NATIONAL ASSOCIATION OF
Community Health Centers

State Policy Report #33

Entering the Era of Reform:
The Future of State Funding for Health Centers

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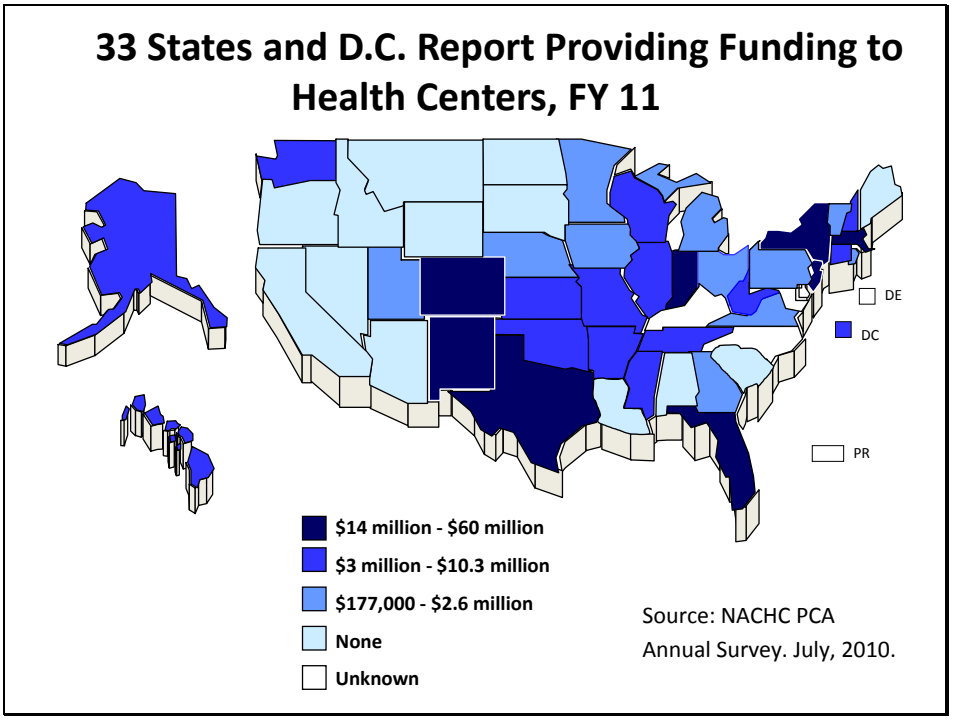
Overview of State Funding for Health Centers in SFY 2011

Since 2008, state funding for health centers has been on the decline and this year proves to be no different. According to the National Association of Community Health Centers' (NACHC) annual State Funding Survey, 33 states and the District of Columbia (DC) will appropriate a total of $364 million in State Fiscal Year (SFY) 2011. This is almost $90 million less than SFY 2010, which is a 20% decline, and puts state funding for health centers at a five year low. The trend in state funding over the past eight years is illustrated in Figure B on the following page.

In SFY 2011, 23 states decreased funding for health centers, seven states increased funding and seven remained level. Four states (Arizona, California, Montana and South Carolina) eliminated health center appropriations in SFY 2011 and nine states historically do not appropriate state dollars for health centers. Of the states providing funding, more than half have indicated that the funding levels are currently proposed and not final and a few reported that totals are likely to decrease as the state budget crisis continues. Of the 23 states that are decreasing funding, eight will lose 20% or more from their FY 2010 levels. A state by state breakdown of funding levels is illustrated in Figure A below.

