



Funding Community Health Centers

Limiting Access to Health Care is Immoral and Inefficient

Guided by the principles of Catholic Social Justice, we believe it is immoral for anyone in our country to go without needed medical care. NETWORK Lobby is committed to improving health outcomes and providing affordable health care for the most vulnerable people.

What We Know

While we have made great progress in providing access to high-quality health care to all in our nation, there are still millions of people in need of quality care. Community Health Centers (CHCs) help healthcare providers mend the gaps and provide high-quality, affordable health care to all, regardless of their ability to pay. Medicaid promotes the common good by providing care for millions in our nation and reducing disparities in access to care.

CHCs and Medicaid provide health coverage for those our faith calls us to prioritize: senior citizens in nursing homes, children and adults experiencing poverty, people with disabilities, and those in medically underserved areas. Congress must maintain and expand these programs to continue providing critical access to health care for the vulnerable.

Community Health Center Facts

- Community Health Centers are important assets to health equity—they address underlying social determinants of health and are often based in medically underserved communities.
- CHCs provide community-driven, comprehensive care intended to be an entry point into specialized care.
- In 2017, 1,373 federally-funded health centers operated in over 11,000 locations nationwide, caring for 27.2 million patients and employing 223,840 people.¹
- CHCs have been proven to save 24 % in Medicaid spending when compared to other providers.²
- 70% of CHC funding comes from the Community Health Center Fund.
- CHCs care for more than 1 in 6 Medicaid beneficiaries.³
- Health centers provide care to 17% of Medicaid beneficiaries, but Medicaid payments to health centers make up only 1.8% of total Medicaid spending.⁴

¹ <https://www.kff.org/report-section/community-health-center-financing-the-role-of-medicaid-and-section-330-grant-funding-explained-issue-brief-9291/>

² http://www.nachc.org/wp-content/uploads/2018/05/Medicaid_FS_5.15.18.pdf

³ http://www.nachc.org/wp-content/uploads/2018/05/Medicaid_FS_5.15.18.pdf

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It's Time for Moral Leadership

Without Congressional action, \$4.0 billion of funding for the Community Health Centers Fund (CHCF) will expire on September 30, 2019. Funding for the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education Program (THCGME) will also expire on September 30, 2019, without Congressional action.

Community Health Center Legislation

S.106/H.R.2328: Community Health Investment, Modernization, and Excellence (CHIME) Act of 2019

- Steadily increases CHC funding over time, starting at \$4.2 billion in FY20 and growing to \$5.0 billion in 2024.
- Provides five years of funding for the National Health Service Corps (NHSC), which brings primary care providers to high needs areas of the country.

S.962/H.R.1943: Community Health Center and Primary Care Workforce Expansion Act of 2019

- Steadily increases CHC funding over time, starting at \$6.2 billion in FY20 and growing to \$9.1 billion in 2024.
- Provides five years of funding for the National Health Service Corps (NHSC), which brings primary care providers to high needs areas of the country.

S.192: Community and Public Health Programs Extension Act

- Maintains current CHC funding of \$4 billion a year for five years
- Provides five-year funding extensions for the National Health Service Corps (NHSC), Teaching Health Centers Graduate Medical Education (THCGME) program, the Special Diabetes Program at the National Institutes of Health, and the Special Diabetes Program for Indians.