



ADVOCATES FOR  
COMMUNITY  
HEALTH

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# CHC FUNDING & 340B ADVOCACY

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Congressional Outreach, Media Relations &  
Social Media Toolkit



ADVOCATES FOR  
COMMUNITY  
HEALTH

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For questions about the content in this guide, please contact:  
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# CHC FUNDING ADVOCACY TALKING POINTS

## Congressional Priority: Reauthorize CHC Funding

### Ask:

- Please support passage of as high a funding level as possible for the Community Health Center Fund by January 30, 2026 when its authorization expires.
- At the very least, we urge Congress to enact the increased funding level that was agreed upon by bipartisan leaders in December 2024 for the year end package but ultimately not enacted - a two-year authorization at \$4.5B for the first year and \$4.6B for the second.

### 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 ongoing federal funding uncertainty, a massive health care workforce shortage, impending Medicaid coverage losses, rising medical costs, and continued erosion of the 340B program.
  - Health centers are also addressing ongoing mental health, substance abuse, and maternal mortality crises and steadily increasing patient populations.
  - In 2024, community health centers provided comprehensive primary care to nearly 34 million patients
- **Community health centers are the best investment you can make in health care.**
  - A 2024 report from the Congressional Budget Office found that CHCs create significant overall savings by reducing long-term spending in Medicare and Medicaid leading to a net reduction in federal spending by \$3.4 billion.
  - In 2023, CHCs provided care to 18% of all Medicaid beneficiaries, but CHC payments made up only 2.3% of total Medicaid spending.
  - Access to primary and preventive care at CHCs reduces utilization of costlier services such as ED visits, hospitalizations, and outpatient specialty care.

# 340B ADVOCACY TALKING POINTS

## **Congressional Priority: Pause the 340B Rebate Model Before It Puts Patients at Risk**

### **Asks:**

- Exempt Community Health Centers from the 340B Rebate Model Pilot Program or carve out CHCs altogether.
- Ensure that CHCs can continue accessing upfront discounts that protect patient care and financial stability.

### **Talking Points:**

#### **1. 340B Is a Lifeline for Patients and Communities**

- The 340B program allows CHCs to provide affordable—and often free—life-saving medications to low-income and uninsured patients.
- Upfront discounts are essential to managing chronic diseases such as diabetes, hypertension, asthma, and behavioral health conditions.
- In rural and frontier communities, 340B savings often determine whether patients can access needed care at all.

#### **2. The Rebate Model Removes Upfront Savings That CHCs Depend On**

- HRSA's proposed Rebate Model ends the longstanding upfront discount and requires CHCs to pay full Wholesale Acquisition Cost (WAC) for certain drugs.
- Many CHCs cannot absorb the cost of high-priced medications while waiting for a rebate.
- This pilot shifts massive financial risk onto safety-net providers who already operate on narrow margins.

#### **3. The Model Threatens Core Services and Patient Access**

- Paying full price upfront could destabilize CHC budgets and force centers to cut staff, reduce hours, or limit services.
- Reduced access to discounted drugs means patients may delay or forgo treatment, worsening health outcomes and increasing long-term system costs.
- Rural communities will be disproportionately affected, as they rely heavily on CHCs for primary care and chronic disease management.

#### **4. Administrative Burdens Will Further Strain the Workforce**

- The rebate model requires extensive new data reporting, claims tracking, and compliance processes.
- Health centers already face severe staffing shortages and burnout—this added complexity diverts time and resources from patient care.
- The pilot creates operational barriers that many CHCs simply cannot meet.

# 340B ADVOCACY TALKING POINTS

## Congressional Priority: Pause the 340B Rebate Model Before It Puts Patients at Risk

### 5. This Change Undermines the Intent of 340B

- The program was designed to help providers stretch limited resources so they can serve more patients—not to create delays, financial uncertainty, or administrative bottlenecks.
- Upfront discounts are central to the program’s success and should not be replaced with a model that puts access at risk.