In addition to cutting SFY 2011 appropriations for health centers, many states were forced to make mid-year cuts that affected health center funding for SFY 2010. Twelve states reported total funding levels that were less than reported in last year's survey due to mid-year budget cuts that directly affected health centers. States whose midsession cuts led to the greatest losses to health center appropriations include Indiana, Missouri, Rhode Island and Tennessee, each losing between 12-15% of their funding. Arkansas, Hawaii, and South Carolina all lost more than 30% of their funding

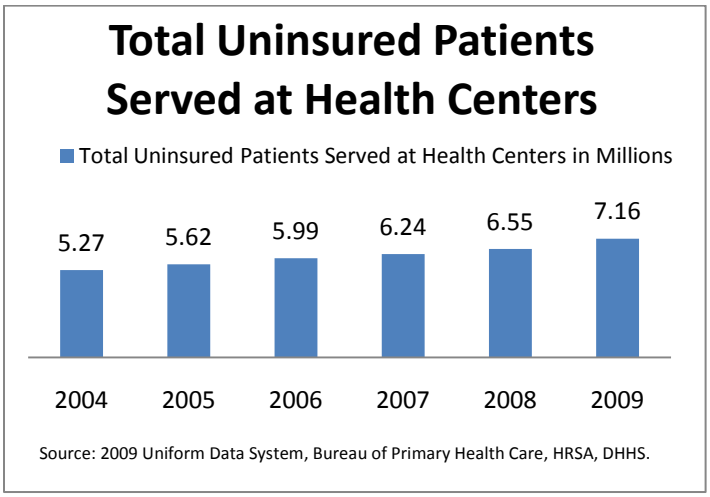
Figure A:

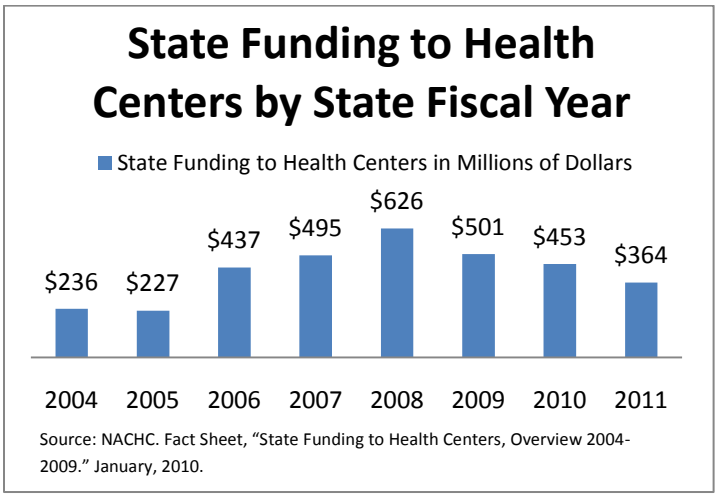


How Cuts Have Impacted Health Centers

The average health center's operating margin hovers around 1%, so a decline in state funding has a significant negative impact on a center's bottom line. PCAs from 18 states whose funding were cut in SFY 2010 reported on the effect these reductions had on their health centers Health centers in Arkansas, District of Columbia, Kansas and Virginia were not able to meet their capital needs this year due to a decrease in state funded capital programs. Health centers in some states were not able to expand their mental health services or participate in disease management programs due to cuts to state funded programs. Health centers in Illinois could no longer provide tobacco cessation programs because the state used their Tobacco Settlement money to securitize other funds in the state budget. Health centers in many states were forced to leave positions unfilled, freeze wages and scale back provider loan repayment programs and other benefits they previously offered to their employees. In the hardest hit state, California, six health centers closed this year which resulted in 170,000 patients losing access to care and left 300 committed health center providers and staff without jobs.

