ADVOCATES FOR COMMUNITY HEALTH

August 2026

NATIONAL HEALTH CENTER WEEK

Congressional Outreach, Media Relations & Social Media Toolkit

ADVOCATES FOR COMMUNITY HEALTH

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For questions, please contact ACH at info@advocatesforcommunityhealth.org.

OUR ASKS

- **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.**

- 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.

- 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.

- 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.

- 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. **<u>Health Center Funding:</u> 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. o 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.
        - 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.
        - 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. **<u>National Health Service Corps Funding</u>: 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.

TALKING POINTS

- 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.
- 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. <u>340B Drug Discount Program:</u> 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 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.
- 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 health centers, and if the process is clear, transparent, and inclusive.

TALKING POINTS

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

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.

TALKING POINTS

- 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.

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.

- 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.

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, 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 December 2026, recent legislation passed to reduce Medicaid funding, and a 340B Drug Pricing Program Rebate Model set to take effect in 2027, 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

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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-Eds

Instructions for Use:
These templates are designed for Community Health Centers (CHCs) and Primary Care Associations to submit to local newspapers during National Health Center Week (August 2–8, 2026).

Submission Tips:

- Replace all bracketed placeholders with your health center's real name, services, and data.
- Add one or two specific, local statistics (patients served, uninsured rate, Medicaid share) — local numbers resonate more than national ones.
- Keep a consistent byline: either your CEO, board chair, or a patient/board member for a personal angle.
- Confirm your local paper's word limit and submission process (many require 600–750 words and a headshot).
- Submit at least 1–2 weeks before National Health Center
- Week (August 2–8, 2026) for the best chance of publication timed to the week.

MEDIA OUTREACH TOOLS

Op-Ed Template - CHCs Are Getting Hit From All Sides

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 December 31, 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 - Celebrating National Health Center Week

Title: National Health Center Week — Protecting Community Health Centers

As our community celebrates National Health Center Week (August 2–8, 2026), I want to highlight both the vital role Community Health Centers (CHCs) play in [City/Region] and the serious threats they now face.

CHCs like ours provide affordable, high-quality care to 34 million patients in urban and rural communities. [NAME OF YOUR CHC]provides a range of services that include [LIST SERVICES TO LOCAL POPULATION]. Our ability to continue these services is directly tied to public investment. Right now, the policy environment is shifting, and the pressures — such as massive restructuring of Medicaid, uncertain funding, and threats to a federal discount drug program called 340B — pose a challenge to our mission.

These pressures create real risk for the families who depend on us for essential services such as prenatal visits, mental health counseling, and chronic disease management. That is why National Health Center Week is more than a celebration — it is a call to action. We invite bipartisan national, state and local leaders to visit a local CHC to learn how we have saved lives and taxpayer dollars every day for the past 60 years.

We also join Advocates for Community Health in urging Members of Congress to ensure CHCs have the funding and support they need to keep serving all who need us.

Together, we can build a healthier future for everyone.

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

MEDIA OUTREACH TOOLS

Op-Ed Template - 340B

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.

In 2027, 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 (just under 6%) 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.

Five Days of Advocacy Social Media Posts

1. Fund the Community Health Centers

Every day, our health center provides affordable, high-quality care to people in our community, regardless of their ability to pay.

But we can't continue meeting growing demand without stable federal funding.

During #NationalHealthCenterWeek, we're asking Congress to:
✅ Increase the Community Health Center Fund to $7.87 billion annually
✅ Provide $2.88 billion in FY2027 Health Center Program funding

Investing in community health centers is one of the smartest investments Congress can make.

@Rep_____ @Sen_____ We hope you'll continue supporting health centers and the patients we serve.

#NHCW #ValueCHCs #PrimaryCare

2. Protect the 340B Program

Every 340B dollar goes back into patient care.

At our health center, 340B helps us:
✔️ Keep clinics open
✔️ Expand behavioral health
✔️ Provide affordable medications
✔️ Reach rural communities

We're asking Congress to protect and strengthen the 340B program while opposing policies like the proposed rebate model that would make it harder for health centers to care for patients.

@Rep_____ @Sen_____ #340B #NHCW

SOCIAL MEDIA RESOURCES

Suggested Social Media Posts

3. Address the Health Care Workforce Shortage

The biggest challenge facing health centers isn't a lack of patients—it's a shortage of health care professionals.

