

Health Centers Program: FY2012 Appropriations Frequently Asked Questions (FAQs) and Health Center Advocate Responses

In an effort to facilitate your communication with both Senate and House offices on FY2012 appropriations, here are answers to some questions you may have or that Members of Congress and/or their staff may raise with you. As you'll see, we are providing detail that goes beyond what you will likely need for your outreach. That said, we hope this guide will serve as a resource if and when you need to respond to these questions.

How did health centers wind up in FY2011?

In FY2011, discretionary funding for the Health Centers program was reduced by \$604 million relative to the FY2010-enacted level of \$2.19 billion. This includes the 0.2% across-the-board recession or cut applied to all non-defense discretionary programs.

Wasn't the cut on the discretionary side offset by health reform funding in FY2011?

There is mandatory funding available for health center operations in FY2011 (\$1.0 billion). So if you look at both sources of funding (the discretionary and mandatory), the total programmatic level for the Health Centers program is increased by \$396 million as compared to FY2010. The good news is there will be no interruption of existing health center activities, including the new centers and patients added in the past two years. However, it is important to note that most (over \$300 million) of the increase is needed to continue existing operations. This leaves very limited funding to support new activities, including the previously-announced Health Resources and Services Administration (HRSA) FY2011 funding opportunities, specifically: (1) new health center awards in communities not currently served by existing health centers (new access points), and (2) expansion of existing health center services to reach additional individuals currently in need within their communities, adding new medical, oral, behavioral, pharmacy, and vision capacity (expanded services). HRSA received over 800 applications for new health centers (for 350 competitive awards) but will only make 60-70 awards. And there were nearly 1,100 health center grantees that submitted applications for expanded capacity at existing health centers; none of these applications will be funded this year.

What are you asking for in FY2012?

The National Association of Community Health Centers (NACHC) is requesting a discretionary funding level of no less than \$1.79 billion for the Health Centers program.

What will this funding allow you to do?

Currently, 60 million Americans lack access to a routine source of care. Prior to the completion of FY 2011 appropriations, health centers were on track to double their capacity and serve 40 million patients over the next 5 years, reaching a sizeable portion of individuals who are underserved and would otherwise be forced to seek care in emergency rooms, or delay care until hospitalization is the only option. This funding level will allow health centers to extend cost-effective primary care to over 3 million Americans this year alone. It will also allow the Health Resources and Services Administration (HRSA) to fund remaining and worthwhile applications [**– including X in my state OR submitted by my health center –**] that will go unfunded in FY 2011, including over 200 new health center applications (new access points) and funding for expanded medical, oral, behavioral, pharmacy, and vision health services at existing health centers (expanded services).

Is there health reform money in FY2012?

Yes, in FY2012, there is \$1.2 billion in mandatory funding available for health center operations. \$1.0 billion of this will go to continue base or existing operations and \$200 million will be available to fund pending applications – so long as health centers' discretionary funding is not cut.