Figure B:





State Budget Crisis' and Economic Stimulus Funding

The economic downturn has led to constricted state budgets and consequently a significant decline in state funding of health centers over the past few years. According to the Center on Budget and Policy Priorities (CBPP), states began making cuts in spring of 2008 due to signs of weak revenue streams and a steady rise in unemployment[1]. **Since SFY 2008 health centers have seen their state funding decrease by 42%**[2]. From 2004-2009 the number of uninsured patients treated at health centers grew by 36% nationally and is expected to continue to increase[3]. This means that **in 2010 health centers are seeing an even greater number of the uninsured while being funded at below 2006 levels from states.**

The outlook for coming years does not seem very hopeful, with state budget gaps expected to total $121 billion for SFY 2011 and early estimates of $102 billion for SFY 2012 according to the CBPP[1]. However, states did receive temporary relief through the American Recovery and Reinvestment Act of 2009 (ARRA). Over two years, $2 billion of one-time funding went to community health centers across the nation. $1.5 billion helped to strengthen health centers' capacity to serve the rising numbers of uninsured and $500 million went to

capital and facility improvement. **During the first year of ARRA funding, health centers reached an additional 2.1 million patients, 74% of their two-year funding target**[4].

In the NACHC survey, PCAs reported that ARRA funds also helped to stave off cuts to programs and services. Fifteen states reported that these funds helped to fill budget holes and mitigate further cuts in their states. A few mentioned that ARRA funds helped to cover the cost of services for the uninsured, money that normally would have been cut by the state. It also freed up state funds that could be dedicated to primary care, that otherwise would have been used to fill gaps elsewhere in the state budget. In addition, PCAs mentioned that ARRA money helped to hire new staff at health centers to manage increased patient loads, helped open new sites to reach more uninsured populations and even helped centers stay open after losing local or state funding.

> *"Part of a new America – part of coming out of this economic downturn – is that we need to make investments in areas that will improve the lives and health of our citizens…making investments so that* ***states don't take money away from health centers that they desperately need to use elsewhere, but really supplement the funding that's already there*** *and that's part of the way this is designed."*
>
> - HHS Secretary Kathleen Sebelius speaking about ARRA funding for community health centers on August 24th, 2009 at the NACHC Community Health Institute and Expo, Chicago, IL

Health Reform and Beyond

The Patient Protection and Affordable Care Act passed by Congress and signed by the President earlier this year makes a significant investment in the Health Centers Program, providing $11 billion in new dedicated funding to the program over five years. Through this investment Congress has recognized the critical access to primary care health centers provide in underserved communities across the nation and committed to substantially expand and grow the Health Centers Program over the next five years. This money is not meant to supplant state and local investments in health centers, but rather augment state/local funding in order to grow the Health Centers Program to reach more patients and communities in need. The funding levels authorized by Congress take into account the current state funding that health centers receive, so any decrease in state investment will have a negative impact on access to primary care and could prevent the health centers from growing and expanding to serve additional patients.

A relatively small proportion ($1.5 billion) of the total money appropriated to community health centers in the Affordable Care Act is for capital improvements. There is currently a huge need for investment in health center capital projects. **Capital Link estimates that the gap in funding for currently planned or anticipated projects at health centers is around $5.1 billion**. In order for the Health Centers Program to grow, it will be important for states to make investments in capital improvement projects to help health centers expand quality care services to more patients in their communities. Another way to support health centers' capital needs is to ease loans and bond authority procurement so they have access to a wider range of financing options to fund

their projects. Without capital investments, health centers will be unable to successfully expand to meet the needs of 40 million patients by 2015.

It is important to note that the funding authorized through the Affordable Care Act to grow the Health Centers Program will most likely be distributed through a competitive grant process, so there is no guarantee that every state, much less every health center, will receive a portion of that funding. By investing now, states can ensure their health centers are in the best position possible to leverage federal funding and obtain their fair share of funds. FQHC incubator programs are designed to provide essential start up money to health centers so that they can be more competitive applicants for the federal grant dollars. States should think seriously about supporting such a program or similar planning grants so their health centers are all able to effectively bring more federal dollars to the state.

