



Reauthorizing Long-Term Investment in a Successful Model

Sustaining and Growing Health Centers to Meet Rising Demand

Federal grant funding for the Health Center program currently comes from two sources:

- \$1.63 billion in annual discretionary appropriations and
- **\$4.0 billion in the Community Health Center Fund (CHCF) - which will expire on September 30, 2019 without Congressional action.**

Federal investments supporting the health center system of **care must be sustained in a long-term and stable manner** to ensure health centers' ability to plan for the future, recruit staff, and expand services for patients, as well as to reduce the uncertainty caused by year-to-year renewals of this critical investment in access to care.

Health centers deliver an excellent return on this federal investment:

- They **reach individuals with the greatest difficulty accessing or affording health care services**, including those with chronic disease at risk for costly health complications, and guarantee them access to high-quality care, improving health outcomes and narrowing health disparities.
- Health centers are efficient and **save the health care system \$24 billion every year**, reducing unnecessary inpatient hospitalizations and ER use.
- As local, non-profit businesses, health centers promote economic growth in distressed communities, generating \$54.6 billion in total economic activity each year and employing over 220,000 people across the country. **In fact, every \$1 in federal 330 investments generates \$5.73 in economic activity.**

How you can help: Cosponsor at least one piece of legislation to extend long-term and stable funding for the Community Health Center Fund:

- **S. 106/ H.R. 1983, Community Health Investment, Modernization, and Excellence (CHIME) Act (Blunt/Stabenow)** - provides 5 years of funding for the CHCF including ~4% annual growth (\$4.2B in FY20 through \$5.0B in FY24).
- **S. 192, Community and Public Health Programs Extension Act (Alexander/Murray)** - provides 5 years of level funding for the CHCF (\$4B/year FY20-24).
- **S. 962/ H.R. 1943, Community Health Center and Primary Care Workforce Expansion Act (Sen. Sanders, Rep. Clyburn)** provides 5 years of funding for the CHCF including ~10% annual growth (\$5.6B in FY20 through \$8.2B in FY24).

Community Health Center Funding Appropriations



An Annual Investment in a Successful Model

Sustaining and Growing Health Centers to Meet Rising Demand

Federal grant funding for the Health Center program currently comes from two sources that combine to support the federal Section 330 grant that all health centers receive:

- **\$1.63 billion in annual discretionary appropriations** and
- \$4.0 billion in the Community Health Centers Fund (CHCF).

For decades, Congress has made an annual bipartisan investment that provides the foundation for the health center model of care. This investment is critical to the success of health centers as they meet growing demand and respond to changing health care needs of their communities. Further, a number of independent studies have shown that health centers consistently save money – resulting in fewer emergency room visits, fewer inpatient hospitalizations and readmissions, and reduced length of stays.

Specifically, health centers rely on Section 330 grant funding to:

- provide high-quality, cost-effective primary medical care, dental, behavioral health, pharmacy, and vision care for more than 28 million patients in rural and urban communities – 1.4 million of whom are experiencing homelessness and 23% of whom are uninsured;
- expand their facilities, open new sites, and broaden their services to meet unmet need in areas with limited access to care;
- invest in services that enable patients to receive care, including transportation, care coordination, and translation and interpretation services.
- respond to emerging health care needs, including providing care to some of the hardest to reach urban and rural populations across America impacted by the opioid epidemic. Specifically, in 2017 health centers provided 5.7 million visits for patients with substance use disorders, 65,000 of whom received Medication-Assisted Treatment (MAT).

How you can help: Provide predictable and stable discretionary Section 330 federal grant funding for Community Health Centers in the FY20 Labor, Health and Human Services, Education and Related Agencies Appropriations bill by:

1. Signing the **DeGette-Bilirakis** letter in the House and the **Wicker-Stabenow** letter in the Senate.
2. Requesting **level discretionary funding (\$1.63 billion)** in individual submission letters to Appropriators.



Recruiting, Training, and Retaining the Best

Growing Today's Primary Care Workforce to Meet
Tomorrow's Health Care Needs

Community Health Centers depend upon a network of over 220,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. Better access to primary and preventive care is associated with improved outcomes and lower costs. Health centers must recruit, train, and retain an integrated, multidisciplinary workforce to provide high-quality care.

