



## Recruiting, Training, and Retaining the Best

Growing Today's Primary Care Workforce to Meet  
Tomorrow's Health Care Needs

Community Health Centers depend upon a network of over 220,000 clinicians, providers, and staff to deliver on the promise of affordable and accessible health care. Better access to primary and preventive care is associated with improved outcomes and lower costs. Health centers must attract, train, and recruit an integrated, multidisciplinary workforce to provide high quality care.

Federal and state workforce programs enable health centers to overcome persistent national clinician shortages and other staffing challenges, particularly in rural and medically-underserved areas. **Funding for two of these programs, the National Health Service Corps (NHSC) and the Teaching Health Center Graduate Medical Education Program (THCGME), will expire on September 30, 2019, without Congressional action.**

- **The NHSC supports roughly 11,000 clinicians in urban, rural, and frontier communities. More than half of all NHSC placements are at health centers.** Thousands of additional applications to join the NHSC go unfunded each year. Increased funding would boost the number of approved applications, extending this opportunity to additional underserved communities
- **The THC model uniquely trains providers directly in underserved communities, improving their understanding of the issues facing health center patients and increasing the chances they will chose to practice in these communities after they finish their training.** In the 2017-2018 academic year, THCGME supported the training of 732 residents in 57 health centers in 24 states. Since it began in 2011, the program has supported the training of over 630 new primary care physicians and dentists who have graduated and entered the workforce.

**How you can help: Cosponsor legislation to extend long term and stable funding for the National Health Service Corps and Teaching Health Centers Programs, including:**

1. **S. 304, Training the Next Generation of Primary Doctors Act (Collins/Tester/Capito/Jones)** - includes 5 years of enhanced funding for THCGME and a pathway for increasing the number of residents trained.
2. **S. 106, Community Health Investment, Modernization, and Excellence (CHIME) Act (Blunt/Stabenow)** - includes 5 years of funding for the NHSC with ~4% annual growth (\$325m in FY20 - \$385m in FY24).
3. **S. 192, Community and Public Health Programs Extension Act (Alexander/Murray)** - includes 5 years of level funding for the NHSC(\$310m/year) and THCGME (\$126.5m/year)
4. **Community Health Center and Primary Care Workforce Expansion Act (Sanders, Clyburn)** - includes 5 years of funding for the NHSC with ~10% annual growth (\$850m in FY20 - \$1.24B in FY24).