Not only does the Affordable Care Act provide funds to expand community health centers, it also aims to expand the primary care workforce by appropriating $1.5 billion in new dedicated funding to the National Health Service Corps (NHSC) over five years. It is estimated that this money will go to produce 17,000 new primary care providers in underserved areas; however it is not guaranteed that all of these providers will go to community health centers. Health centers currently fall short in their clinical staffing needs and experience severe recruitment and retention challenges. A 2008 NACHC report found that in order to reach 30 million patients by 2015 health centers will need *at least* an additional 15,585 primary care providers[5]. Under the Affordable Care Act, health centers are expected to expand to serve approximately 40 million patients, requiring even *more* providers. Health centers rely on programs like the NHSC as well as state loan repayment programs that place health professionals in underserved areas to help meet their clinical staffing needs. In addition to supporting these programs, states have also passed legislation to adapt their licensing procedures, allowing out of state practitioners and other mid-level providers the ability to practice to the best of their scope to meet the needs of their patients. Continuation and expansion of state loan repayment programs and other state workforce initiatives will be essential for health centers to meet the increased demand for primary care services in their communities.

Another key provision in the Affordable Care Act is the significant expansion of the Medicaid program. Under this law, everyone who is below 133% of the Federal Poverty Level would be eligible for Medicaid. CBPP estimates that 16 million low-income adults and children will qualify for Medicaid when the expansion takes place in 2014. These newly insured individuals will all need access to care and community health centers are perfectly positioned to serve these patients. Health centers are located in many underserved communities and are already currently serving 1 in 8 Medicaid beneficiaries. They provide patients with a health care home that includes enabling services like health education, transportation, case management and language translation. Health centers are already equipped with the ability to assist patients in applying for Medicaid and other public insurance programs and are seen as a trusted health care resource in their communities, so many patients will look to them for information on the new coverage provisions. Community health centers will be essential partners in the effort to reach and enroll all the newly eligible patients under Medicaid and in the Health Care Insurance Exchanges. After Massachusetts passed their health reform legislation, health centers played an important role in enrolling patients in MassHealth, Commonwealth Care and the Health Safety Net (the state's uncompensated care program).

Why Health Centers Are the Right Investment

The Health Centers Program has historically been supported by both sides of the political aisle because of the widespread recognition of community health centers as providing quality, cost-effective primary care. President George W. Bush made a significant commitment to expand the Health Centers Program from 2001-2003 and nearly doubled the number of community health centers across the nation. Again, Congress and the Obama Administration recognized the value that health centers bring to their communities and have included a large investment in community health centers as part of the Affordable Care Act.

Several research studies demonstrate that health centers yield substantial cost savings to the health care system by reducing emergency department visits, hospitalizations, and other avoidable, costly care. A recent study from the George Washington University finds that the expansion of health centers under the Affordable Care Act will **save up to $181 billion in total health care costs between 2010 and 2019**[6] (see Figure C). Over the same time period health centers will **save states as much as $33.2 billion in Medicaid costs**[6]**.** Furthermore, **health centers currently save $1,262 per person** through efficient delivery of needed primary care[6]. Health centers provide a high return on investment by providing a reliable health care home for the uninsured and Medicaid patients and reducing reliance on costly emergency departments for primary care.

Figure C:

Community Health Centers: Estimated National Savings (Mandatory Funding Level)

	2009	2015	2019	2010-2019
Per Person Savings ($)	$1262	$1520	$1756	
Total Medical Savings ($ bil)		$22.9	$30.9	**$181.0**
Federal Medicaid Savings ($ bil)		$6.5	$9.6	**$51.8**
State Medicaid Savings ($ bil)		$4.2	$5.9	**$33.2**

Source: Ku et al. Using Primary Care to Bend the Curve: The Effect of National Health Reform on Health Center Expansions. Geiger Gibson/RCHN Community Health Foundation. June 30 2010. Policy Research Brief No. 19

In addition to providing significant cost savings, health centers are economic engines, fueling the communities within which they are located. Health centers rapidly put funds to use and create jobs in their community. They act as a catalyst for significant economic revitalization and create a "ripple effect" of economic activity. Health centers provide critical entry-level jobs, training and career development opportunities. As an indirect effect, health centers purchase goods and services from local businesses which spur additional economic activity in their communities.

