Advocates for Community Health
Asks & Talking Points
August 2026

Asks:

1. **Thank you** for increasing funding to a $4.6 billion yearly rate in 2026 for the Community Health Center Fund, and for increasing funding for the National Health Service Corps and the Teaching Health Centers Graduate Medical Education Program.

2. **Health Center Funding:** Please take immediate action to increase the Community Health Center Fund to $7.87 billion annually for at least three years. We also ask that $2.88 billion be allocated in discretionary funding for the Health Center Program in Fiscal Year 2027. Action to support health centers at the highest possible investment is more urgent than ever before.

3. **National Health Service Corps Funding:** Please act immediately to invest at least $950 million in mandatory funding annually through a multi-year reauthorization for the National Health Service Corps. This investment will go directly into rural and underserved communities, supporting the workforce necessary to ensure ongoing access to care for patients and communities when and where they need it most.

4. **340B Drug Discount Program:** We ask that Congress act immediately to pass comprehensive 340B reform legislation that increases transparency and accountability for participating entities and ensures program stability and longevity for safety net providers. Continued delay to comprehensive reform has a disproportionate impact on health centers and a dire ripple effect on patient access to care and sustained access. Please also tell the Department of Health and Human Services that you do NOT support piloting a rebate model in the 340B Program.

5. **Workforce Development:** Please cosponsor the Developing the Community Health Workforce Act, HR 8629. This legislation strengthens and expands the community health center workforce by providing funding, flexibility, and policy tools to recruit, train, and retain health center staff, especially in rural and underserved communities.

Talking Points:

1. **Thank you** for increasing funding to a $4.6 billion yearly rate in 2026 for the Community Health Center Fund, and for increasing funding for the Teaching Health Centers Graduate Medical Education (THCGME) program in fiscal year 2026, with gradual increases until it is funded at $300 million in FY29, and an increase for the National Health Service Corps (NHSC) mandatory funding to $350 million for 2026.

2. **Health Center Funding:** We urge lawmakers to make a strategic investment in the Community Health Center Fund by increasing the CHCF to $7.87 billion annually for at least three years. We also ask that $2.88 billion be allocated in discretionary funding for the Health Center Program in Fiscal Year 2027.

    - Congress must fund the Community Health Center Fund with a strong baseline and regular increases to shore up this critical safety net when it expires on December 31, 2026.

    - Together with increased annual appropriations, an increased Community Health Center Fund will allow health centers to grow in four key areas: operations, infrastructure, workforce, and innovation.

    - Over a third of Americans do not have access to primary care, which has been shown to prevent and control chronic diseases. A bold investment in the Health Center Program fills a very real need – greater access to the gold standard of primary care for healthy American communities.

    - CHCs are the best investment you can make in health care, saving money by preventing costly complications, creating jobs, and keeping Americans healthy.

        - Research shows that for every $1 invested in primary care, like the care provided at health centers, $13 is saved in downstream costs through the prevention of expensive complications and emergency room visits.[1]

        - Further, the Congressional Budget Office recently reported that funding CHCs leads to more cost-effective patient care than the care than patients would otherwise receive, saving billions for the Medicaid and Medicare programs.[2]

    - CHCs are non-profits as well as community-owned and operated, with patient-led boards that ensure the needs of the local community are met.

3. **National Health Service Corps Funding:** ACH urges Congress to invest at least $950 million in mandatory funding annually through a multi-year

reauthorization for the National Health Service Corps to ensure that rural and underserved communities can access high-quality health care.

- As a nation, we are facing severe health care workforce shortages, particularly in underserved and rural communities.

- Investing in the National Health Service Corps builds long-term capacity through scholarships and loan repayment programs to health care professionals who serve where they are needed most.

- Today, over 18,000 NHSC clinicians are delivering primary, dental, and mental health care at 8,400 community health centers, reaching 18.9 million patients.[3]

- The National Health Service Corps helps health centers recruit and retain a skilled, mission-driven workforce, from front office staff to physicians and behavioral health providers.

- On average, each additional National Health Service Corps behavioral health staff was associated with a reduction of $3.55 of behavioral health care costs per visit at community health centers. In rural health centers, they saved $7.95 per visit.[4]

4. **340B Drug Discount Program:** We urge Congress to pass comprehensive 340B reform legislation that increases transparency and accountability for participating entities and ensures program stability and longevity for safety net

---

[1] Oregon Health Authority (OHA). (2016). *Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings.* PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf

[2] Congressional Budget Office. (2024). *Cost Estimate | S. 2840, Bipartisan Primary Care and Health Workforce Act*. https://www.cbo.gov/system/files/2024-02/s2840.pdf

[3] Health Resources & Services Administration (HRSA) | National Health Service Corps (NHSC). *Who We Are.* https://nhsc.hrsa.gov/

[4] Han, X., Pittman, P., & Ku, L. (September 2021). *The Effect of National Health Service Corps Clinician Staffing on Medical and Behavioral Health Care Costs in Community Health Centers*. https://pmc.ncbi.nlm.nih.gov/articles/PMC8428858/

providers.

