

Without sufficient support, community health centers will drop one million patients

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A new report by the Geiger Gibson/RCHN Community Health Foundation Research Collaborative at the George Washington University School of Public Health and Health Services (SPHHS) examines the impact of federal and state policy decisions on community health centers (CHCs) and their ability to continue providing primary care to the nation's poorest residents. The report, "How Medicaid Expansions and Future Community Health Center Funding Will Shape Capacity to Meet the Nation's Primary Care Needs," estimates that under a worst-case scenario, the nation's health centers would be forced to contract, leaving an estimated 1 million low-income people without access to health care services by the year 2020.

"Without continued support, [community health centers](#) will not be able to meet the rising demand for primary care in underserved parts of the United States," said the lead author of the report, Leighton Ku, PhD, MPH, a professor of health policy and director of the Center for Health Policy Research at SPHHS. "Unless policymakers act now to support these centers, many low-income Americans will be left without the high-quality care that can prevent many expensive health conditions from developing in the first place."

The authors analyzed two key policy issues—the level of federal grant funding and the expansion of Medicaid eligibility under the Affordable Care Act (ACA)—and examined the impact of various levels of support on health center capacity. The researchers found that with sufficient [federal funding](#) and Medicaid expansion in all states, health centers could nearly double their capacity by 2020. In contrast, health centers would have to curtail services and turn away patients if grant funding is limited, and Medicaid expansion is not broadened.

Today there are 1,128 community health centers that provide care at 8,000 sites in rural or

underserved areas of the United States. The ACA bolstered federal funding for health centers, with mandatory support reaching \$3.6 billion in 2015. However, mandatory funding expires starting in 2016 and given the push to trim the federal budget there is no guarantee that lawmakers will continue to support enhanced federal funding in the coming years.

The researchers modeled several scenarios to predict what might happen to CHCs in the near future. In the worst case scenario, CHCs would see their core federal funding cut as lawmakers try to reduce the deficit. This funding helps pay for infrastructure and staff and helps health centers stay open despite high levels of free care provided to low-income patients. If low grant funding occurs in combination with limited Medicaid expansion, health center capacity nationwide would fall from 21.1 million patients currently served to about 20.1 million patients in 2020. That drop in capacity raises concerns because it would undermine the ACA's goal of providing affordable health care, and particularly primary care, to many more Americans. CHCs provide the comprehensive high-quality primary care that can prevent or control chronic conditions and potentially avert costly future medical crises. To date, 25 states and the District of Columbia have opted to expand Medicaid.

The study paints a very different picture when more favorable assumptions are made: If federal funding continues to rise, health center capacity would increase substantially to serve 35.6 million patients, or about two-thirds more than currently served, even if additional states do not expand Medicaid.

Finally, the authors analyzed the impact of high federal funding levels in concert with expansion of the Medicaid program across all states. Medicaid expansion helps boost the bottom line for community health centers because many previously uninsured patients would gain health coverage, and this would provide additional

revenue to the health centers. In this best-case future, the health centers would be able to care for a total of 37 million people by 2020, or nearly twice the number of patients currently served. The researchers found that federal funding decisions about whether to keep CHC grants at the current or enhanced levels will have significant effects on future growth. Stagnant or diminished funding, especially if it is coupled with no additional Medicaid expansion, might mean that clinics must turn away patients and would not have the funds needed to expand or send primary care doctors into areas of the country that do not have access to basic health care.

Today, about one-third of the nation lives in a medically underserved area, places where doctors or clinics are in short supply and patients often have to travel for miles or hours in order to find a primary care provider.

"Community health centers have the unique ability to help fulfill the promise of health reform by providing much-needed [primary care](#) to our nation's most vulnerable populations," said Feygele Jacobs, president and CEO of the RCHN Community Health Foundation. "But [health centers](#) will be able to fill the primary and preventive care gaps only if they receive continued support."

More information: The report, "How Medicaid Expansions and Future Community Health Center Funding Will Shape Capacity to Meet the Nation's Primary Care Needs," can be accessed by clicking [here](#).

Provided by George Washington University

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