Last year, health centers' combined economic impact was $20 billion[7]**.** Beyond fueling economic activity, they also produced 189,158 jobs in the nation's most economically challenged neighborhoods, according to an analysis completed by Capital Link[7]. **By 2015, health centers will generate $53.9 billion in total economic**

activity and create over 284,323 *additional* full-time equivalent jobs due to the funding provided by the Affordable Care Act[7]. This means that every $1 million in federal funding for health center operations yields $1.73 million in return[7].

State Support is Essential

State funding for community health centers has been declining in recent years as the nation continues to pull itself out of an economic recession and states continue to cut programs and balance their budgets. However, there could not be a more critical time for state investments in health centers. With the Health Centers Program set to grow significantly under the Affordable Care Act, health centers need essential state support in order to successfully expand their primary care network. States can support health center capital projects so that centers can renovate their existing sites and build new satellites to serve millions of additional patients. Also, states should consider investing in FQHC incubator programs that provide critical start up money to clinics so they can be competitive applicants for the new federal money that will be available. Health centers are worth state investment because they save Medicaid money when providing preventative care and averting costly emergency department visits. As we move into the new era of health reform, community health centers will be essential state partners in helping to implement many of the provisions of the Affordable Care Act. States will need health centers' assistance to find and enroll all the newly eligible under Medicaid and to educate their patients about future coverage provisions available under the Health Insurance Exchanges. Health centers need state support now more than ever in order to successfully serve 40 million patients by 2015.

Research Methods:

In June 2010, NACHC fielded a survey to PCAs in 50 states, DC, and Puerto Rico to assess the status of state funding for health centers. The survey contained a total of 43 questions, of which nine were specifically regarding state funding and the rest were regarding Medicaid reimbursement, health care reform and mental health. The responses were collected using an online tool, Survey Monkey, and are detailed in this report. This analysis relies on the self-reported information from PCAs.

The response rate for the survey was 92%, with 48 out of 52 complete responses collected. PCAs representing Kentucky, Maryland, Delaware and Puerto Rico did not respond. At the time of publication, two states could not report a final total funding level for SFY 2011: California because their budget is not final, and North Carolina because health center grants are competitive and it's unclear how many will apply and receive funding.

For the purposes of this report, direct state funding is defined as a line-item appropriation and/or grant or contract that the state provides to the PCA and/or health center, excluding any Medicaid funding or federal grant dollars.

[1] N. Johnson, P. Oliff and E. Williams. "An Update on State Budget Cuts- At Least 46 States Have Imposed Cuts The Hurt Vulnerable Residents and the Economy." Updated August 4, 2010. http://www.cbpp.org/files/3-13-08sfp.pdf

[2] NACHC. "State Funding to Health Centers, Overview 2004-2009." January, 2010. http://www.nachc.com/client/State%20Funding%20Fact%20Sheet%2004-10.pdf

[3] 2009 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

[4] NACHC. "More Patients Gain Access to Health Care Thanks to Stimulus Funds." July, 2010. http://www.nachc.com/client/documents/ARRA%20Fact%20Sheet%20Final%20revised.pdf

[5] NACHC, RGC, and GWU. "Access Transformed: Building A Primary Care Workforce for the 21st Century," 2008.

[6] Ku et al. "Using Primary Care to Bend the Curve: The Effect of National Health Reform on Health Center Expansions." Geiger Gibson/RCHN Community Health Foundation. June 30 2010. Policy Research Brief No. 19

[7] NACHC. "Community Health Centers Lead Primary Care Revolution." August, 2010. http://www.nachc.com/client/documents/Primary_Care_Revolution_Final_8_16.pdf

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NACHC Mission:

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations

NACHC Description:

Established in 1971, the National Association of Community Health Centers (NACHC) serves as the national voice for America's Health Centers and as an advocate for heath care access for the medically underserved and uninsured.

