

**Thank you!** Community Health Centers (CHCs) appreciate ongoing bipartisan Congressional support. This support and past funding have enabled CHCs to grow to serve over 31.5 million patients in urban, suburban, rural, and frontier communities. CHCs play a unique role in communities that is not and cannot be filled by others. We know without your continued prioritization of our funding we would not be able to serve as many of your constituents as we are currently.

## PRIORITY ISSUES

### Health Center Funding

---

- We urge leaders in both chambers to work together to pass a bipartisan multi-year extension at the maximal funding level that recognizes the pressing needs of health centers, such as rising costs associated with care delivery, unmet patient needs and workforce challenges.
- Urgently pass full-year appropriations for Fiscal Year 2024 that protects CHC funding and provides targeted investments to boost services and the primary care workforce.

### Workforce Funding

---

- Support bipartisan efforts for maximal funding for critical workforce programs as part of negotiations on a health package before the March 8 funding deadline.
  - The Bipartisan Lower Costs, More Transparency Act (H.R. 5378)
  - The Bipartisan Primary Care and Health Workforce Act (S. 2840)
- The Secretary of HHS and the Secretary of VA should be directed to submit a report to Congress and make publicly available data on federal graduate medical education programs (GME) and invest in the ones that work to build pipelines, expand the existing flow or providers, and contribute to overall health access.
- Develop and expand the behavioral health workforce, serving populations across the lifespan, including rural and medically underserved areas.
- Establish a new Health Care Workforce Innovation fund within the HRSA Bureau of Health Workforce. A new flexible fund would enable new pipeline programs, such as pre-apprenticeship, apprenticeship, and career laddering programs that offer certifications for participants and provide a pathway to a rewarding career in health care.
- Revamp the Public Service Loan Forgiveness Program to provide additional incentives for non-clinical, non-allied health professionals and administrative, clinical support staff (information technology, finance, revenue cycle, communications, grants management, and special programs) who work in CHCs.
- Support allocating funding that allows HRSA to reinstate annual grants to aid CHCs with integrating behavioral health into primary care.

### 340B Program Reform

---

- We urge Congress to amend the 340B statute to protect access for the true safety-net providers.
- Preserve the 340B Program to protect its true intent to help support safety net providers serving low-income and vulnerable patients. The 340B Program needs stability so safety net providers can effectively care for patients that otherwise would not have access to affordable healthcare services and the medications on which they depend.
- Incorporate a contract pharmacy policy into the 340B statute to create consistency and safeguards for compliance and accountability. For instance, outlining statutory requirements for contract pharmacies to protect against abusive practices and ensure vulnerable patients benefit from the program.
- Create statutory requirements for health insurers and PBMs to prohibit discriminatory practices that divert 340B resources to for-profit companies and away from safety-net providers and vulnerable patients.
- Establish transparency and accountability requirements to increase federal oversight by mandating covered entities to report basic 340B information to ensure the program's integrity.
- Reform 340B eligibility to remove covered entities that do not uphold their obligation to provide affordable health care services and medications to significant number of safety-net patients and underserved communities.

### Value Based Care

---

- We urge federal support for networks (like Integrated Health Partners) to drive Value-Based Care (VBC) models.
- CHCs need bridge funding to help with implementing or joining networks and move to risk-based models.
- Federal support to conduct a needs assessment and impact analysis of existing health care Medicaid reform efforts to understand contradicting strategies or impacts to patients and providers in VBC.
- Develop standardization of VBC and create strategic alignment of health care reform initiatives that impact Medicaid patient.

Questions?  
[advocacy@hcpsocal.org](mailto:advocacy@hcpsocal.org)