### 6. Exempting CHCs Is the Practical, Patient-Centered Solution

- CHCs are only about 7% of the 340B program, but the program has an outsized impact on the care that health centers are able to provide.
- Exempting CHCs from the pilot protects access to affordable medications and maintains stability in the nation’s primary care safety net.
- This exemption is both reasonable and feasible and directly aligns with the purpose of 340B.

### 7. There Is Still Time to Act

- The pilot is scheduled to begin January 1, 2026, but HRSA and drug manufacturers can still revise or pause implementation.
- A pause will allow for evaluation, stakeholder engagement, and development of a workable approach that does not harm safety-net providers.

#### *Additional data points:*

- Non-profit community health centers (CHCs) – which serve 34 million people in the United States - are a prime example of the intent behind the 340B program’s creation: to maximize federal investment and expand care to underserved communities as effectively as possible.
- Health centers see 5% of Medicare patients, but the volume varies a lot by health center – some, especially more rural centers, have Medicare as a higher percentage of their payer mix.
- Only 56% of health centers have in house pharmacies; many use contract pharmacies to maximize access to 340B drugs, and the rest rely on only contract pharmacies.

# HOW TO ENGAGE WITH YOUR LEGISLATORS

## Meeting With Your Legislators

No one is more qualified to help guide members of Congress as they create, debate, and enact health care policy than those who deliver quality care to patients every day. Consider meeting with your federal legislators in your district to advocate for CHC funding in your community.

### **Email Template for Meeting Request**

Dear [Senator/Representative] [Last Name],

I hope you are well. My name is [Your Name], and I serve as [Your Title/Role] at [Your Organization], a community health center serving [brief description of the population or area you serve].

I'm reaching out to respectfully request a meeting with you or your staff to discuss the urgent need for Community Health Center funding reauthorization. As you know, CHCs are the backbone of primary care for nearly 34 million people nationwide—including [number] right here in your district. Without timely reauthorization and stable long-term funding, the services our patients rely on—from preventive care to chronic disease management—are at serious risk.

We would be grateful for the opportunity to share how this funding directly supports your constituents and what's at stake if Congress does not act. We are happy to meet at your convenience,

- Find contact information for your Representative's office by visiting: <http://house.gov/representatives>
- Find contact information for your Senator's office by visiting: <https://senate.gov/senators/senators-contact.htm>.
- You can also contact your Senator or Representative's office by calling the U.S. Capitol Switchboard at 202-224-3121 and asking for your Senator or Representative's office.

If you need help setting up a meeting, please contact ACH at [info@advocatesforcommunityhealth.org](mailto:info@advocatesforcommunityhealth.org).

either in person or virtually, and will accommodate your schedule. Thank you for your leadership and your ongoing support of community health centers. I look forward to the opportunity to connect.

Please let me know what dates work well for [Senator/ Representative] to meet. I value [Senator/Representative] name's leadership in keeping our patients and community name healthy.

Sincerely,  
[Name, Title]

# HOW TO HOST YOUR LEGISLATORS

## Coordinating a Site Visit

Site visits are a great way to show your lawmaker the impact of the services you provide to the community, and the impact that funding cuts will have on your ability to deliver those services.

To make a site visit request, visit your Senator's or Representative's official website and go to the "Contact" or "Services" tab to locate a "Meeting Request" or "Schedule a Visit" form.

## Sample Site Visit Agenda (60 minutes)

- 10:00 AM – Welcome remarks from the CEO
- 10:15 AM – Tour of facility and introduction to key staff
- 10:30 AM – Discuss funding and impacts
- 10:45 AM – Photo and formal policy ask
- 11:00 AM – Meeting concludes

## Email Template for Site Visit Request

Dear [Senator/Representative Last Name],

I hope this message finds you well. On behalf of [Name of Health Center], I would like to extend a warm invitation to visit our facility here in [City/Town] to see firsthand the impact of Community Health Center funding on the families and communities you represent.

Community Health Centers like ours provide high-quality, cost-effective care to nearly 34 million Americans, including veterans, working families, children, and individuals in rural, urban, and underserved areas. In [Your District/State], we serve [# of patients served annually]—many of whom would have few or no options for care without us.

