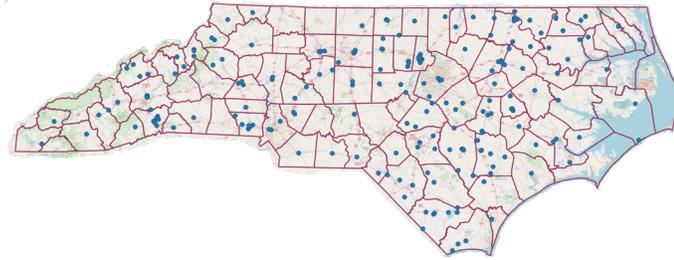
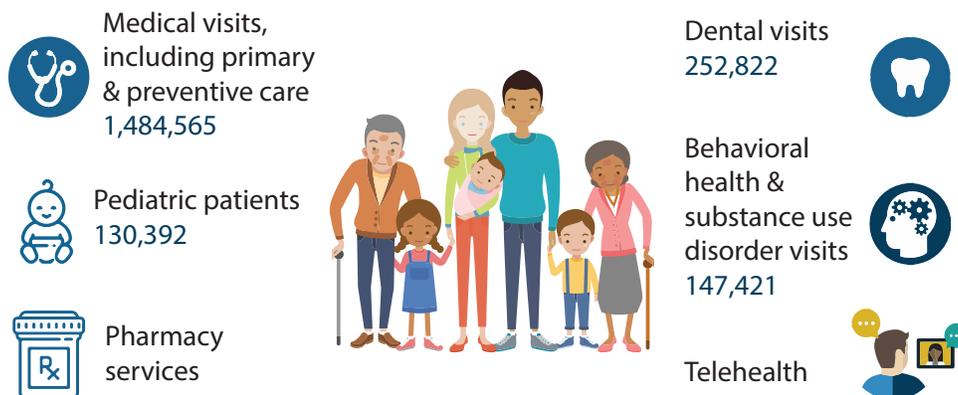


# In 2018, NCCHCA's 42 Member Community Health Centers (CHCs) Served

591,000 patients  
at 270+ clinical sites  
in 84 NC counties



## CHCs PROVIDE WHOLE-PERSON, PATIENT-CENTERED SERVICES UNDER ONE ROOF

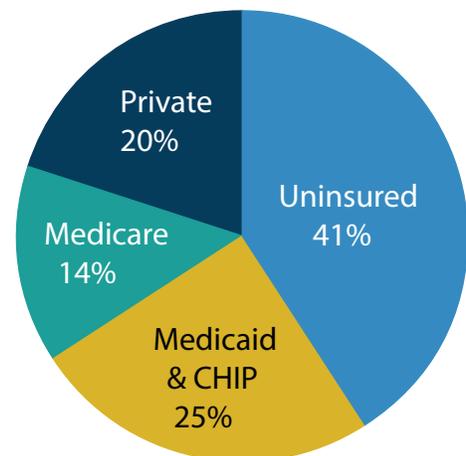


## CHCs PROVIDE AFFORDABLE CARE IN RURAL AND UNDERSERVED COMMUNITIES

- NC CHCs care for over 245,000 uninsured patients a year
- 91% of patients earn low incomes (below twice the poverty level)
- Our sliding fee discount program helps patients afford to share in the cost of their care

## CHCs ARE GOOD INVESTMENTS FOR OUR STATE

- CHCs reduce costs for the health care system, saving 29% per Medicaid patient compared to other providers<sup>1</sup>
- CHCs provide good local jobs for over 4,400 full-time equivalents in N.C.
- For every dollar invested in health centers, they generate \$3.34 in economic activity<sup>2</sup>
- As non-profit or public entities, health centers reinvest any savings in new service lines and provider capacity



Patients By Insurance Type

All data based on 2018 Uniform Data System Measures for North Carolina FQHCs unless otherwise noted.

1. Figure 4-3 from Community Health Center Chartbook 2020, National Association of Community Health Centers, January 2020. <https://www.nachc.org/wp-content/uploads/2020/01/Chartbook-2020-Final.pdf>

2. North Carolina Health Center Fact Sheet, National Association of Community Health Centers, January 2019. [http://www.nachc.org/wp-content/uploads/2019/03/NC\\_19.pdf](http://www.nachc.org/wp-content/uploads/2019/03/NC_19.pdf)



# North Carolina Community Health Center Association Legislative Priorities

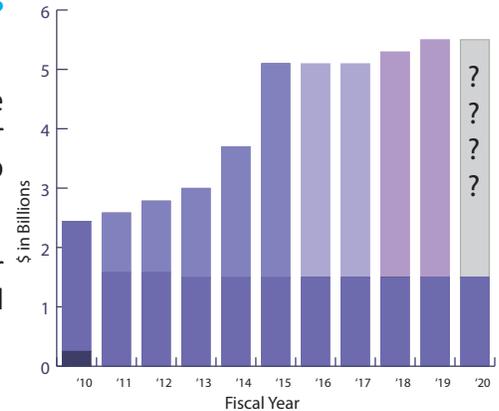
## 1. Extend the Community Health Center Fund

**Over 70% of federal funding for CHCs comes from the mandatory Community Health Center Fund, which expires on May 22, 2020.**

Funding uncertainty limits health centers' ability to plan for the immediate future, like budgeting to maintain staff and services, and for long term opportunities, like expanding sites and services to respond to community needs.

By committing to five years of funding for the Community Health Center Fund, Congress can guarantee CHCs will serve our communities now and into the future.

Federal Funding of CHCs  
FY 2010-FY 2020



## 2. Extend Primary Care Workforce Programs

**Expiring on May 22, 2020, the National Health Service Corps (NHSC) and Teaching Health Centers Graduate Medical Education (THCGME) programs are a lifeline for rural and underserved communities hit hardest by primary care shortages.**

NHSC loan repayment and scholarship programs encourage recent medical school graduates to work in rural and medically underserved communities. In 2018, North Carolina had 249 NHSC placements, and more than half (153) worked at health centers. The THCGME program trains post-graduate medical and dental residents in cost-efficient primary care outpatient settings instead of hospital setting and increases the likelihood that residents remain in underserved communities. If funding is extended for five years, the program could save \$1.8 billion for Medicare and Medicaid.<sup>1</sup>

## 3. Improve Medicare Coverage for Telehealth

**Medicare currently does not reimburse health centers for providing live video conferencing, limiting access to needed care, especially in rural areas.**

By leveraging telehealth, CHCs can improve access to high quality care, especially in rural areas with greater travel distances and provider shortages. However, Medicare only covers limited telehealth services and does not reimburse health centers for providing services as distance site providers.

**The North Carolina Community Health Center Association (NCCHCA) was formed in 1978 by the leadership of community health centers. NCCHCA is comprised of membership from 42 Community Health Center organizations. NCCHCA's mission is to promote and support patient-governed community health care organizations and the populations they serve.**

1. Examining the Cost Effectiveness of Teaching Health Centers, Geiger Gibson / RCHN Community Health Foundation Research Collaborative, March 2019. [https://www.rchnfoundation.org/wp-content/uploads/2019/03/GG-IB-58-THC\\_3.18\\_Final.pdf](https://www.rchnfoundation.org/wp-content/uploads/2019/03/GG-IB-58-THC_3.18_Final.pdf)