Federal and state workforce programs enable health centers to overcome persistent national clinician shortages and other staffing challenges, particularly in rural and medically-underserved areas. **Funding for two of these programs, the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education Program (THCGME), will expire on September 30, 2019, without Congressional action.**

- **The NHSC supports roughly 11,000 clinicians in urban, rural, and frontier communities. More than half of all NHSC placements are at health centers.** Thousands of additional applications to join the NHSC go unfunded each year. Increased funding would boost the number of approved applications, extending this opportunity to additional underserved communities.
- **The THC model uniquely trains providers directly in underserved communities, improving their understanding of the issues facing health center patients and increasing the chances they will chose to practice in these communities after they finish their training.** In the 2017-2018 academic year, THCGME supported the training of 732 residents in 57 health centers in 24 states. Since it began in 2011, the program has supported the training of over 630 new primary care physicians and dentists who have graduated and entered the workforce.

How you can help: Cosponsor legislation to extend long term and stable funding for the National Health Service Corps and Teaching Health Centers programs, including:

- **S. 1191, Training the Next Generation of Primary Doctors Act (Collins/Tester/Capito/Jones)** - includes 5 years of enhanced funding for THCGME and a pathway for increasing the number of residents trained.
- **S. 106/H.R. 2328, Community Health Investment, Modernization, and Excellence (CHIME) Act (Blunt/Stabenow)** - includes 5 years of funding for the NHSC with ~4% annual growth (\$325m in FY20 - \$385m in FY24).
- **S. 192, Community and Public Health Programs Extension Act (Alexander/Murray)** - includes 5 years of level funding for the NHSC(\$310m/year) and THCGME (\$126.5m/year)
- **S. 962/H.R. 1943, Community Health Center and Primary Care Workforce Expansion Act (Sen. Sanders, Rep. Clyburn)** - includes 5 years of funding for the NHSC with ~10% annual growth (\$850m in FY20 - \$1.24B in FY24).



Community Health Centers 2019 Federal Policy Issues in Brief

Health Centers are an American success story. They demonstrate that communities can improve health, reduce health disparities, generate taxpayer savings, and effectively address a multitude of costly and significant public health problems, including substance use disorder, homelessness, veterans' access to care, and natural disasters.

Over the last decade, Congress has affirmed the crucial role that health centers play in ensuring access to quality primary and preventive care for 28 million people by investing in health centers and advancing needed policies. Health centers request that Congress once again extend Section 330 federal grant funding, alongside critical workforce programs by:

- **Cosponsoring legislation to extend the Community Health Center Fund, the National Health Service Corps, and Teaching Health Centers program for five years and**
- **Providing stable annual discretionary funding.**

Additionally, health centers want to continue to work in partnership with Congress to address the following issues:

- ✓ **Providing Comprehensive Care through the 340B Drug Pricing Program.** Health centers successfully utilize the 340B program, ensuring patients can buy their medications at affordable prices; and that health centers can reinvest the savings into improved quality of care and expanded services. **Health centers support** protecting the 340B program and ensuring that health centers can continue to use 340B savings to provide more comprehensive care to more patients, as Congress intended.
- ✓ **Protecting an Effective Medicaid Program.** Medicaid is a critical program for delivering high quality care to health center patients, half of whom are covered by Medicaid, and is essential to health center operations as health centers' largest revenue source. **Health centers support** preserving a strong Medicaid program including the unique and cost effective FQHC PPS payment methodology.
- ✓ **Taking Action to Prevent and Treat Substance Use Disorders.** As communities across America cope with a dramatic increase in substance use disorders, including opioid addiction, health centers are leaders in integrating medical, dental and behavioral health care, along with other services, to respond to the pressing need for enhanced care. **Health centers support** targeted and sustainable investments and policy changes to continue to meet this challenge.
- ✓ **Expanding Access through Telehealth.** Telehealth offers great benefits to patients and providers in both rural and urban areas alike, especially when workforce shortages and geography present barriers to accessing care. **Health centers support** further utilization of telehealth services alongside sustainable reimbursement.

