Arkansas's **Community Health Centers** Are Built to Last, But Not Without Support

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As lawmakers in Washington weigh difficult decisions to manage healthcare costs, I write on behalf of Arkansas's Community Health Centers (CHCs) and the more than 321,000 patients we serve each year across 230 delivery sites statewide. As a community leader in a rural, Republican-led state that made the pragmatic decision to expand Medicaid, I've come to recognize how rare it is—especially in today's polarized climate—to find advocacy voices that reflect both the political realities of our region and the values held by those of us working on the ground in Health Centers. That's why I feel compelled to speak directly.

I am grateful for the continued leadership of the Arkansas delegation and their legislative colleagues in promoting health and well-being. We support thoughtful, targeted cuts that eliminate inefficiencies—so long as they preserve and support frontline providers and programs that form the backbone of access in medically underserved areas.

As legislators consider policy changes and funding priorities, we urge them to remember that Arkansas's Community Health Centers operate on a three-legged stool of support:

1. Federal funding through the Community Health Center Fund (Section 330 of the Public Health Services Act),
2. Medicaid reimbursement, and
3. The 340B drug pricing program.

Each leg of this stool is vital. If one leg is weakened, we can adapt. We may not thrive, but we will endure—and continue to serve even the most remote corners of the state. But if two legs are compromised, Health Centers will face impossible choices: cutting services, laying off staff, and closing sites, leaving communities without essential non-emergent health care services. The result? Rural families may be forced to relocate out of necessity, putting the viability of rural life at stake. When families disappear, communities shrink. Schools consolidate. Churches close. And, yes, congressional districts begin to look very different.

The National CHC Impact

In Arkansas, Community Health Centers are critical to our state's primary care infrastructure. They reduce financial barriers, help patients stay on track with prescribed treatments, and play a key role in preventing hospitalizations, saving both lives and dollars.

CHCs are economic engines, with over

5,000

people working in Arkansas Health Centers.

And what's true in Arkansas holds true across the nation.

America's Community Health Centers served over

30 million

patients in 2023.

CHCs serve 1 in 11 people through

15,000 delivery sites

across the country.

Nearly half of those patients are enrolled in Medicaid, and another

18%

are uninsured.

In many communities, CHCs are the only consistent access point for affordable, high-quality care.

CHCs are designed to meet the needs of those too often left behind:

Over **90%** of CHC patients live below 200% of the federal poverty line.

More than **40%** of CHCs are in rural areas.

In 2023, CHCs delivered more than **118 million medical visits,** 19 million dental visits, and 11 million mental health and substance use disorder visits.

About 43% of CHCs operate on-site pharmacies, and nearly all participate in the **340B drug** pricing program—ensuring access to affordable medications for patients who might otherwise go without. This increases adherence, reduces costly ER visits, and lowers overall healthcare spending.

CHCs support **300,000 jobs** nationwide, including medical providers, community health workers, and administrative staff. They are both the safety net and the anchor in thousands of U.S. neighborhoods.

If the support structure that sustains this work is eroded, our ability to serve patients where they live will disappear. As a result, patients will be forced to seek care in urban centers, contributing to overcrowded emergency rooms, increased healthcare costs, more stress on providers and staff, and worsening outcomes due to interrupted preventive care.

CHCs as part of the Solution

At a time when lawmakers are searching for sustainable answers to rising healthcare costs and rural provider shortages, Community Health Centers are one of the most proven and scalable solutions we have.

With the right support, CHCs stand ready to expand their impact:

We can use telehealth and mobile clinics to reach even the most isolated patients efficiently and affordably.

We can act as hubs of wellness by partnering with schools, hospitals, local employers, and public agencies to address health upstream.

We can maximize the life-saving potential of the 340B program, ensuring affordable medications while strategically reinvesting the savings directly into expanded patient access.

CHCs are designed to be nimble, accountable, and community-led. But even the most resilient model cannot function if the core elements that sustain it are removed.

It's time to strengthen the foundation that allows Community Health Centers to do what they do best: keep America healthy and whole.

The health of millions and the future of hundreds of congressional districts depends on whether we get this right.

Lanita S. White, PharmD
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COMMUNITY HEALTH CENTERS OF ARKANSAS

Community Health Centers of Arkansas (CHCA) is a non-profit organization established in 1985 to expand access to affordable quality care in Arkansas, and to create a unified voice for Community Health Centers (CHCs) and the patients they serve. For nearly 40 years, CHCA has received funding to provide training/ technical assistance to CHCs for improving care delivery.

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