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State	Final FY2010 State Funding to Health Centers	FY 2011 State Funding to Health Centers	Change in funding
Alabama	**None**	**None**	**N/A**
Alaska	**$350,000** Senior Access to Health Centers: $350,000	**$7,171,000** Senior Access to Health Centers: $401,000 Eye Care for Rural Alaskans via CHCs, Operating: $165,000 Eye Care for Rural Alaskans via CHCs, Capital: $135,000 Equipment and Facilities, Capital: $470,000 Anchorage Neighborhood Health Center: New Building, Capital: $6,000,000	**Increased by 1,949%**
Arizona	**$11,600,000**- *More than originally reported last year due to ARRA funds that the state used to make up for cuts originally planned in FY2010 for CHCs.*	**None**	**Decreased by 100%**
Arkansas	**$10,600,103**- *Less than originally reported last year because Governor cut general revenue funding which impacted the CHC Capital Needs funding amount.*	**$10,349,389- Proposed** State Funding for CHCs: $8,769,574.31 Outstationing and Enrollment: $735,814.36 AR Dept of Health: $74,912 Tobacco Prevention and Education: $65,927 ADH Breast Care: $1,572 Department of Workforce Services: $31,707.33 Oral Health Workforce Development: $30,000 Arkansas Better Chance: $489,484 Ryan White Part B: $115,040 SISTA: $50,000	**Decreased by 2%**
California	**$11,000,000**	**None**	**Decreased by 100%**
Colorado	**$43,352,933- More than originally reported last year**	**$33,959,382** Indigent Care Fund: $33,459,688 Cancer, Cardiovascular and Pulmonary Disease Program (Tobacco Tax): $454,094	**Decreased by 22%**
Connecticut	**$6,986,052**- *More than originally reported last year because was not final at the time.*	**$6,986,052- Proposed** Community Health Services: $6,986,052	**Level**
Delaware	**$337,496**	**No Response**	**N/A**
District of Columbia	**$10,386,074**	**$5,500,000**	**Decreased by 47%**
Florida	**$18,276,000**	**$29,050,000** Low Income Pool, Expansion Grant: $18,300,000 Jacksonville CHC Mobile Dental Services: $500,000 Central FL CHC Preventative Dental: $1,000,000 Florida A&M Workforce Grant: $8,500,000	**Increased by 59%**

State	Final FY2010 State Funding to Health Centers	FY 2011 State Funding to Health Centers	Change in funding
		Emergency Shelter & Health Clinic: $750,000	
Georgia	**$3,450,600-** *More than originally reported last year because it was not final at the time.*	**$1,339,900- Proposed** New Start Development Grant: $750,000 Breast and Cervical Cancer Grant: $249,900 FQHC Development Grant: $250,00 Emergency Preparedness: $90,000	**Decreased by 61%**
Hawaii	**$5,721,000-** *Less than originally reported last year because Governor did not release all the money appropriated by the Legislature. This affected CHC Capital funds, Outreach funds, and funding for family planning and mental health.*	**$9,882,000- Governor May Choose to Withhold** CHC Special Fund: $8,500,000 Immigrant Health Initiative: $550,000 Earmark to One Specific CHC: $500,000 ER Subsidy Paid to One Specific CHC: $332,000	**Increased by 73%**
Idaho	**None**	**None**	**N/A**
Illinois	**$56,000,000-** *Less than originally reported last year because a 10% reserve was place on all CHC funds. Also, none of the Capital grants have been spent yet.*	**$3,000,000- Proposed** CHC Expansion Program: $3,000,000 CHC Construction Program: $50,000,000-*This was appropriated in FY2010 but has not been spent and will be available to CHCs in FY2011*	**Decreased by 95%**
Indiana	**$15,000,000-** *Less than originally reported because Legislature cut funding to fill revenue gap.*	**$17,500,000- Proposed (likely to be reduced)**	**Increased by 17%**
Iowa	**$2,712,788** CHC Incubator: $500,000 Iowa Collaborative Safety Net: $1,322,788 Tobacco Cessation: $890,000	**$1,680,500** Iowa Collaborative Safety Net: $1,100,000 Tobacco Cessation: $580,000	**Decreased by 38%**
Kansas	**$4,385,721-** *More than originally reported last year because funding is part of a competitive grant process which was not final at the time.*	**$3,992,513- Proposed** Primary Care Grant Program: $3,115,938 Prescription Assistance Grant Program: $541,575 Dental Assistance Grant Program: $335,000	**Decreased by 9%**
Kentucky	**No Response**	**No Response**	**N/A**
Louisiana	**None**	**None**	**N/A**
Maine	**None**	**None**	**N/A**
Maryland	**No Response**	**No Response**	**N/A**
Massachusetts	**$60,400,000-** *More than originally reported because of an increase in the Uncompensated Care Fund to make up for cuts in other areas.*	**$60,000,000- Proposed** Health Safety Net- $45,000,000 DPH CHC Support & Enhancement Grants: $987,000 Essential Community Provider Trust Fund: $6,000,000 School-Based Health: $3,900,000 DPH Grants (HIV/AIDS, population health, emergency preparedness): $6,000,000	**Decreased by 0.7%**

