



The Health Center Service Expansion and Provider Shortage Reduction Act

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Since being established over 50 years ago, health centers and the National Health Service Corps (NHSC) have become vital elements of the American social safety net. These two essential programs enable communities to provide quality primary and preventative health services to medically underserved people, regardless of ability to pay. Through targeted investments, we can help them deepen their services and address the most urgent issues facing Americans today, including the youth mental health and overdose crises.

Background:

Health centers provide care to over **30 million patients** at 11,000 sites across every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.¹ Health centers typically treat a sicker, poorer, and more diverse population than most other health care providers, serving **one in five rural residents**, **one in three living in poverty**, and over **400,000 veterans**.² Of the 30 million patients served by health centers, almost a third are children, and 11% are older than 65.³ A strong health center network is integral to promoting health equity and increasing primary care access to people at every stage of life.

The National Health Service Corps supports over **20,000 primary care, dental and behavioral health providers** through providing loan repayment and scholarships to those who practice in health provider shortage areas.⁴ This program **directly mitigates provider shortages** by recruiting physicians, nurses, and dentists to underserved areas. Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes, yet primary care accounts for a mere 5-7% of total health care spending.⁵ Without additional support in the coming year, the NHSC will scale back the total number of providers supported which would exacerbate health care provider shortages already impacting nearly every community in America.

¹ Health Resources and Services Administration. (2023). Fiscal year 2024 budget justification. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

² *ibid*; National Association of Community Health Centers. (2018, November 12). Increasing numbers of veterans seek care at community health centers [Press release]. Retrieved from <https://www.nachc.org/increasing-numbers-of-veterans-seek-care-at-community-health-centers/>

³ Health Resources and Services Administration. (2023). Fiscal year 2024 budget justification. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

⁴ *Ibid*.

⁵ Jabbarpour, Y., Greiner, A., Jetty, A., et al. (2019). Investing in Primary Care: A State-Level Analysis. Patient-Centered Primary Care Collaborative and the Robert Graham Center. <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf>

Problem:

Health centers have identified behavioral health as the highest priority for service expansion. In 2021, **one in five Americans lived with a mental illness**, and over **100,000 Americans died from drug overdoses**.⁶ Medicaid enrollees have the greatest occurrence of mental illness and substance use disorders, which presents an opportunity for health centers since the majority of health center patients are either uninsured or enrolled in Medicaid.⁷ Given the severity of the crisis and integration of health centers within communities, **health centers can play a leading role in reducing overdose deaths and improving mental health**.

Although health centers are not required to provide mental health and substance use disorder care, most of them do. Almost all health centers (98%) provide mental health services and 55% provide SUD services.⁸ Between 2020 and 2021, health centers saw an **increase of 138,000 patients for behavioral health visits**, yet **health centers are still only meeting 27% of the demand for mental health services, and six percent of the demand for substance use disorder services** among their patients.⁹

Simultaneously, the U.S. faces a **behavioral health workforce gap**. The Health Resources and Services Administration (HRSA) estimates that by 2025, there will be a shortage of over 250,000 mental health professionals, including psychiatrists, mental health and substance abuse social workers, clinical and school psychologists, and school counselors.¹⁰ Currently 158 million people live in a mental health workforce shortage area.¹¹ Therefore, **millions of health center patients who have access to primary care still lack access to needed behavioral health services**.

Health centers depend on federal funding to provide care to people, regardless of their ability to pay. But inflation, rising labor costs, and the shrinking of Medicaid are constraining their ability to provide fully integrated care. Simply put, with additional targeted resources, health centers and NHSC providers could provide more services, employ more people, and buy the supplies needed to move us closer to the goal of ensuring every person in America has access to affordable primary and mental health care.

⁶ National Institute of Mental Health. (2021, March). Mental Illness. Retrieved from [https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,\(57.8%20million%20in%202021\)](https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,(57.8%20million%20in%202021);); Centers for Disease Control and Prevention. (2022, May 3). National Vital Statistics System releases provisional drug overdose death counts. Retrieved from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

⁷ Kaiser Family Foundation. (2021, October 13). A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs. Retrieved from <https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/>; U.S. Government Accountability Office. (2023). Improvements Needed to Ensure the Accuracy and Reliability of CARES Act Data. Retrieved from <https://www.gao.gov/assets/gao-23-106664.pdf>

⁸ Health Resources and Services Administration. (n.d.). Health Center Program Impact & Growth. Retrieved from <https://bphc.hrsa.gov/about-health-centers/health-center-program-impact-growth>

⁹ Pears Kelly, A. (2022, February 16). Testimony of Amanda Pears Kelly before the Senate Committee on Health, Education, Labor, and Pensions. Retrieved from <https://www.help.senate.gov/imo/media/doc/Testimony%20Amanda%20Pears%20Kelly4.pdf>; Health Resources and Services Administration. (2023). Fiscal year 2024 budget justification. Retrieved from <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

¹⁰ U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. (2016). Behavioral health workforce projections: 2013-2025 (Publication No. HRSA-16-009). Retrieved from <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>

¹¹ Kaiser Family Foundation. (2018, July 10). A look at strategies to address behavioral health workforce shortages: Findings from a survey of state Medicaid programs. Retrieved from <https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/>

Solution:

This bill would expand access to mental and primary care by by doing four things:

- 1) **Require that all health centers provide mental health and substance use disorder services** under Section 330 of the Public Health Service Act and provide \$700 million annually to implement this new requirement.
- 2) Provide an annual \$250 million investment to **support increased hours of operations, including extended or weekend hours**. This will increase access for those unable to take off work, who work nontraditional hours, and live in rural or remote areas.
- 3) Provide \$150 million in a **New Access Point Funding** targeted to areas of highest need. The last time HRSA awarded funding for new access points, HRSA was only able to fund 75 out of more than 550 applications.
- 4) Provide additional funding to **enable the NHSC to maintain its current field strength** by recruiting primary care, behavioral health, and dental health providers to areas of greatest need.

Models predict that through these investments, **three million more patients** will be served by health centers in the next year alone and that all health centers will have the funding necessary to provide mental health and substance use services and expand hours of operations. Additionally, HRSA will be able to support over 10,000 new loan repayment and scholarship awards.

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