Congress can help by supporting:

✔️ Increased National Health Service Corps funding
✔️ The Developing the Community Health Workforce Act (H.R. 8629)
Every new provider means more patients can receive care closer to home.

@Rep_____ @Sen_____

#HealthWorkforce #NHCW

4. Strengthen the National Health Service Corps

The National Health Service Corps brings physicians, dentists, behavioral health providers, and nurses to communities that need them most.

We're asking Congress to invest at least $950 million annually so health centers can continue recruiting the workforce our patients deserve.

Strong workforce = stronger communities.

@Rep_____ @Sen_____

#NHCW #PrimaryCare

5. Thank Your Champion

Thank you @Rep_____ for supporting community health centers and the patients we serve.

Your leadership helps ensure families in our community have access to affordable primary care, behavioral health, dental care, and so much more.

We're grateful for your partnership.

#NHCW

ADVOCATES FOR COMMUNITY HEALTH

POLICY LEADERSHIP FOR A STRONGER COMMUNITY HEALTH CENTER PROGRAM

WHO WE ARE

Advocates for Community Health (ACH) is a nonpartisan, member-driven organization advancing federal policies that strengthen and modernize the Community Health Center (CHC) program. Our members are leaders in care delivery, workforce innovation, and health care access, and their scale provides critical insight into federal policy impacts.

ACH provides policymakers with credible, on-the-ground insight into how federal funding, workforce, and regulatory decisions affect access to care in communities nationwide

SCALING WHAT WORKS IN PRIMARY CARE

Building on 60 years of success in the federal Community Health Center program, ACH is committed to working collaboratively to advance well-defined and forward-thinking health policies at the national level.

Community Health Centers are essential to prevention, chronic disease management, and early intervention—particularly in underserved and rural communities. As demand continues to grow, federal policy decisions will determine whether health centers can meet the moment. ACH believes CHCs are not just a safety net, but the backbone of the health care system. We advocate for the investments and policy flexibility needed to scale what works.

2021
LAUNCH BY 14 FOUNDING MEMBERS

50
MEMBERS STRONG TODAY

4M+
PATIENTS REPRESENTED

22
STATES REPRESENTED, DC & PUERTO RICO

ACH member community health centers typically:
Operate with $30M+ annual budgets | Employ 300+ full-time staff | Serve 40,000+ patients/year

Advocates for Community Health
1575 I St. NW, Suite 300
Washington, DC 20005

833-696-2773
info@advocatesforcommunityhealth.org

As demand continues to rise, federal policy decisions will determine whether community health centers (CHCs) can keep their doors open and meet community needs.

Our nation's 1,500 CHCs are community-based and patient-directed organizations that provide high-quality, comprehensive primary health care services to nearly 34 million patients annually, regardless of their ability to pay. ACH ensures policymakers hear directly from health centers operating at scale—amplifying real-world experience to inform smarter policy.

1. **340B Reform**
   Protecting the 340B Drug Discount Program for health centers.
2. **CHC Funding**
   Funding the infrastructure needed to prevent disruptions in the continuity of care and creating a path to long-term financial sustainability.
3. **Workforce**
   Leading workforce development policies that result in organizational resilience.
4. **Medicaid**
   Ensuring the Medicaid program can continue providing health coverage to people who need it.
5. **Value-Based Care/Advanced Payment Models**
   Advocating for advanced payment models that make the delivery of care more flexible, patient centric, and reduce the burden on providers.

Emerging Issues

- **6a Infrastructure Resilience**
  Safeguarding health centers against unexpected, severe acts including public health emergencies, natural disasters, cyber attacks, and broader emerging issues.
- **6b Innovation**
  Driving policies on emerging technologies to address health center issues.
- **6c Access to Health Care for All**

2026 POLICY PRIORITIES

ACH ADVOCATES FOR COMMUNITY HEALTH

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ADVOCATES FOR COMMUNITY HEALTH

FEDERAL POLICY SOLUTIONS

REFORMING THE 340B DRUG PRICING PROGRAM

THE ISSUE

Community Health Centers (CHCs) depend on the 340B Drug Pricing Program to serve patients regardless of insurance status or ability to pay. 340B savings are invested directly into patient care, allowing health centers to expand access and meet the needs of underserved communities.