State	Final FY2010 State Funding to Health Centers	FY 2011 State Funding to Health Centers	Change in funding
Michigan	**$1,809,993-** *More than originally reported last year because it was not final at the time.*	**$1,809,993- Proposed** Primary Care Line Funding: $1,809,993	**Level**
Minnesota	**$2,500,000**	**$2,500,000** Health Care Access Fund: $2,500,000	**Level**
Mississippi	**$3,751,267**	**$3,751,267** Mississippi Qualified Health Center Grant Program: $3,751,267	**Level**
Missouri	**$9,714,750-** *Less than originally reported because CHC funding was subject to a $1.4 million withhold from the Governor.*	**$ 8,879,750** CHC Operational Funding: $7,020,000 Women & Minority Health Outreach: $1,114,750 Mental Health Collaboration: $750,000	**Decreased by 9%**
Montana	**$63,316- Total** Access to Baby & Child Dentistry: $63,316 CHC Support Act: $1,290,000	**None**	**Decreased by 100%**
Nebraska	**$3,293,190- Total** Uncompensated Care: $1,850,875 General Funds: $42,315 Nebraska Health Care Cash Fund (2 CHCs): $1,400,000	**$1,859,334** Uncompensated Care General Funds: $1,859,334	**Decreased by 44%**
Nevada	**None**	**None**	**N/A**
New Hampshire	**$4,766,041-** *More than originally reported because it was not final at the time.* Maternal and Child Health: $4,381,129 Rural Health Primary Care: $50,000 General Fund: $344,912	**$4,766,041** Maternal and Child Health: $4,381,129 Rural Health Primary Care: $50,000 General Fund Appropriation: $344,912	**Level**
New Jersey	**$45,550,000- Total** Uncompensated Care: $40,000,000 Pregnant Undocumented Women: $1,900,000 Stabilization Funds: $3,000,000 Disease Collaborative: $250,000 Disaster Preparedness: $400,000	**$42,300,000** Uncompensated Care: $40,000,000 Supplemental Prenatal Fund: $1,900,000 Disaster Preparedness: $400,000	**Decreased by 7%**
New Mexico	**$17,300,000-** *Less than originally reported because Legislature cut funding to fill revenue gaps.*	**$14,150,000- Proposed** Rural Primary Healthcare Act: $12,500,000 Integrated Medicaid Enrollment Program: $1,000,000 Emergency Preparedness Program: $400,000 New Mexico Health Service Corps: $250,000	**Decreased by 18%**
New York	**$39,879,746-** *More than reported last year because it was not final at the time.*	**$34,582,692- Proposed** Indigent Care Fund: $36,786,746 EHR Transition Fund: $2,770,500 Migrant Health: $322,500	**Decreased by 13%**

