



**November 2024**

***Talking Points – Reauthorizing the Community Health Center Fund***

**Helpful Tips**

**Ask:**

- Please support as high a funding level as possible for the Community Health Center Fund when its authorization expires on December 31.
- We urge reauthorizing the Community Health Center Fund at the highest possible level, ideally at \$5.8 billion per year for three years, the level included in the Senate’s Bipartisan Primary Care and Health Workforce Act.

**Thank You:**

- We commend Congressional leaders for coming to a bipartisan agreement this past March and finalizing increased funding for the Community Health Center Trust Fund through December 31, 2024.
- The funding is a 10% increase in the rate of funding for the remainder of the year, a step in the right direction.

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**Talking Points:**

- Support for health centers is one issue that everyone – Democrats and Republicans, Senators and Representatives - can agree on, meaningfully benefiting patients, communities, and our nation’s health.
- With robust, stable, predictable funding, health centers can provide the gold standard of primary care to all who seek it, regardless of ability to pay.
- Continued uncertainty around the level and duration of a reauthorization of the Community Health Center Fund is already harming health centers and their patients.
  - Without the certainty that this Fund will be available in the coming years, it is more difficult to finance large projects or engage in meaningful long-term planning.
  - Without the backstop of the Community Health Center Fund, health centers would be forced to close sites, lay off staff, and cut back service hours.
- Health centers are currently facing unprecedented financial challenges.
  - Health centers are facing an ongoing workforce shortage, continued erosion of 340B program savings, and loss of coverage for millions of patients due to Medicaid program redeterminations, which is resulting in declining revenue for health centers.



- Health centers are also addressing ongoing mental health and maternal mortality crises and steadily increasing patient populations.
- In 2023, community health centers provided comprehensive primary care to over 31 million patients, an over 45% increase over the past ten years.
- Community health centers are the best investment you can make in health care.
  - According to a recent **Congressional Budget Office** report, care provided at community health centers leads to more cost-effective care, lower federal spending for the Medicaid and Medicare populations they serve, and lower spending in emergency departments, inpatient hospital settings, and for other outpatient services.<sup>1</sup>
  - In 2021, community health centers were estimated to save a total of \$25.3 billion for the Medicaid and Medicare programs.<sup>2</sup>
    - In 2019, community health centers generated \$63.4 billion in economic activity, of which \$32 billion were indirect economic impacts generated from supporting local businesses.<sup>3</sup>
    - For every dollar of federal funding invested in community health centers, \$11 is generated in total economic activity through increased spending on related health service expenses, food services, transportation, construction, and more.<sup>4</sup>
  - Funding helps centers expand access, build infrastructure, grow workforce, and allow innovation

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## Facts at a Glance:

- **Health Centers Save Money for the Government and Patients:** Research shows that, for every \$1 invested in primary care like that provided at community health centers, \$13 is saved in downstream costs.<sup>5</sup> The Congressional Budget Office found that care provided at

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<sup>1</sup> Congressional Budget Office Cost Estimate. S. 2840, Bipartisan Primary Care and Health Workforce Act, February 6, 2024. <https://www.cbo.gov/system/files/2024-02/s2840.pdf>

<sup>2</sup> Robert Nocon (Kaiser Permanente Bernard J. Tyson School of Medicine). “Testimony on Community Health Centers: Saving Lives, Saving Money before the United States Senate Committee on Health, Education, Labor and Pensions Committee.” (March 02, 2023).

<sup>3</sup> “Community Health Centers Are Economic Engines” (National Association of Community Health Centers, October 2020), <https://www.nachc.org/wp-content/uploads/2020/12/Economic-Impact-Infographic-2.pdf>.

<sup>4</sup> Health Centers Provide Cost Effective Care” (National Association of Community Health Centers, July 2015), [http://nachc.org/wpcontent/uploads/2015/06/Cost-Effectiveness\\_FS\\_2015.pdf](http://nachc.org/wpcontent/uploads/2015/06/Cost-Effectiveness_FS_2015.pdf).