With CHC funding up for reauthorization in January 2026, recent legislation passed to reduce Medicaid funding, and a 340B Drug Pricing Program Rebate Model set to take effect on January 1, this is a critical moment for the future of our sustainability. We would welcome the opportunity to show you how federal investments directly support patient care, job creation, and cost savings in your district. It's also a chance to hear directly from patients and providers about what's at stake.

We are flexible and happy to work with your team to find a convenient date and time.

Please let us know if we can schedule a visit in the coming weeks. We deeply appreciate your leadership and look forward to the opportunity to connect in person.

Warm regards,  
[Your Full Name]  
[Title]

# LEVERAGING THE MEDIA

## Proactively Engaging the Media with Storytelling

Attention builds power that can result in change. Using the media to communicate what Medicaid means in your community can activate citizens to support these policy requests to legislators.

The media responds strongly to personal stories. Whenever possible, engage the media by sharing your stories about how these policies will affect your patients and services through real-life case studies and personal testimonials. Weaving data into personal stories can help to provide broader insight at a more emotional level.

## Ways to Engage the Media

A proactive approach involves consistent personal outreach to reporters and editors. Check websites for specific health policy reporter contacts, submit a “news tip” for your story, or tag reporters and outlets in your social media.

Consider the variety of tools that can be used for sharing information with media including:

- Media alert/advisory about an event
- Press release
- Media pitch for a specific story
- Fact sheet
- Media Kit

There are additional options to advocate for Medicaid in a local newspaper or magazine by using the following:

- Letter to the editor
- Op-ed
- Blogs

## Media Outreach Ideas

Consider using date hooks to create story angles. Awareness days are additional opportunities to engage with policymakers, the media, and community stakeholders.

## Non-Traditional Outreach

If a legislator visits your health center, offer to write an article they can use in their newsletter that goes out to all the constituents in the district.

## Media Dos and Don'ts

### Do:

- Be aware of a reporter's deadline and provide contact info where you can follow-up quickly. Today's 24/7 news requires quick responses.
- Provide a contact person that can be reached at any time.
- Do tailor a media pitch to each reporter and don't send blanket emails.
- Be a resource even if you do not know the answer to a question.

### Don't:

- Presume reporters know what your health center does in your community.
- Use too much industry jargon which can be confusing.

# MEDIA OUTREACH TOOLS

## Op-Ed Template - CHC Funding

### Title: Community Health Centers Can't Afford to Be Left Behind

Across the country, Community Health Centers quietly deliver one of the greatest returns on investment in our health care system. From rural/urban areas to **YOUR CITY/TOWN**, these centers provide essential primary care to nearly 34 million Americans—including veterans, working families, seniors, and people in areas where hospitals are far away and doctors are in short supply.

Now, this vital part of our health care infrastructure is at risk. Unless Congress acts, funding for Community Health Centers will expire on January 30, 2026, threatening the stability of a model that works—for patients, taxpayers, and communities alike.

Community Health Centers aren't government-run clinics. They are locally governed, fiscally disciplined nonprofits that stretch every dollar. They reduce health care costs by keeping people out of emergency rooms and managing chronic conditions before they become crises. In fact, they save the health care system over \$24 billion each year—a smart investment by any measure.

They also serve a critical role in rural America, where health care access is declining and hospital closures are rising. CHCs step in where the private market has retreated, making sure rural communities aren't left behind. They support thousands of jobs in health care and related industries, keeping people healthy and economies strong.

Most importantly, reauthorizing CHC funding is not a partisan issue. It has earned support from both sides of the aisle for 60 years, because it reflects shared values: fiscal responsibility, local control, and service to those in need.

Lawmakers have consistently championed policies that are cost-effective and community-based. This is one of them. Congress should act now to reauthorize long-term, stable funding for Community Health Centers, because strong, healthy communities are the foundation of a strong, healthy nation.