State	Final FY2010 State Funding to Health Centers	FY 2011 State Funding to Health Centers	Change in funding
North Carolina	**$1,491,735-** *More than originally reported last year because funding is part of a competitive grant process which was not final at the time.*	**Pending**	**N/A**
North Dakota	**None**	**None**	**N/A**
Ohio	**$2,680,000**	**$2,680,000** FQHC Uncompensated Care Fund: $2,680,000	**Level**
Oklahoma	**$4,200,536-** *Less than reported last year due to 7.5% across board cuts in the state.*	**$3,885,495** Uncompensated Uninsured Care: $3,286,558 CHC Development: $540,000	**Decreased by 8%**
Oregon	**None**	**None**	**N/A**
Pennsylvania	**$360,937-** *More than originally reported last year because funding is part of a competitive grant process which was not final at the time.*	**$868,750** Community Challenge Grants: $868,750	**Increased by 141%**
Rhode Island	**$1,200,000-** *Less than reported last year because was not final at the time.*	**$1,200,000** Uncompensated Care Pool for CHCs: $1,200,000	**Level**
South Carolina	**$200,000-** *Less than reported last year because Legislature cuts funding to fill revenue gaps.*	**None**	**Decreased by 100%**
South Dakota	**None**	**None**	**N/A**
Tennessee	**$5,100,000-** *Less than reported last year because of across the board cuts in the state.*	**$6,000,000** Safety Net Grants: $6,000,000	**Increased by 18%**
Texas	**$18,500,000-***Less than reported last year due to cuts in mental health expansions and FQHC Incubator program.*	**$15,500,000- Proposed** FQHC Incubator Program: $5,000,000 Family Planning: $10,000,000 Primary Health Care Program: $5,500,000	**Decreased by 16%**
Utah	**$1,500,000-** *More than reported last year because of an initial decrease in funding of State Primary Care Grants that was supplemented by ARRA funding.*	**$1,260,000- Proposed** State Primary Care Grant Program: $600,000 Americorps & the Medically Underserved in Utah: $200,000 Cardiovascular Disease/Stroke Contract: $60,000 Diabetes Prevention & Control Program: $62,000 Tobacco Prevention and Control Program: $68,000 Emergency Preparedness Contract: $70,000 Immunization Contract: $200,000	**Decreased by 16%**
Vermont	**$295,000- Total** Incubator: $150,000 Healthcare Reform: $185,000	**$177,000** Outreach and Assistance: $77,000 FQHC LAL and Development: $100,000	**Decreased by 40%**
Virginia	**$3,303,545-** *More than reported last year because it was*	**$2,530,976**	**Decreased by 23%**

State	Final FY2010 State Funding to Health Centers	FY 2011 State Funding to Health Centers	Change in funding
	not final at the time.	Line Item Funding for Specific CHCs: $122,226 Operating Funds for CHCs: $1,800,000 Pharmacy Assistance Programs: $433,750 Outreach-Expand Access to Care Funds: $175,000	
Washington	**$10,193,162**- *Less than reported last year due to allocation formula for money to CHCs.*	**$10,200,000**	**Increased by 0.1%**
West Virginia	**$9,591,341**- *More than reported last year because it was not final at the time.*	**$9,568,493** Primary Care Support: $8,849,423 Primary Care Centers Mortgage Finance: $741,918	**Decreased by 0.2%**
Wisconsin	**$5,750,000**	**$5,750,000** State CHC Grant Program: $5,750,000	**Level**
Wyoming	**None**	**None**	**N/A**
TOTAL	**$453,533,326**- *$17.96M more than reported last year*	**$364,630,527**	**Decreased by $88.9M**