Guest Blog: It’s Time for DC Council to Invest in Building a Healthy Community

By Alicia Wilson and Anna Jeide

Alicia Wilson is the Executive Director and Anna Jeide is the Development & Communications Coordinator of La Clinica del Pueblo. La Clinica is a 501(c)(3) non-profit organization and Federally Qualified Health Center with over 90 employees and 50 volunteers dedicated to its mission “to build a healthy Latino community through culturally appropriate health services, focusing on those most in need.” Founded in 1983 as a free health clinic for Latino immigrants recently displaced by conflict, today La Clinica is known throughout the Washington, D.C. metropolitan area as a dependable source of integrated health care and health education for over 8,000 men, women and children.

It’s the middle of the day outside the Department of Human Services on Taylor Street. Pedro has already been waiting for eight hours—the equivalent of a full day’s work—but he didn’t go to work today. Instead, he’s waiting to renew his Alliance health insurance, repeating a laborious six-month ritual to maintain access to a benefit that is rightfully his. He must go in person and wait, along with hundreds of other District residents, to prove his eligibility for a benefit that is designed to ensure that he will have access to quality health care and the resources for a healthy life.

Pedro is just one of La Clinica del Pueblo’s 3,000+ patients that reside in DC, many of whom are enrolled in the DC Healthcare Alliance program. La Clinica del Pueblo’s mission is to “build a healthy Latino community, through culturally appropriate health services, focusing on those most in need.” This mission has guided our work for 35 years. It comes as no surprise then, that in our pursuit to make healthcare an accessible human right, we are concerned about the future of the Alliance, which is the only health insurance option for most of our patients.

The DC Healthcare Alliance was founded in 2001 to provide a safety-net health insurance to low-income DC residents, regardless of immigration status. La Clinica has been proud to provide health care in the District—a city that is nationally known for pioneering policies that serve those most in need. Since the expansion of Medicaid under the Affordable Care Act (ACA), many District residents are eligible for Medicaid and no longer rely solely on Alliance. However, DC’s immigrant community relies almost exclusively on Alliance for health insurance. Alliance is an incredible resource, but as it currently stands, the application process actually prevents access, rather than benefitting those who need it most.

Unlike Medicaid, which allows individuals to apply online once a year at any hour of the day that is convenient to them, Alliance requires individuals to re-apply every six months, in person. Patients like Pedro must wait for hours outside, sometimes all day, just to renew their insurance. Some might have full-time work, and a day spent waiting at the Human Services office means they lose a day’s pay. Many times, patients are turned away because the offices are at capacity, necessitating an additional day to come and renew their coverage. The onerous requirement to apply in person means that people like Pedro have to choose between sacrificing a day’s precious pay (in some cases, risking loss of a job if they do not have paid time off or sick days in their benefits), and maintaining health insurance.
The DC Council recently passed legislation that would eliminate the six-month renewal requirement and allow beneficiaries to call in over the phone to re-enroll. However, the Council failed to include funding for these legislative changes to be implemented in the fiscal year (FY) 2019 budget. We celebrate the Council’s vote to eliminate the six-month requirement, but without funding nothing will change, and this excessive requirement will continue to deter low-income individuals from accessing the benefits for which they are eligible.

Another proposal is to allow Community Health Centers (CHCs) like La Clínica del Pueblo to utilize their In-Person Assisters (IPAs) to process Alliance applications. These In-Person Assisters are based in CHCs, where patients already have a trusting relationship with their doctors and other staff that they see regularly. The IPAs are trained in registering patients for insurance through the ACA and could easily relieve the backlog of Alliance applications at Department of Human Services. Without funding for more staff at DC Government offices to process applications, the same backlog will continue to pile up. IPAs could alleviate this by registering the beneficiary for Alliance at their medical home where they go for other appointments. This takes the burden off Human Services and benefits the client. The success of the ACA in DC is due in large part to the fact that IPAs played a significant role in making the application process simple, available, and accessible to the client. Why not extend this same success model to Alliance?

Access to health insurance can be a case of life and death for a patient. La Clínica firmly believes that alleviating the burden on the client to renew their coverage every six months would increase the number of beneficiaries who can regularly manage their health needs and have healthier outcomes. Funding the already-passed changes to the Alliance would be an investment in a healthier community for all DC residents.

DC has been a leader in the United States when it comes to innovating programs that serve those most in need, but it’s time to make adjustments so that DC residents can really benefit from those services. With the FY 2019 budget now in its final stages, DC Council has so far failed to fund changes that it has already passed into law. This sets back progress for another year, but our work to make Alliance a stronger, more robust program for all of those entitled to the benefit will continue. For a city that prides itself on providing sanctuary and safety for immigrants, we must dedicate resources to build a safe, healthy community for all DC residents.