- Non-profit community health centers 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 only make up about 6% of the purchases in the 340B program, but their participation has an outsized impact on their ability to serve their communities.

- A recent analysis of ACH member data shows that **one in every four 340B dollars supports care for rural Americans**.[5] These resources are reinvested directly into patient services, including:
    - Keeping rural clinics open
    - Expanding telehealth services
    - Operating mobile and school-based clinics
    - Providing transportation and other enabling services

- As required by law and regulation, CHCs reinvest every dollar of program income (including 340B savings) back into patients and their care.

- Data has shown that health centers' grants and payer reimbursements consistently fail to cover the cost of the comprehensive services provided at community health centers. 340B savings can help make up for this shortfall.

- Health centers rely on 340B to help stretch federal dollars to serve underserved communities - the intent of the program - but program benefits are eroding due to the actions of manufacturers, PBMs, and insurance companies, and the rebate model being advanced by HHS.

340B Program Reform

- Reform of the 340B Program is long overdue, but it must be achieved without destabilizing our country's safety net.

- We will support reform legislation if it results in a net positive impact for

[5] Advocates for Community Health. (December 2025). *Findings from the Community Health Center 340B Savings Disclosure Survey | Research Brief*. https://advocatesforcommunityhealth.org/wp-content/uploads/2025/12/340B-Disclosure-Form-Report-6.pdf

health centers, and if the process is clear, transparent, and inclusive.

- It should hold entities accountable for the use of their 340B savings, and entities should be required to maintain auditable records to document compliance.

- We are committed to working with lawmakers, 340B program stakeholders, and other interested parties to identify policy changes to restructure this program in a way that most benefits patients and their communities.

340B Rebate Model Pilot Program

- The proposed Rebate Model Pilot Program will require community health centers and other covered entities to pay the "sticker price" when they purchase drugs, as opposed to receiving the discounted price, as the program is currently structured.

- The Pilot Program puts an unfair financial burden on health centers - the entities that can least afford it.

    - **UPFRONT COST -** Health centers are projecting increased costs in the hundreds of thousands of dollars to go out of pocket for drugs.

    - **LOST SAVINGS -** Others are saying they will forgo prescribing certain medications to patients, so health centers will lose access to savings and patients will lose access to medications.

    - **ADMINISTRATIVE BURDEN -** The increased administrative burden and financial risk is expected to be significant and will limit health centers' ability to provide high-quality and comprehensive care using 340B savings.

        - Health centers will have to add senior-level staff with the experience and sophistication to track rebates across multiple different models, third-party administrators (TPAs), and contract pharmacies. They will need to submit data reports and submit disputes when manufacturers ultimately do not comply.

    - <u>Please tell the Department of Health and Human Services that you do NOT support piloting a rebate model in the 340B Program</u>.

5. **The Developing the Community Health Workforce Act, HR 8629 (HOUSE ONLY)**

- Please cosponsor the Developing the Community Health Workforce Act, HR 8629.

- This legislation strengthens and expands the community health center workforce by providing funding, flexibility, and policy tools to recruit, train, and retain health center staff, especially in rural and underserved communities.

- Community health centers serve nearly 34 million patients nationwide, yet workforce shortages threaten access to care, especially in rural and underserved communities.

- All communities need a strong CHC workforce to ensure timely, accessible, and high-quality care.

- Investing in local talent builds a sustainable healthcare pipeline that strengthens communities for the long term with job creation, greater efficiency, and better patient outcomes.

- H.R. 8629 creates a sustainable healthcare workforce pipeline, offering:

    - Priority for Rural & Underserved Communities: The bill prioritizes National Health Service Corps assignment applications associated with health centers and rural health clinics.

    - Local Workforce Loan Repayment & Grant Funding: Through new grants and loan repayment options, CHCs can better recruit, retain, and train needed providers.

    - Support for Grow-Your-Own Workforce Development: Integrates CHCs into federal apprenticeship programs and supporting partnerships with local community colleges. This enables hiring from within, creating more local jobs, and ensuring longer-term stability for patients.

    - Expanded Clinical Capacity: Partnerships between hospitals and CHCs will support training of more medical residents in community-based settings by allowing qualifying hospitals to expand their resident training capacity.

    - Enhanced Team-Based Care: The bill authorizes reimbursement for behavioral health, peer support, and case management services under Medicare & Medicaid, expanding access to integrated, team-based care. By authorizing reimbursement for behavioral health practitioners, case managers and other specialists, staff can work at the top of their license, reducing provider burnout and improving care for rural and underserved populations.