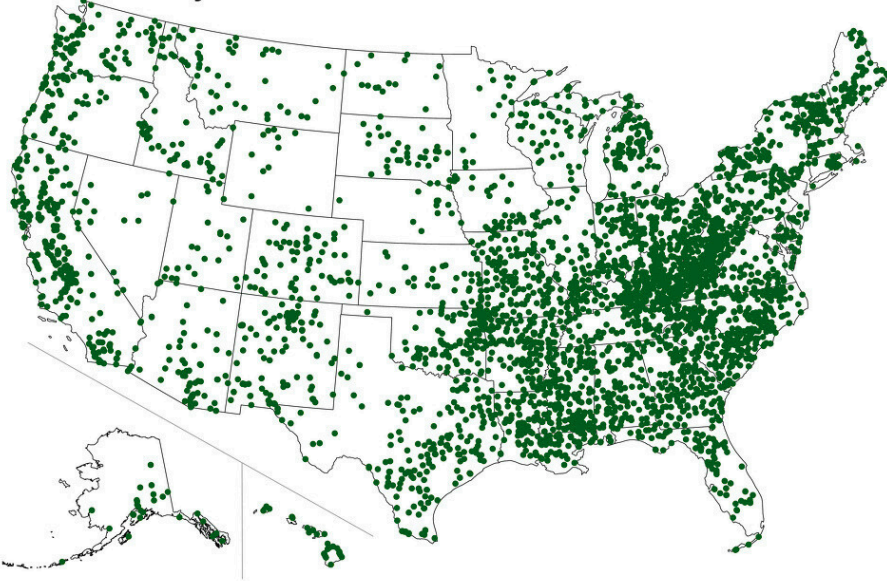


# Community Health Centers

**Community Health Centers (CHCs) are nonprofit safety net providers providing high-quality, affordable primary care, including oral health, mental health, substance use, and enabling services (transportation or translation resources).**

**Federally Qualified Health Center Sites in Rural Areas\***



\*Excludes U.S. Census Bureau Urban Areas with a population of 50,000 or more

Data Source(s): data.HRSA.gov,  
U.S. Department of Health and Human  
Services, July 2025

## Community Health Centers:

- Offer an income-based sliding fee schedule regardless of patients ability to pay.
- Employ interdisciplinary teams.
- Deliver care coordination and other enabling services that facilitate access to care.
- Are patient-governed, community organizations.

Nationally, there are over 6,500 rural community health centers that serve as the primary care home in rural and frontier communities, serving:

- 84% with low incomes (at or below 200% FPL)
- 2.6 million children
- 1.6 million seniors
- 215,000 veterans

Benefits of health center status include:

- 330 PHSA Grant Funding
- FTCA Malpractice Coverage
- FQHC PPS Medicare and Medicare Payment
- 340B Drug Pricing Program Eligibility
- National Health Service Corps Eligibility



**1 in 5 rural residents**  
served by CHCs



**nearly 10 million rural**  
patients served annually

# NRHA Supported Legislation

## **S. 2372/ H.R. 4581: 340B PATIENTS Act**

*Sens. Welch (D-VT), Merkley (D-OR), & Reps. Matsui (D-CA), Trahan (D-MA)*

Clarifies that manufacturers are required to offer 340B discount prices to covered entities regardless of manner or location drug is dispensed, ensures that manufacturers cannot place conditions on the ability of a covered entity to purchase and use 340B drugs regardless of the manner or location in which the drug is dispensed, and imposes civil monetary penalties on manufacturers that violate these statutory requirements and prohibition.

## **S. 1248/ H.R. 2533: Equal Access to Specialty Care Everywhere (EASE) Act**

*Sens. Mullin (R-OK), Padilla (D-CA), Tillis (R-NC) & Reps. Arrington (R-TX), Salinas (D-OR), LaHood (R-IL)*

Authorizes a virtual specialty network demonstration that offers integrated services in rural communities to test the effectiveness of increasing access to specialty care and facilitating transitions to value-based payment.

## **S. 1261/ H.R. 4206: CONNECT for Health Act**

*Sens. Schatz (D-HI), Wicker (R-MS) & Reps. Thompson (D-CA), Schweikert (R-AZ)*

Makes permanent expansion of Medicare telehealth access by removing geographic restrictions, allowing home as an originating site, extending COVID-19 telehealth flexibilities, allows audio-only services, and rural health clinic and community health center payment parity.

## **H.R. 1480: Rural Health Innovation Act**

*Reps. Kustoff (R-TN) & Pappas (D-NH)*

Establishes two new grant programs to increase access to emergency care in rural areas through rural health clinics, community health centers, and local health departments.