[Your Name]

[Title]

[Health Center Name]

# MEDIA OUTREACH TOOLS

## Op-Ed Template - 340B Rebate Model

### Title: Pause the 340B Rebate Model Before It Puts Patients at Risk

For three decades, the 340B Drug Pricing Program has helped Community Health Centers (CHCs) provide affordable medications and essential services to the nation's most vulnerable patients. The program's upfront discounts allow us to stretch scarce federal resources, reinvest savings into primary care, and ensure patients with chronic illness can actually afford the drugs they need to stay healthy.

That foundation is now under threat.

On January 1, 2026, the Health Resources and Services Administration (HRSA) plans to launch the 340B Rebate Model Pilot Program. Under this model, CHCs will no longer receive upfront discounts. Instead, we will be required to pay full, often extremely high, Wholesale Acquisition Cost for certain drugs and then wait for a manufacturer rebate. For large systems, a delay in reimbursement may be manageable. For CHCs—especially in rural America—it is unworkable. Most health centers cannot absorb the financial shock of paying full price upfront. This threatens our ability to provide life-saving and life-changing medications, maintain services, and keep clinics staffed and open.

The model also adds new administrative burdens at a time when health centers are stretched thin. Increased reporting, claims tracking, and reconciliation requirements will pull staff away from patient care and strain already limited resources.

Advocates for Community Health and health center leaders across the country have been clear: the rebate model will destabilize the safety net and harm the very patients 340B was designed to protect. CHCs represent a small part of the overall 340B program savings (7%) but the program has an outsized impact on health center patients and communities. The program works because the savings are immediate and predictable—not delayed and uncertain.

There is still time to prevent this harm. We urge HRSA and drug manufacturers to exempt Community Health Centers from the 340B Rebate Model Pilot. Protecting upfront discounts is essential to preserving access to medications, sustaining primary care services, and ensuring that underserved communities are not left behind.

Health centers stand ready to serve. But we cannot do it with a policy that undermines the very resources that make our mission possible. Now is the moment to act—before patients pay the price.

[Your Name]  
[Title]  
[Health Center Name]

# SOCIAL MEDIA RESOURCES

Today, almost all legislators and policymakers have an X.com account and actively engage on it with their constituents, making it a powerful tool for advocacy.

Identify key collaborators to follow and reach out to these accounts directly on the platform about your work. The goal is for them to engage and share your message.

## Sample Social Media Posts - CHC Funding

### X.com Messages

 Rural health care is on the line.

By Jan. 30, Congress must reauthorize Community Health Center funding to protect care for 34M+ Americans, lower costs, and support local jobs.

 Local care. Bipartisan support.

Community Health Centers save taxpayers \$24B/year by keeping people out of ERs and managing chronic conditions early.

Let's reauthorize their funding and keep America healthy the smart way.

### Facebook or LinkedIn Message

Nearly 34 million Americans—including veterans, working parents, and rural families—depend on Community Health Centers for care. These locally governed, cost-effective centers save taxpayers \$24 billion annually.

But their federal funding is at risk. If Congress doesn't act by Jan. 30, health centers across the country will face staffing cuts, site closures, and reduced access—especially in rural areas where they're often the only option.

CHC funding is a bipartisan investment in our communities. Let's keep America healthy and strong.

# SOCIAL MEDIA RESOURCES

## Sample Social Media Posts - 340B Rebate Model

### X.com Messages

🔴 340B drug discounts support primary care at America's community health centers. But the new Rebate Model forces CHCs to pay full price & wait for drug company rebates. This financial shock jeopardizes care & staffing.

Protect 340B for CHCs!

More admin burden. Higher upfront drug costs. Delayed rebates. Less time for patient care. CHCs & patients deserve better.

🔊 Exempt community health centers from the #340B rebate pilot.

### Facebook or LinkedIn Message

Protect 340B for Community Health Centers (CHCs)

For decades, the power of 340B has been its upfront drug discounts, allowing America's CHCs to immediately reinvest savings into robust primary care.

But the new 340B Rebate Model changes this.

🕒 Starting Jan 1, CHCs will need to pay full price for drugs, then wait for manufacturer rebates. This creates financial shock to CHCs and jeopardizes access to life-saving medications and staffing, especially in rural areas.

Protect 340B for CHCs!