Today, the program is under threat. Inconsistent oversight and enforcement have allowed pharmaceutical manufacturers, pharmacy benefit managers (PBMs), and state policymakers to take actions that undermine congressional intent and erode CHC access to 340B savings—putting patient care at risk.

THE OPPORTUNITY

ACH envisions a 340B program that functions exactly as Congress intended: a stable, reliable resource that allows health centers to stretch scarce federal dollars and expand access to care. Recent analysis of ACH member data shows that **one in every four dollars of 340B savings supports care for rural Americans**. Savings directly support patient services, including:

- Keeping rural clinics open
- Expanding telehealth services
- Operating mobile and school-based clinics
- Providing transportation and other enabling services

ACH supports reform that strengthens transparency and accountability **without restricting CHC participation or reducing patient access to affordable medications.**

POLICY PRIORITIES

ACH urges Congress to strengthen and sustain the 340B Drug Pricing Program by:

1. Protecting CHCs against the proposed 340B Rebate Model, which delays savings and creates costly administrative burdens.

2. Preserving full access to contract pharmacies, ensuring patients can obtain affordable medications where they live.

3. Preventing discriminatory PBM and insurer practices that reduce or divert 340B savings.

4. Strengthening federal oversight and enforcement to uphold congressional intent and program integrity.

OUR ASKS:

Co-sponsor H.R.7391, The Community Health Center Drug Pricing Protection Act, to carve CHCs out of the proposed 340B Rebate Model Pilot Program.

Pass comprehensive 340B reform that includes transparency, accountability, and stability for CHCs.

Community Health Center Funding for FY27

ADVOCATES FOR COMMUNITY HEALTH

We urge Congress to invest $10.75B in Community Health Centers in Fiscal Year 2027

Including both Mandatory and Discretionary Funds

History: Health centers are mission driven

The Health Center Program is designed to ensure a comprehensive medical home for all patients, regardless of ability to pay. Community health centers (CHCs) are governed by a 51% consumer majority board, are key employers in their communities and have a proven track record of impact and success in fulfilling this mission for 60 years.

Reality: Health centers are in fiscal crisis

Today's CHCs are facing unprecedented financial challenges, administrative burdens, and severe workforce shortages – compounded by federal funding uncertainty, looming coverage changes, and persistent erosion of the 340B program. Now is the time to strengthen our nation's health care safety net by securing long-term funding and providing the resources CHCs need to continue delivering high-quality primary and preventive care to rural and underserved Americans.

Community health centers are model stewards of federal funds, providing quality care to all who need it, regardless of ability to pay.

- 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.
- For Medicaid patients, health centers save 24% per patient compared to other providers.
- For Medicare patients, costs for health centers are 10% lower than physician office patients and 30% lower than outpatient clinics.
- The Congressional Budget Office (CBO) notes that although it is not scorable, funding community health centers leads to more cost-effective patient care than the care that patients would otherwise receive and could save the federal government billions of dollars.

Unprecedented need requires bold action

Our FY 2027 Asks Include:

$10.75 billion for combined mandatory and discretionary funding for Community Health Centers:

- $7.87 billion/year through the Community Health Center Fund, expiring Dec 31, 2026, and
- $2.88B through the FY27 appropriations process

A meaningful increase for the National Health Service Corps (NHSC):

- $950 million for the National Health Service Corps in FY27.

How would this funding help community health centers fulfill their mission?

ADVOCATES FOR COMMUNITY HEALTH

1 EXPAND ACCESS

Sustained funding enables health centers to meet growing mental health, maternal health, and substance use needs in rural and underserved communities, delivering timely, preventive care that reduces avoidable utilization of high-cost settings like emergency departments and hospitalizations.

2 ADVANCE PREVENTIVE CARE

This funding will allow CHCs to continue to address the root causes of poor health outcomes through comprehensive nutrition-based interventions and chronic disease management services. Proven to save the system billions in chronic disease management and improved health outcomes.

3 GROW WORKFORCE

Primary care clinicians experience high rates of burnout, driven by high patient volume and burdensome administrative responsibilities, among other factors. Investment allows health centers to recruit, retain, and invest in their workforce, from front-line staff to clinicians, supporting workforce stability and continuity of care.

4 DRIVE INNOVATION

Health centers have a proven track record of innovating to meet the needs of their unique communities. Increased investment will allow them to expand telehealth and value-based care models, as well as expand the use of AI and other emerging technologies. This can help improve outcomes by addressing patients' underlying and complex health needs while simultaneously saving our health care system billions.

