



March 8, 2018

GMAC Incubator Comment

Good morning, and thank you for the opportunity to comment. My name is Steve Messinger, and I'm the Policy Manager for the Nevada Primary Care Association. NVPCA is the state membership organization of community health centers. On behalf of our membership, I would like to thank the state for initiating the FQHC Incubator grant and budgeting \$1 million for it, which ultimately was awarded to and split evenly between two health centers. Our membership is grateful for the state's commitment to supporting community health centers and the work they do to provide care to nearly 90,000 underserved Nevadans. NVPCA worked closely with the HHS Director's Office to promote this idea, to share objectives and eligibility requirements from other states with similar programs, and to assist with the design of the RFA.

I would like to point out some changes at the federal level that could affect this program in the future. The Continuing Resolution passed by Congress on February 6th not only included funding for community health centers through FY2019, but also changes to how the federal government administers the program. One of these changes directs the Health Resources and Services Administration to address the issue of service area overlap. This refers to when multiple health centers are funded to serve the same communities. It is unclear exactly what this change will mean for health centers going forward, but primary care associations across the country are starting to think about how to manage service area overlap. NVPCA believes that the Incubator grant must take into account the location of services that are being proposed in relation to existing federally-funded services. NVPCA is concerned that the federal government may choose not to allow grantees to add sites in such close proximity to other grantees. This would mean that these sites would not receive the cost-based reimbursement or malpractice coverage that FQHCs enjoy.

In addition, NVPCA strongly believes that it is just as important to enhance access to FQHC services to underserved Nevadans in rural areas as well as urban areas. Indeed, this was reflected in the RFA, which said, "Awards will be given to a minimum of two sub recipients. One that demonstrates the intent identified above in a Rural area, and one that demonstrates the intent identified the (sic) above in an Urban area." We believed in this principle when it was stated in the RFA, and we are unclear why it was not followed. Going forward, increasing access to FQHCs in the state would be better served with more clarity in application evaluation guidelines, a transparent review process, and a clear path for appeal.

In closing, let me reiterate NVPCA's appreciation for establishing the FQHC incubator grant and our support for its continuation. Thank you again for the opportunity to comment on this valuable program.