

Health Center Workforce: Positioning to Be Employers of Choice



Retaining and Recruiting Health Center Employees to Ensure High Quality Care

Over 300,000 dedicated professionals work at Community Health Centers across the nation. Physicians, nurse practitioners, nurse midwives, dentists, physician assistants, optometrists, pharmacists, behavioral health specialists, case managers, allied health professionals, and administrative staff **deliver comprehensive, high-quality primary care to more than 32 million adult and pediatric patients at nearly 15,000 delivery sites nationwide.**

These integrated care teams are the backbone of the Community Health Center program. **Severe workforce shortages, which existed before the pandemic, and growing salary gaps make it difficult for health centers to retain and recruit staff.** Burnout, early retirement, and marketplace competition have strained a fragile workforce. In addition, the Medicaid unwinding process is leading to significant disruptions in health care coverage for millions of Americans, with nearly 16 million enrollees losing Medicaid coverage. These changes strain the existing workforce and make recruiting the next generation even more difficult.

Core Workforce Programs at Health Centers

National Health Service Corps: Established over 50 years ago, the NHSC program supports thousands of primary care medical, dental, and behavioral health providers through scholarships and loan repayment programs. Data shows that over 80% of NHSC alums continue to serve in an underserved community. Base funding for the program was continued in March, but the program now faces a December deadline.

Teaching Health Center Graduate Medical Education Program: The THCGME program increases the number of primary care and dental residents trained in community-based settings. Evidence has shown that physicians trained in Teaching Health Centers are three times more likely to work in safety net clinics than those who did not. Congress extended the funding in March, but now the program faces a December 2024 deadline.

Legislation Impacting Expiring Community Health Center Workforce Funding

- The bipartisan **Lower Costs, More Transparency Act (H.R. 5378)** passed the House of Representatives by a vote of 320-71 late last year. It increases NHSC funding by more than 10 percent to \$350 million annually and more than doubles the THCGME program to \$300 million over seven years.
- The **Bipartisan Primary Care and Health Workforce Act (S. 2840)** passed the Senate Health, Education, Labor and Pensions Committee by a 14-7 vote last fall. The legislation makes historic investments by tripling the NHSC to \$950 million annually, providing \$300 million per year for the THCGME program, additional resources for nursing programs, such as Nurse Corps and the Nurse Practitioner residency program, and new career laddering programs for allied health professionals.
- **Ask: Support bipartisan efforts for maximal funding for critical workforce programs in any health package later this year.**

Planning for the Future Health Center Workforce



Projected Health Workforce Shortages

Community Health Centers strive to **be comprehensive medical, behavioral health, and dental homes for all patients**. However, data from the Health Resources and Services Administration (HRSA) shows that health centers could serve their patients holistically with additional staff and resources. Estimates show that **12.3 million more health center patients could benefit from behavioral health services**, but shortages of behavioral health staff severely limit access.

HRSA estimates that over the next 15 years, the nation will need over **68,000 primary care physicians, nearly 9,000 dentists, and over 100,000 psychiatrists and psychologists**. Allied health professionals are also in high demand. HRSA projects the country needs **100,000 medical assistants and over 32,000 dental assistants by 2036**.

Health centers are part of the solution to these workforce challenges - **more than 80 percent of health centers have set up workforce development programs and partnerships in their communities**. Federal investments can scale up these successful programs and create good-paying jobs in underserved communities.

Health Care Workforce Innovation Act (H.R. 7307 / S. 4957)

According to the Medical Group Management Association, **each clinical provider needs two allied health professionals, such as medical assistants, dental hygienists, pharmacy technicians, peer specialists, and billing and coding professionals, to deliver care effectively**. However, without dedicated federal support, Community Health Centers find it difficult to recruit and retain these highly sought-after professionals.

The bipartisan Health Care Workforce Innovation Act (H.R. 7307, introduced by **Reps. Marc Molinaro (R-NY) and Angie Craig (D-MN)**, and S. 4957, introduced by **Senators Ron Wyden (D-OR), Marsha Blackburn (R-TN) and Ben Ray Luján (D-NM)**, to scale up promising community-based programs:

- This bill authorizes HRSA to issue **grants to establish or expand partnerships between Community Health Centers**, high schools, vocational-technical schools, community colleges, and Area Health Education Centers.
- Grants can also be used to **develop preceptorship training-to-practice models for medical, behavioral, and oral healthcare professionals in integrated community-driven settings**, such as CHCs.
- Additionally, new and existing healthcare career laddering programs could be supported, incentivizing young people to enter and stay in the field long-term.

Ask: Support legislation that funds these important programs, such as the **Health Care Workforce Innovation Act (H.R. 7307 / S. 4957)**, and the Senate **Bipartisan Primary Care and Health Workforce Act (S. 2840)**.