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Washington, DC 20005

Contact Stephanie Krenrich
SVP, Policy & Government Affairs

skrenrich@advocatesforcommunityhealth.org

The Community Health Center Fund

ADVOCATES FOR COMMUNITY HEALTH

We urge Congress to reauthorize the Community Health Center Fund with a Meaningful Funding Increase in 2026

Community health centers need sustained, increased funding to continue their lifesaving work

Unprecedented need requires bold action

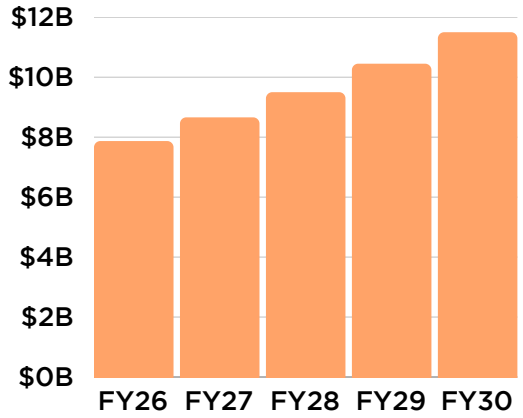
Community health centers (CHCs) reached a record breaking 34 million patients in 2024, providing the gold standard of primary care in America's rural and underserved communities. CHCs are the best investment you can make in health care, saving money by preventing costly complications, creating jobs, and keeping America's workforce healthy.

A bold investment in community health centers ensures quality primary care for veterans, older adults, working families, and other vulnerable populations. CHCs are community-owned and operated, guaranteeing the needs of the local community are a part of the governance of the health center directly.

Congress must reinvest in the Community Health Center Fund with a strong baseline and regular increases to shore up this critical safety net. This funding would allow health centers to grow in four key areas: operations, infrastructure, workforce, and innovation. Both the House and Senate have made strong progress on bipartisan agreements for the CHC Fund that will help health centers and their communities thrive, and we are deeply grateful for their support.

We urge Congress to enact a five-year authorization with 10% year-over-year increases for the Community Health Center Fund as follows:

- **2026: $7.87 billion**
- **2027: $8.66 billion**
- **2028: $9.5 billion**
- **2029: $10.45 billion**
- **2030: $11.5 billion**



Together with annual appropriations, this funding can ensure a strong health care network for all who need it, regardless of their ability to pay.

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 primary care for healthy American communities.

The Community Health Center Fund

ADVOCATES FOR COMMUNITY HEALTH

What This Investment Delivers

A reinvestment on this scale can allow for:

- Developing and expanding value-based care at health centers, which improves patient care and promotes innovation.
- Providing population health management specific to the communities FQHCs serve, estimated at $25/month per patient.
- Making capital improvements and expanding to new sites, in order to sufficiently care for centers' patient populations.
- Recruiting and retaining the healthcare workforce FQHCs need to provide comprehensive care to patients, from frontline staff to highly trained clinical professionals.

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ADVOCATES FOR COMMUNITY HEALTH

FEDERAL POLICY SOLUTIONS

IMPLEMENTATION OF H.R. 1 AND MEDICAID AT COMMUNITY HEALTH CENTERS

THE ISSUE

Community Health Centers (CHCs) are the main source of primary care for millions of Americans, especially in rural and underserved communities, and Medicaid plays a critical role in enabling this access. Approximately 50% of CHC patients are covered by Medicaid.

Provisions in the recently enacted "One Big Beautiful Bill Act" (H.R. 1) that change Medicaid eligibility and enrollment processes are expected to result in coverage disruptions, which could affect patients' ability to maintain regular access to care as well as destabilize CHC finances.

When a Medicaid patient loses coverage, they don't lose their need for care. CHCs will continue to serve these patients and help maintain continuity of care. However, without adequate resources, we expect to see significantly higher rates of uncompensated services at health centers – increasing administrative burden and financial strain.

THE OPPORTUNITY

While H.R. 1 presents challenges, there are also opportunities to reinforce Medicaid's role in supporting high-quality, comprehensive care delivered via health centers through implementation.

If states and health care leaders engage health centers early and thoughtfully, they can help minimize operational impacts and unintended consequences, while supporting the continued delivery of primary care and chronic disease management in safety-net settings.

