



Community Health Center Federal Policy Priorities

CHC FEDERAL GRANT FUNDING: Health centers rely on Section 330 grants to offset the cost of providing care to uninsured and underinsured patients, to support service expansions, and to expand health center locations into medically underserved areas.

Health centers provide additional and integrated services on-site – 82% now offer mental health and/or substance abuse treatment, 76% offer oral health, and the majority offer discounted pharmaceutical services. Continued investment will ensure every health center can be a “one-stop-shop” for patient care.

MEDICAID: Medicaid is a critical program for health centers and their patients. In Oklahoma, 35% of health center patients are covered by Medicaid, and represent over half of health centers’ total revenue. To maximize access to care within Medicaid and cost-savings for taxpayers, we request that Congress maintain patient access to a strong Medicaid program and preserve the FQHC PPS payment methodology.

Health centers are a highly cost-effective use of Medicaid funds. Health centers serve 16% of all Medicaid beneficiaries, even as Medicaid payments to health centers account for less than 2% of total Medicaid spending. Health centers save the health care system billions of dollars every year through reduced hospitalizations and ER use. Medicaid patients served by health centers have 24% lower total Medicaid costs than patients served in other settings.

BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT: Health centers are leaders in integrating medical care, behavioral health, substance use treatment, dental care, pharmacy, and other services all under one roof. As communities across America cope with a dramatic increase in the prevalence of substance use disorder (SUD), including opioid addiction, health centers are meeting this challenge by providing much needed SUD services to their patients.

TELEHEALTH: While particularly important in rural areas where providers are scarce, telehealth also offers tremendous benefits to patients and providers in urban areas, especially where workforce shortages and geography present barriers to access.

340B DRUG DISCOUNT PROGRAM: Health centers successfully utilize the 340B program, which ensures health center patients are able to buy their medications at affordable prices. Health centers are able to reinvest the savings they would otherwise have spent on purchasing expensive drugs into improving quality of care, extending hours, hiring additional staff, and expanding services.

WORKFORCE: Health centers rely on a high-quality workforce to provide integrated, comprehensive services to the patients they serve. More than 95% of health centers say they currently have at least one current staff vacancy. Health centers themselves estimate that if staffing needs were met, collectively they could be serving an additional two million patients. National Health Service Corps and Teaching Health Centers Graduate Medicaid Education (THGME) strengthen health centers’ workforce.