



Bread for the City | Children's National | Community of Hope  
Howard University Hospital | HSC Health Care System  
Mary's Center | Sibley Memorial Hospital | Unity Health Care  
DC Behavioral Health Association  
DC Hospital Association | DC Primary Care Association

**Testimony of the DC Health Matters Collaborative  
before the Committee on Health**

**Performance Oversight Hearing: DC Department of Health Care Finance**

Thursday, March 4, 2021

My name is Amber Rieke and I am the Director of External Affairs for the DC Health Matters Collaborative. Thank you for the opportunity to share testimony today regarding the Department of Health Care Finance. In this testimony we will emphasize the importance of fully funding DC Healthcare Alliance with a new annual recertification requirement.

**About the DC Health Matters Collaborative**

Launched in 2012, the DC Health Matters Collaborative (formerly the DC Healthy Communities Collaborative) is a partnership of hospitals and community health centers that combine efforts and resources to assess and address community needs in the District of Columbia. We work together to achieve our vision: one healthy and thriving capital city that holds the same promise for all residents regardless of where they live.

Collaborative membership includes four non-profit hospitals (Children's National Hospital, The HSC Health Care System, Howard University Hospital, and Sibley Memorial Hospital); four federally qualified health centers (FQHCs) (Bread for the City, Community of Hope, Mary's Center, and Unity Health Care); and three associations (DC Behavioral Health Association, DC Hospital Association and DC Primary Care Association).

One of the main projects of the Collaborative is a Community Health Needs Assessment (CHNA) completed every three years. Based on the findings of our [2016](#) and [2019 Community Health Needs Assessment](#), our work is organized around four key priority needs: mental health, care coordination, health literacy, and place-based care.

The community have long needed the pieces of the health system to work better together. This remains true today and will be true after the pandemic ends. We hope that this will be the year that services and systems become more integrated, accessible, and equitable in the District.

## **DC Healthcare Alliance**

Access to health coverage and care – annual check-ups, immunizations, and prescriptions – is a perennial concern. This is true for recent or undocumented immigrants, though there are unique barriers for these residents.

The DC Healthcare Alliance program is a unique and important benefit funded by local dollars to insure these residents, who are not eligible for federal programs like Medicaid. However, administrative and logistic barriers may still make it difficult for enrollees to stay on their plan and in care.

Due to a concern about residency fraud years ago, enrollees have been required to submit to face-to-face interviews every six months to maintain coverage. (In contrast, DC residents with Medicaid coverage only need to renew every 12 months and can do so online if they choose.) This concern proved to be largely unfounded, and the change ended up causing more harm than benefit.

Asking people to re-enroll in person every six months is burdensome; it requires time off work, arranging childcare, getting in line before dawn, even coming back several days, to wait for an audience with a District employee. It may be particularly difficult for immigrant residents who have been intimidated by recent hostile federal policies.

The administrative barriers lead to significant churn and disconnection with care. The DC Department of Health Care Finance has shown that in 2019, a full third of Alliance beneficiaries – 7,345 of the 21,143 total – were terminated from benefits. When people lose coverage, they interrupt medical care and lose prescription refills. This is not a good outcome for anyone in the short- or long-run.

Many stories and concerns were shared by past and present enrollees, advocates and providers in a social media campaign using the [hashtag #DCAlliance on Twitter](#). The issue caught the attention of Telemundo 44 ([see their segment in Spanish](#)) and the Washington Post ([read Petula Dvorak's recent piece here](#).) We are glad to see this issue getting more widespread attention.

Last year DC Council passed legislation to ease barriers, including allowing beneficiaries to re-apply just once a year, over the phone, or at community health centers where people often feel more comfortable. The DC Fiscal Policy Institute estimated that these changes could increase the number of people covered by 1,600-6,000 enrollees. While both bills were passed unanimously into law in 2017, they have still not been fully accounted for in the Mayor's or Council's budgets through the current fiscal year.

Thanks to a temporary legislative change in 2020 (under the Public Health Emergency), participants of DC Alliance are currently re-enrolled yearly.

For the upcoming Fiscal Year 2022 budget, we are asking Mayor Muriel Bowser and Deputy Mayor for Health and Human Services Wayne Turnage – and DC Council – to fund DC Alliance and make the current annual recertification requirement permanent. This is a basic question of fairness – the District does not make anyone else using public benefits re-enroll so often.

### **Conclusion**

The goal of the DC Healthcare Alliance program has always been to ensure that all residents in DC have equitable access to services regardless of immigration status. As the COVID-19 pandemic has put questions of health equity at the forefront, this is one straight-forward answer. Healthcare access is a matter of health equity. The District has the opportunity to make it right.

Thank you for the opportunity to testify today on behalf of the DC Health Matters Collaborative. I am happy to answer any questions and continue the conversation. Amber Rieke can be reached at [arieke@dchealthmatters.org](mailto:arieke@dchealthmatters.org).