

Stabilizing a Critical System of Care

Eliminating Uncertainty and Ensuring Long-Term Stability

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

- **The Community Health Center Fund (CHCF), which accounts for just over 70% of this funding and will expire on May 22, 2020, without Congressional action; and**
- Annual discretionary appropriations, which account for just under 30% of this funding.

Workforce programs are critical for health centers to address persistent national clinician shortages and other staffing challenges, particularly in rural and medically underserved areas. **The National Health Service Corps (NHSC) and Teaching Health Center Graduate Medical Education (THCGME) programs are essential workforce programs** – recruiting, training and retaining the next generation of workforce for health centers nationwide. **Funding for both programs is also set to expire on May 22, 2020, if Congress does not act.**

Long term, stable federal investments supporting the health center system of care and the workforce programs they rely on is essential to ensure health centers' ability to plan for the future, recruit staff, expand services for patients and **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 diseases 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 Emergency Room 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 236,000 people across the country. **In fact, every \$1 in federal health center grant investments generates \$5.73 in local economic activity.**

How you can help:

- **Support, at a minimum, the E&C/HELP Agreement via the updated S. 1895, the Lower Health Care Costs Act,** which continues funding for the Community Health Center Fund (\$4B/year), National Health Service Corps (\$310M/year) and Teaching Health Center Graduate Medical Education program (\$126.5M/year) for 5 years.
 - This agreement represents a **bipartisan, bicameral solution** for a long-term extension of funding for Community Health Centers.

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:

- **Annual discretionary appropriations, which account for just under 30% of this funding;** and
- The Community Health Center Fund (CHCF), which accounts for just over 70% of this funding and will expire on May 22, 2020, without Congressional action.

For decades, Congress has made an annual bipartisan investment that provides the foundation for the health center model of care. The return on this investment is clear: 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 federal grant funding to:

- provide high-quality, cost-effective primary medical, dental, behavioral health, pharmacy, and vision care for more than 29 million patients in rural and urban communities – 1.4 million of whom are experiencing homelessness and 23% of whom are uninsured;
- expand facilities, open new sites, and broaden services to meet need in areas with limited access to care – including transportation, care coordination, and translation/interpretation services; and
- respond to emerging health care needs, including epidemics of flu and coronavirus, combatting opioid and other substance use disorders, preventing the transmission of HIV/AIDS, addressing rising maternal mortality rates, supporting our nation's veterans, and helping communities in the aftermath of natural disasters.

How you can help:

- Sign the **DeGette-Bilirakis letter** in the House (deadline March 9, 2020) and the **Wicker-Stabenow letter** in the Senate (deadline March 20, 2020).
- **Support \$1.78 billion for CHC discretionary funding** in the FY21 Labor, Health and Human Services Appropriations bill. This figure is consistent with the increases laid out in the President's FY21 Budget Request to address HIV prevention and homelessness, as well as an additional \$50 million set aside for capital funding to support the growth and development of health centers across the country.
- **Support a \$275 million increase for the National Health Service Corps (NHSC)** in the FY21 Labor, Health and Human Services Appropriations bill, which would enable an average of one NHSC primary care provider to be placed in every Community Health Center site.

Workforce

Planning for the Future of Health Center Workforce

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

Community Health Centers depend upon a network of over 236,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. Health centers must recruit, train, and retain an integrated, multidisciplinary workforce to provide high-quality care. Long-term investments in the nation's primary care workforce are needed to ensure health centers are able to keep pace with the growing and changing needs in their communities.

Yet severe workforce shortages persist throughout the health care system. For example, the Health Resources and Services Administration (HRSA) estimates a national shortage of 124,000 to 156,000 physicians by 2025. Further challenging this situation, funding for two critical workforce programs, **the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) program, will expire on May 22, 2020, without Congressional action.**

The NHSC supports roughly 13,000 clinicians in urban, rural, and frontier communities. About 60% 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 THCGME model directly trains providers in underserved communities, improving their understanding of the issues facing health center patients and increasing the likelihood they will choose to practice in these communities after they complete their training.

- In the 2018-2019 academic year, THCGME supported the training of 728 residents in 56 health centers in 23 states. Since it began in 2011, the program has supported the training of more than 880 new primary care physicians and dentists who have graduated and entered the workforce.

How you can help:

- **Support, at a minimum, the E&C/HELP Agreement via the updated S. 1895, the Lower Health Care Costs Act, which continues funding for the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education (THCGME) program for 5 years.**
 - This agreement represents a **bipartisan, bicameral solution** to offset a long-term extension of funding for these essential workforce programs – as well as mandatory funding for health centers.
- **Support a \$275 million increase for the National Health Service Corps in the FY21 Labor, Health and Human Services Appropriations bill, which would enable an average of one NHSC primary care provider to be placed in every Community Health Center site.**

Community Health Centers: Cornerstones of Care

Ensuring High-Quality, Cost-Effective Care in Every Community

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 epidemics of flu and coronavirus, HIV/AIDS, substance use disorders, maternal mortality, veterans' access to care, and natural disasters.

Congress has affirmed the crucial role health centers play in ensuring access to quality primary and preventive care for 29 million people by investing in health centers and advancing needed policies. **Health centers want to continue to work in partnership with Congress to address the following issues:**

- **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.***
- **Providing Comprehensive Care through the 340B Drug Pricing Program.** Health centers successfully utilize the 340B program, ensuring patients can buy medications at affordable prices, and that health centers can reinvest savings into improved quality of care and expanded services. ***Health centers support protecting 340B and ensuring that they can continue to use 340B savings to provide more comprehensive care to more underserved patients, as Congress intended.***
- **Expanding Access through Telehealth.** Telehealth offers great benefits to patients and providers in both rural and urban areas, especially when workforce shortages and geography present barriers to accessing care. ***Health centers support H.R. 4932 and S. 2741, the CONNECT for Health Act, which allows for further utilization of telehealth services alongside sustainable Medicare reimbursement.***
- **Helping Manage Pain while Preventing 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 H.R. 5693, the Primary Health Services Enhancement Act, to integrate physical therapy services into health centers in order to help patients rehabilitate and maintain wellness through non-medication pain management strategies.***
- **Providing Continuity of Care for Seniors.** Health centers are serving more Medicare recipients than ever, providing high-quality care across the lifespan. ***Health centers support H.R. 2594 and S. 1190, the Rural Access to Hospice Act, to allow health center providers to provide ongoing support to Medicare patients utilizing hospice care.***