<sup>5</sup> Gelmon, S., Wallace, N., Sandberg, B., Petchel, S., Bouranis, N., OHSU & PSU School of Public Health and Mark O. Hatfield School of Government, & Portland State University. (2016). *Implementation of Oregon’s PCPCH Program: Exemplary practice*



community health centers lowers federal spending for the Medicaid and Medicare populations they serve and lowers spending in emergency departments, inpatient hospital settings, and other outpatient services.<sup>6</sup> CHCs were estimated to save \$25.3 billion for the Medicaid and Medicare programs in 2021.<sup>7</sup> Health centers have a lower incidence of specialty, emergency department, and hospitalization visits compared with other primary care providers for complex Medicaid managed care beneficiaries.<sup>8</sup>

- **Health Centers Are Economic Engines in Communities:** In 2022, health centers provided almost 285,000 jobs across the country.<sup>9</sup> In 2019, community health centers generated \$63.4 billion in total economic activity, of which \$32 billion were indirect economic impacts generated from supporting local businesses. A study by Capital Link has shown that, for every dollar of federal funding invested in community health centers, \$11 is generated in total economic activity through increased spending on related health service expenses, food services, transportation, construction, and more.<sup>10</sup>
- **Health Centers Provide Care in Rural Communities:** In 2023, health centers served 1 in 7 rural residents.<sup>11</sup> CHCs have proven their ability to quickly expand care during the ongoing rural health crisis. Between 2010 and 2021, 136 rural hospitals in the United States closed. Nineteen of these closures occurred in 2020 when the COVID pandemic hit the U.S. However, in areas previously served by a rural hospital, there is a higher probability of new community health center service delivery sites post-closure,<sup>12</sup> and these areas are seeing an increase in access to community health centers.<sup>13</sup> CHCs are poised to do more, and it appears

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and program findings. <https://www.oregon.gov/oha/HPA/dsi-pcpc/ Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>

<sup>6</sup> Congressional Budget Office. (2024). *CBO's cost estimates explained, CBO describes its Cost-Estimating Process, Glossary*. <https://www.cbo.gov/system/files/2024-02/s2840.pdf>

<sup>7</sup> Nocon, Robert. Kaiser Permanente Bernard J. Tyson School of Medicine. *Testimony on Community Health Centers: Saving Lives, Saving Money before the United States Senate Committee on Health, Education, Labor and Pensions Committee*. March 02, 2023. Retrieved from [https://www.help.senate.gov/imo/media/doc/Testimony-Nocon-CHCs%202023-0228\\_Final.pdf](https://www.help.senate.gov/imo/media/doc/Testimony-Nocon-CHCs%202023-0228_Final.pdf).

<sup>8</sup> Pourat, N., Chen, X., Lu, C., Zhou, W., Yu-Lefler, H., Benjamin, T., Hoang, H., & Sripipatana, A. (2023). Differences in health care utilization of High-Need and High-Cost patients of federally funded health centers versus other primary care providers. *Medical Care*, 62(1), 52–59. <https://doi.org/10.1097/mlr.0000000000001947>

<sup>9</sup> National Association of Community Health Centers. (2024). *Community Health Centers: Providers, partners and employers of choice 2024 Chartbook*. <https://www.nachc.org/wp-content/uploads/2024/07/2024-2022-UDS-DATA-Community-Health-Center-Chartbook.pdf>

<sup>10</sup> National Association of Community Health Centers (2024). *Health Centers Provide Cost Effective Care*, 2015. [http://nachc.org/wpcontent/uploads/2015/06/Cost-Effectiveness\\_FS\\_2015.pdf](http://nachc.org/wpcontent/uploads/2015/06/Cost-Effectiveness_FS_2015.pdf).

<sup>11</sup> <https://www.nachc.org/resource/americas-health-centers-by-the-numbers/>

<sup>12</sup> Miller, K. E. M., Miller, K. L., Knocke, K., Pink, G. H., Holmes, G. M., & Kaufman, B. G. (2021). Access to outpatient services in rural communities changes after hospital closure. *Health Services Research*, 56(5), 788–801. <https://doi.org/10.1111/1475-6773.13694>

<sup>13</sup> Bell, N., Hung, P., Merrell, M. A., Crouch, E., & Eberth, J. M. (2022). Changes in access to community health services among rural areas affected and unaffected by hospital closures between 2006 and 2018: A comparative interrupted time series study. *The Journal of Rural Health*, 39(1), 291–301. <https://doi.org/10.1111/jrh.12691>



they may have to – in over half of the states, 25% or more of the rural hospitals are at risk of closing, and in 9 states, the majority of rural hospitals are at risk.<sup>14</sup>

