



ADVOCATES FOR
COMMUNITY
HEALTH

Advocates for Community Health Talking Points Reauthorizing the Community Health Center Fund August 2025

Ask:

Advocates for Community Health (ACH), a nonpartisan, nonprofit membership organization of community health centers, is advocating for a significant increase in the Community Health Center Fund, to **\$7.87 billion starting in 2025 for at least three years**.

The CHC Fund expires on September 30, 2025, and health centers need the certainty of a long-term authorization as well as a bold new investment to revolutionize America's health care.

ACH's proposal would **expand access, improve preventive care, grow the healthcare workforce, and fuel innovation** – ensuring CHCs can continue serving veterans, older adults, working families, and other vulnerable populations.

Talking Points:

- Support for health centers is one issue that everyone, Democrats and Republicans alike, 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.

We support this bold investment in community health centers for three reasons:

1. Health centers are the best investment you can make in health care, dollar for dollar yielding greater health for less money.
 - a) Health centers had record-breaking reach in 2024 ([HRSA](#), [HRSA](#)):
 - 34 million total patients
 - 121,794,322 in-person visits
 - 17,651,986 virtual visits
 - 16,000 service sites
 - 1 in 8 children
 - 1 in 5 rural residents
 - 1 in 15 adults 65 and older



b) Health centers provided high quality care that saved money:

- In 2024, health centers saw a nearly 7% increase in patients with controlled diabetes and hypertension.
- Over 222,000 more pediatric patients screened for weight assessment and nutrition counseling.
- Over 621,000 more patients screened for body mass index (BMI) screening and follow-up in adults.
- Based on data and the findings of the [Congressional Budget Office](#), greater investment in primary care at community health centers saves money for the Medicaid and Medicare programs and for the health system overall, helping patients better manage chronic diseases and avoid more costly care settings like the emergency department.
- 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.¹
- According to the most recent [Health Center Patient Survey](#), 97% of patients would recommend their health center to family or friends.

c) Health center funding through the CHC Fund enables immense community reach and impact, beyond caring for the uninsured:

- Of the patients seen in 2024, 18% of these patients were uninsured, 48% were covered by Medicaid, 11% were covered by Medicare, and 22% by commercial insurance.
- By [law](#), community health centers are required to offer a core set of services. Health Center Program grant funding - which is funded by the CHC Fund – helps pay for the uninsured and for required services that aren't covered by insurance.
 - For those who do not have coverage, either in full or a particular service, the health center offers a sliding fee scale to patients based on their income.
- Because of this, health centers cover some of the cost of care of nearly all patients who walk in their doors.

2. A bold investment in the Health Center Program fills a very real need – greater access to primary care for all Americans.

- According to the [Centers for Disease Control and Prevention](#), an estimated 129 million people in the US have at least one major chronic disease (e.g. heart disease, cancer, diabetes, obesity, or hypertension), and five of the top 10 leading causes of death in the US are, or are strongly associated with, preventable and treatable chronic diseases.

¹ Health Centers Provide Cost Effective Care” (National Association of Community Health Centers, July 2015), http://nache.org/wpcontent/uploads/2015/06/Cost-Effectiveness_FS_2015.pdf.



- At the same time, over [a third of Americans](#) do not have access to primary care, which has been [shown to](#) prevent and control chronic diseases. Community health centers are the largest network of primary care providers in the nation.
 - [HRSA reports that](#) anywhere from 65% to 94% of health care needs in underserved communities are not being met, even with the footprint that health centers have now. We need to do more to make America healthier.
3. More health center funding would allow health centers to reach more patients, offer more services, and save more downstream dollars.
- Our proposed increase to \$7.87 billion per year for at least three years could fund:
 - 27,399 nurse practitioners,
 - 12,813 physicians,
 - 30,878 physician assistants,
 - The opening of 8,400 new sites, or
 - Increase of 19 million patient visits.

The Trump Administration recently announced record breaking performance for FQHCs in 2024, reaching 34 million patients and providing new levels of high-quality care. But with more funding, FQHCs can truly deliver on a healthier America.

Now is the time to invest in America's future with a strong Community Health Center Fund.

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.² The Congressional Budget Office found that care provided at 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.³ CHCs were estimated to save \$25.3 billion for the Medicaid and Medicare programs in 2021.⁴ 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.⁵

² 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 and program findings*. <https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>

³ 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>

⁴ 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.

⁵ Pourat, N., Chen, X., Lu, C., Zhou, W., Yu-Lefler, H., Benjamin, T., Hoang, H., & Sripipatana, A. (2023). Differences in health care utilization of



- **Health Centers Are Economic Engines in Communities:** In 2022, health centers provided almost 285,000 jobs across the country.⁶ 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.⁷
- **Health Centers Provide Essential Care in Rural Communities:** In 2023, health centers served 1 in 7 rural residents.⁸ 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,⁹ and these areas are seeing an increase in access to community health centers.¹⁰ CHCs are poised to do more, and it appears 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.¹¹
- **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%).¹² According to the most recent Health Center Patient Survey, 97% of patients would recommend their health center to family or friends.¹³ 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.¹⁴ The PCMH model enables

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>

⁶National 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-UDS-DATA-Community-Health-Center-Chartbook.pdf>

⁷National 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.

⁸<https://www.nachc.org/resource/americas-health-centers-by-the-numbers/>

⁹Miller, 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>

¹⁰Bell, 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>

¹¹Center for Healthcare Quality and Payment Reform. (2024). *RURAL HOSPITALS AT RISK OF CLOSING*.

https://chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf

¹²*Health Center Patient Survey*. (n.d.). <https://data.hrsa.gov/topics/health-centers/hcps>

¹³Community health centers' progress and challenges in meeting patients' essential primary care needs. (2024). www.commonwealthfund.org. <https://doi.org/10.26099/wmta-a282>

¹⁴National 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>.



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.¹⁵ 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.¹⁶ 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 2022.¹⁷ 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 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.¹⁸

¹⁵NCQA-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>

¹⁶*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>

¹⁷National 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>

¹⁸Jiri, 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