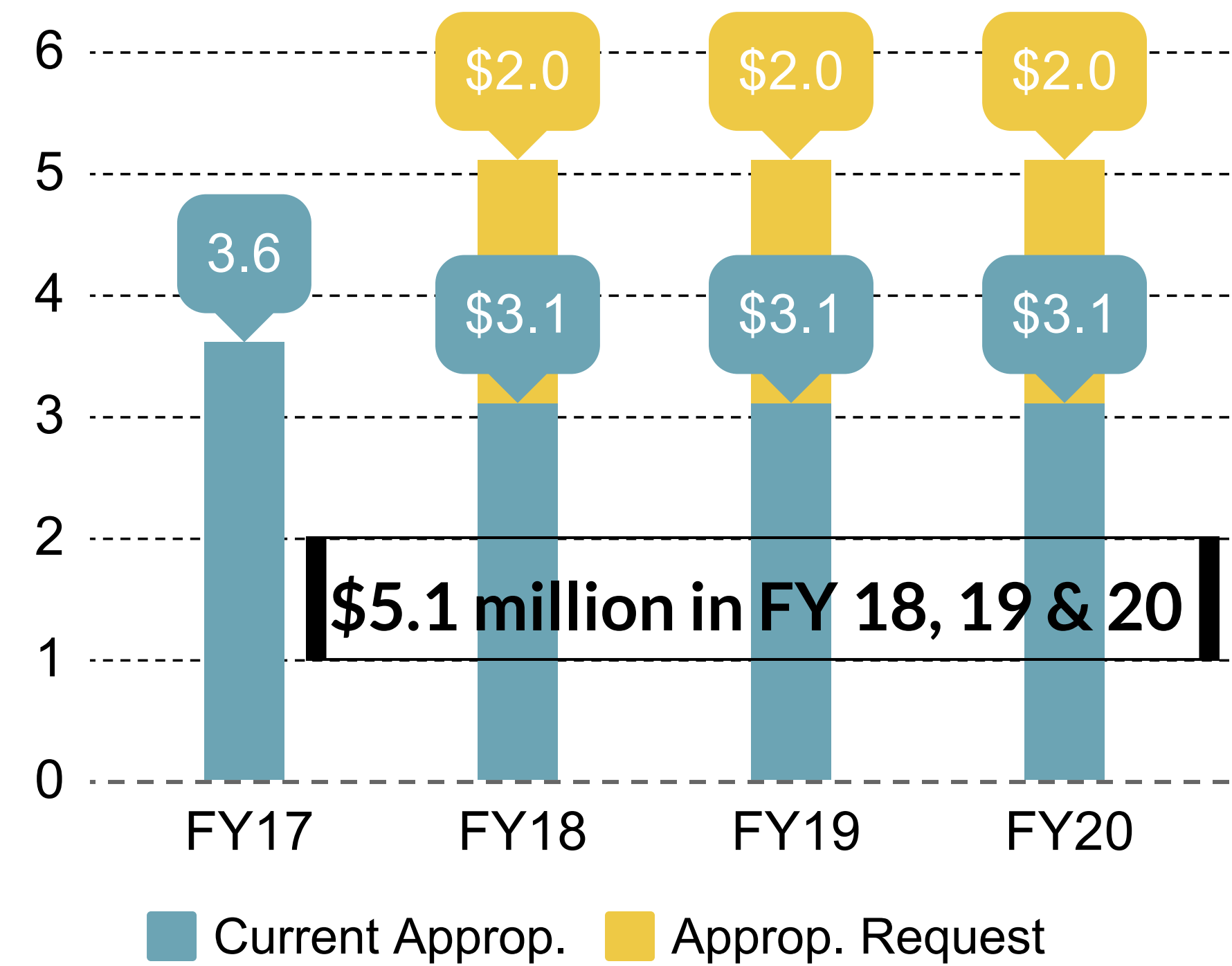
# MNACHC 2018 Legislative Priorities

## 1 Increase Health Center Appropriation

HF 711 (McDonald) | SF 3022 (Abeler)

Health Centers receive \$3.1M per year from the Minnesota Department of Health to "improve and expand services to low-income" Minnesotans. We are requesting a \$2M increase to the appropriation to \$5.1M per year. The appropriation increase will be invested towards expanding (1) access to dental care, (2) access to substance abuse treatment and behavioral health services, (3) care coordination, and (4) data analytics

CHC Appropriation (in Millions)



## 2 Streamline Health Center MA Payments

HF 1269 (Zerwas) | SF 3022 (Abeler)

Provides Community Health Centers with the ability to submit MA encounter claims directly to the Minnesota Department of Human Services (DHS) for direct payment. This approach eliminates costly payment delays and the need for Community Health Centers to redirect administrative time and money towards patient care.

## 3 Redirect 340B Program Prescription Drug Savings

HF 1269 (Zerwas) | SF 3022 (Abeler)

Directs DHS to create process by which Community Health Centers are able to share prescription drug savings with generated through the 340B program. This will ensure compliance with federal law while supporting the mission of Community Health Centers through reinvested 340B savings

### Patient-Centered, Quality Health Care

- 79% of pregnant women entered prenatal care during their first trimester.
- 85% of patients have been screened for tobacco use and were provided cessation services.
- 86% of asthma patients ages 5 through 40 were prescribed appropriate medications.
- 70% of diabetic patients controlled A1c levels (<=9).

### MN FQHC Patients by Insurance Status

