

# Mobilizer

*Health Care for the Homeless Action Bulletin*

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## Access is the Answer

*Build Community Support for Addressing the Health Center Funding Cliff*



Since 2011, the Affordable Care Act (ACA)'s health center trust fund has allocated \$11 billion to HCHs and other health centers, which has allowed unprecedented growth in new capital projects, access points and expanded services. But this extra funding expires this year, and without Congressional action, health center funding will decrease by 70% starting October 1, 2015 (this is being called the health center "funding cliff"). To promote the importance of ongoing investments, the National HCH Council is joining the National Association of Community Health Centers (NACHC) in a grassroots advocacy campaign to address the health center funding cliff and maintain accessible health care for the most vulnerable people in our communities.

### Take Action

NACHC has organized the [Access is the Answer](#) campaign to build grassroots support to address the health center funding cliff. This stage of the campaign will



To prevent the health center funding cliff in September 2015, the HCH community must show grassroots support for health centers NOW.

- Start a [petition drive](#) with a concrete goal. We suggest 500 signatures. Engage consumers in the effort.
- Solicit [letters of support](#) from local elected officials like members of the city council. Aim for five letters.
- Obtain [letters of support](#) from your community partners like hospitals, other providers, other charitable organizations, and business groups. Try for ten letters.
- Develop a timeline for when each of these steps will be completed. NACHC suggests May 31, but base your internal deadline on your own capacity.
- Report your progress to [Dan](#)

show local support for the health center and HCH program. Here is how you can help:

- Start a [petition drive](#) with a concrete goal. We suggest 500 signatures. Engage consumers in the effort.
- Solicit [letters of support](#) from local elected officials like members of the city council. Aim for five letters.
- Obtain [letters of support](#) from your community partners like hospitals, other providers, other charitable organizations, and business groups. Try for ten letters.
- Develop a timeline for when each of these steps will be completed. NACHC suggests May 31, but base your internal deadline on your own capacity.
- Report your progress to [Dan Rabbitt](#) and to [NACHC](#).
- The plan is to use these letters and petitions in future meetings with your elected officials. Hold onto them and plan on having a meeting this summer when they are back in their district/state.

This may seem like a lot, but Mobilizer readers understand how challenging it will be for Congress to allocate billions of additional dollars to one program in this political environment. Obtaining this funding will be difficult, but a sustained grassroots effort can overcome these challenges. Together we can make sure the health center and HCH program can continue to serve our communities far into the future.

## **Background**

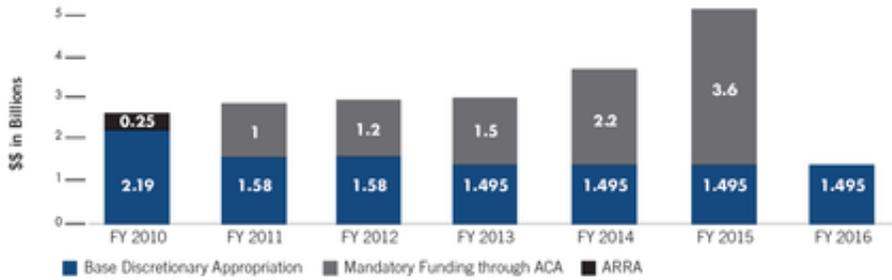
Health centers are funded annually through the appropriations process. Prior to the ACA and American Recovery and Reinvestment Act (ARRA, or the stimulus bill), these annual appropriations were the only source of federal grant funding for the health center program. Both ARRA and the ACA provided significant new funding for the health center program, \$2 billion and \$11 billion respectively, with the goal of expanding the reach of the health center program through capital grants, new access points, and expanded services. The ARRA and ACA funds were never meant to supplant the annual appropriations that the health center program received.

In 2010, the health center program was funded at \$2.2 billion, but concerns about the deficit and opposition to the ACA led Congress to cut the health center program by \$600 million in 2011. This cut in annual appropriations was backfilled by the ACA funds provided that year, preventing an actual reduction in grant funding. This cut has been maintained ever since and was actually deepened by the sequester cuts in 2013. Thus, the annual appropriations received by the health center program are now more than 30% lower than they were in 2010. See the figure below for more detail (FY15 and FY16 have not been established and are projections).

[Rabbitt](#) and to [NACHC](#).

- Plan to present these letters and petitions to your members of Congress while they in their home districts/states during the August recess.

Community Health Center Funding: FY 2010 – FY 2016



Addressing the dramatic drop in funding would be difficult in any circumstances, but the overall limits on discretionary spending put in place by the Budget Control Act make things even more difficult. These caps mean that if health center discretionary spending goes up, appropriators would need to find savings somewhere else in the discretionary budget. The President’s Budget proposes to extend health center mandatory funding to get around the discretionary caps, but such a special fund will also be difficult to get through Congress. The President’s Budget proposes \$5.2 billion in new mandatory funds for FY16-FY18, likely preventing a cut to base grants but also precluding any further growth. It also sets up another cliff after FY18.

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