*Please fill in the highlighted sections with information about your health center and email the letter to his/her congressional office in Washington DC. Please send a copy of this letter via e-mail to* *advocacy@healthplusadvocates.org**. You may contact Andrea Chavez at* *andrea@healthplusadvocates.org* *or (916) 503-9130 with any questions or comments.*

Date

The Honorable FIRST LAST

DISTRICT, California

Member of Congress

STREET ADDRESS

CITY, ST ZIP

Dear Representative LAST:

On behalf of [INSERT HEALTH CENTER] and the XXXX patients we serve, I write today to urge you to contact your colleagues in Congressional leadership and demand a vote on **funding for community health center grants and workforce programs before September 30. If no action is taken, 70% of health center grant funding will expire on September 30, 2017**. Funding for critical workforce programs – the National Health Service Corps (NHSC) and Teaching Health Center Graduate Medical Education (THCGME) – will also expire at the end of the month.

**FIX THE HEALTH CENTER FUNDING CLIFF**

For more than 50 years, there has been bipartisan support for community health centers’ mission and model. Health centers are an asset to health systems at the local, state and federal level – serving on the front lines of nearly every challenge affecting the national health care system – from access to care for veterans to the opioid epidemic to natural disasters. Thanks to specific, targeted investments made by Congress, health centers now serve more than 25 million patients in nearly 10,000 communities nationwide. In California, health centers serve 6.2 million people – that’s 1 in 7 Californians.

Health centers are funded by two sources: annual discretionary appropriations and mandatory funding. The mandatory portion is set to expire at the end of the fiscal year on September 30, 2017. Historically, Congress has voted on an overwhelmingly bipartisan basis to extend both of these funding streams, which support health center operations, care for the uninsured, and the cost of services (such as translation, transportation, and health education) not typically covered by insurance.

With the uncertainty in the health care market place and the health care system overall, it is imperative that health centers remain a reliable and stable source of comprehensive primary care for everyone. **Swift action to extend the mandatory portion of the Health Center Fund on a long-term basis is vital to reduce instability and uncertainty for health center patients and clinicians**. The Department of Health and Human Services has estimated that this “funding cliff” will lead to a closure of 2,800 health center sites, 51,000 layoffs of clinicians and other personnel, and loss of access to care for more than 9 million patients nationwide. At [INSERT YOUR HEALTH CENTER NAME], we will lose [INSERT NUMBER loss of funds] and will [INSERT IMPACT – i.e. reduce hours, cut services].

**FIX THE HEALTH WORKFORCE FUNDING CLIFF – NATIONAL HEALTH SERVICE CORP AND TEACHING HEALTH CENTERS**

Our health centers are only as strong as our workforce. The National Health Service Corps (NHSC) has proven to be a successful and sustainable solution to recruiting primary care providers in thousands of underserved communities across the country. In exchange for their service in low-income communities, providers receive scholarships or assistance with loan repayment. Since its founding 45 years ago, the NHSC has placed 50,000 providers in underserved urban and rural communities, and the majority of clinicians continue to practice in a shortage area for more than 10 years after completing their service obligation. The NHSC’s mandatory funding of $310 million per year expires at the end of September, and without congressional action, health centers will lose this vital recruitment tool.

While the NHSC is critical for our workforce today, Teaching Health Centers are critical for the workforce of the future. Teaching Health Centers (THC) are accredited community-based primary care training programs committed to preparing health professionals to serve the health needs of the community. In California we are fortunate to have six of the nearly 60 THCs funded across the country, with over 100 residents in training at health centers throughout California. Early results of the program have shown that over 90% of THC graduates remain in primary care practice, compared to less than one-quarter (23%) of traditional graduate medical education graduates. More importantly, forty percent (40%) of graduates from THCs become primary care providers in nonprofit, community health centers working with underserved communities as opposed to just 2% of traditional medical residents. Teaching Health Center programs across the country are in jeopardy if the U.S. Congress fails to enact legislation extending the Teaching Health Center Graduate Medical Education (THCGME) program past September 30, 2017. Without the certainty of continued funding for the program, THCs will not be able to participate in the annual residency recruitment process this fall.

At [INSERT YOUR HEALTH CENTER NAME], we will lose [INSERT NUMBER loss of NHSC recipients] and will [INSERT NUMBER of residency slots that will be lost.]

**Like the Health Center Funding Cliff, we need your leadership now to support these two critical primary care workforce programs.**

**ACT NOW**

There is no time to wait. We ask you to take immediate action to issue a public statement and speak to your congressional colleagues and leadership to show that health centers and the primary care workforce your district relies on are top priorities for you. Please feel free to contact us at E-MAIL or PHONE if you have any questions or would like to schedule a meeting to discuss these vital programs.

Thank you in advance for your consideration of this letter and for your continued support of community health centers.

Sincerely,

NAME

TITLE

 cc: CaliforniaHealth+ Advocates (advocacy@healthplusadvocates.org)