- **Health Centers are Highly Effective:** The care patients receive at a CHC is viewed by patients as an upgrade from previous providers. CHCs are among the most accessible providers - nearly all community health centers offer timely appointments (88%) and expanded hours for patients to receive care (93%).<sup>15</sup> According to the most recent Health Center Patient Survey, 97% of patients would recommend their health center to family or friends.<sup>16</sup> As of 2022, 1,058 community health centers (77%) have been certified as Patient-Centered Medical Homes (PCMH), and community health centers have eight times greater odds of attaining PCMH certification than other types of health care practices.<sup>17</sup> The PCMH model enables community health centers to generate strong patient outcomes at lower costs despite treating patients who are often sicker with more complex health care needs.
- **Health Centers Address Complex Patient Needs:** Health centers specialize in providing care to the most complex patients; the five most common health center patient diagnoses, often co-occurring, are overweight/obesity, hypertension, diabetes, depression and other mood disorders, and anxiety disorders.<sup>18</sup> All patients receive comprehensive, quality, coordinated care, no matter how and when patient health or insurance status changes.
- **Health Centers Train the New Generation of Health Care Providers:** HRSA’s National Center for Health Workforce Analysis estimates a projected shortage of 35,260 primary care physicians—including family medicine, general internal medicine, geriatrics, and pediatrics—by 2035. These shortages are projected to be particularly acute in rural areas.<sup>19</sup> CHCs provide one of the best training grounds imaginable for the health care workforce, giving exposure to highly complex patients and experience in comprehensive, patient-centered care. Over 58,000 skilled professionals received training or education at a community health center in 2022.<sup>20</sup> CHCs have trained thousands of new primary care physicians through the Teaching Health Center Graduate Medical Education program and provide first-class experiences to thousands of new physicians through the National Health

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<sup>14</sup>Center for Healthcare Quality and Payment Reform. (2024). *RURAL HOSPITALS AT RISK OF CLOSING*. [https://chqpr.org/downloads/Rural\\_Hospitals\\_at\\_Risk\\_of\\_Closing.pdf](https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf)

<sup>15</sup>*Health Center Patient Survey*. (n.d.). <https://data.hrsa.gov/topics/health-centers/hcps>

<sup>16</sup>Community health centers’ progress and challenges in meeting patients’ essential primary care needs. (2024). [www.commonwealthfund.org](http://www.commonwealthfund.org). <https://doi.org/10.26099/wmta-a282>

<sup>17</sup>National Association of Community Health Centers. *Community Health Center Chartbook 2022*. <https://www.nachc.org/wp-content/uploads/2022/03/Chartbook-Final-2022-Version-2.pdf>.

<sup>18</sup>NCQA-National Committee for Quality Assurance. (2016). Trend of uncontrolled diabetes. In *DIABETES BRIEF* [Report]. <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/diabetes-brief-7.pdf>

<sup>19</sup>*Teaching Health Center Graduate Medical Education (THCGME): Expanding the primary care workforce* | Bureau of Health Workforce. (2024, September 1). <https://bhw.hrsa.gov/funding/apply-grant/teaching-health-center-graduate-medical-education>

<sup>20</sup>National Association of Community Health Centers (2024), *Community Health Centers: Providers, Partners and Employers of Choice, 2024 Chartbook*. <https://www.nachc.org/wp-content/uploads/2024/07/2024-2022-UDS-DATA-Community-Health-Center-Chartbook.pdf>



Service Corps every year. A recent survey of the health center workforce found a lower burnout rate and a higher well-being rate than most other health care settings.<sup>21</sup>

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<sup>21</sup>Jiri, T. T., Mangione, T. W., & John Snow, Inc. (2023). HRSA Health Center Workforce Well-being National Data Report: Findings from the 2022 HRSA Health Center Workforce Well-being Survey. In *HRSA Health Center Workforce Well-being* [Report]. HHS/HRSA/OO/OAMP.  
[https://data.hrsa.gov/DataDownload/DD\\_Files/HRSA%20Health%20Center%20Workforce%20Well-being%20National%20Data%20Report.pdf](https://data.hrsa.gov/DataDownload/DD_Files/HRSA%20Health%20Center%20Workforce%20Well-being%20National%20Data%20Report.pdf)