POLICY PRIORITIES

ACH urges Congress to strengthen and sustain community health centers by:

1. **Ensuring CHCs are at The Table:** When implementing H.R. 1, CMS and states must account for the role CHCs play in serving high-need populations and maintaining access to care in rural and underserved communities.
2. **Preserving Access to Primary Care and Chronic Disease Management:** Congress should identify alternative sources of funding for these services, as they are foundational to care.

OUR ASK:

Congress should ensure that community health centers (CHCs) can continue to provide consistent, high-quality primary care by providing stabilization funding through a Primary Care Value and Innovation Fund, focusing on access to preventive and primary care services.

Members of Congress should partner with their states to ensure that CHCs are involved in state implementation in order to minimize care disruption.

H.R. 8629
Developing the Community Health Workforce Act

ADVOCATES FOR COMMUNITY HEALTH

Strengthening the workforce, expanding access, and improving health outcomes.

ACTIVE LEGISLATION

INTRODUCED
April 30, 2026

HOUSE
Growing co-sponsors

SENATE COMPANION
TBD

COMMITTEE REFERRAL
Energy & Commerce
Ways & Means

WHAT THIS BILL DOES

The Developing the Community Health Workforce Act 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 (CHCs) serve nearly 34 million patients nationwide, yet workforce shortages threaten access to care, especially in rural and underserved communities.

WHY IT MATTERS

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.

THE IMPACT

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.
- **Expand 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.

HOW THE BILL WORKS

1. Support Grow-Your-Own Workforce Development:
Reduce the burden for external recruitment and shift to local development by integrating 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.

2. Enhance Local Workforce Flexibility:
Establishing new loan repayment & scholarship program grant opportunities gives health centers additional tools to address regional workforce shortages and staffing challenges.

3. Increase Integration & Sustainability:
Providers need to focus on care, not paperwork. 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.

OUR ASK:

Please cosponsor H.R. 8629, the Developing the Community Health Workforce Act, to help address workforce challenges and expand access to care in rural and underserved communities.

PRIMARY CARE
VALUE & INNOVATION FUND

Strengthening Community Health Centers Through Targeted Federal Investment

ADVOCATES FOR COMMUNITY HEALTH

THE CHALLENGE

Community health centers face increasing pressure to meet growing needs with limited resources.

- Rising workforce shortages
- Increased patient complexity
- Aging infrastructure and technology systems
- Limited capacity to invest in innovation
- Unstable short-term funding cycles

THE SOLUTION

The Primary Care Value and Innovation Fund would establish a new federally administered mandatory funding stream within the Health Center Program under Section 330 of the Public Health Service Act.

- Stable, multi-year federal investment
- Supplemental funding that does not replace Section 330 funding
- Dedicated support for modernization and innovation
- Long-term certainty beyond annual appropriations cycles

OUR ASK

Congress should act now to establish the Primary Care Value and Innovation Fund and provide

$3.12 Billion

in mandatory funding

to support community health center modernization, innovation, workforce and expanded access to care in rural and underserved communities

WHAT THE FUND SUPPORTS

Primary Care Transformation

- Team-based and patient-centered care
- Mobile clinics and school-based services
- Expanded hours and same-day access
- Workforce and interdisciplinary care teams

Chronic Disease & Preventive Care

- Diabetes and hypertension management
- Preventive screenings and services
- Population health strategies
- Remote patient monitoring and proactive outreach

Behavioral Health Integration

- Mental health and substance use disorder integration
- Co-located and virtual behavioral health services
- Crisis response and care coordination

Telehealth & Digital Innovation

- Telehealth services and virtual care
- Digital health infrastructure
- Interoperable health information systems
- Data analytics and population health tools

WHY IT MATTERS

The Fund would help health centers:

- Expand healthcare access in underserved communities
- Improve health outcomes
- Strengthen healthcare workforce capacity
- Reduce preventable hospitalizations
- Advance value-based care
- Build long-term sustainability for rural healthcare systems

KEY POLICY PRINCIPLES

The Fund would:

- Be administered by HHS and HRSA
- Provide mandatory, multi-year funding
- Supplement (not supplant) existing Section 330 funding
- Prioritize rural and underserved communities
- Include stakeholder input through an advisory group

This one-pager is based on draft policy framework and legislative language, and is intended for informational and advocacy purposes.