Community Health Centers are Overdose Prevention Infrastructure.

Protect a critical front door to substance use disorder treatment and overdose prevention before federal funding expires at the end of 2026.

What are Community Health Centers?



Health centers funded by the Health Resources and Services Administration (HRSA) are community-based primary care organizations serving medically underserved communities. They provide care regardless of insurance status or ability to pay and use sliding fees based on income. The federal funding discussed in this fact sheet supports Health Center Program award recipients under Section 330 of the Public Health Service Act.

32.7M
people received care at HRSA-funded health centers in 2025.

16,600+
service sites operate across all 50 states, D.C. and U.S. territories.

1 in 5 
rural residents received care through a health center.

90%
of patients had incomes at or below 200% of the federal poverty level.

Community Health Centers are a major source of addiction care.

14% of health center visits in 2024 were for mental health or substance use disorder services.

Only 16% of 47.2 million people who needed substance use treatment received it in 2025.

What health centers provide for people with substance use disorder:

Receiving mental health services at these centers is associated with decreases in inpatient visits.

Screening and Early Identification
Routine screening for substance use, mental health conditions, and overdose risk in primary care settings.

Integrated Care
Coordinated behavioral health and primary care services that address substance use, mental health, and physical health needs together.

Treatment and Medication
Medications for opioid use disorder (MOUD), naloxone distribution, counseling and recovery support.

Recovery Support Services
Transportation assistance, interpretation services, outreach, harm reduction and care coordination that help patients stay engaged in care.

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1 www.samhsa.gov/newsroom/press-announcements/20260727/samhsa-releases-annual-national-survey-on-drug-use-and-health
2 www.bphc.hrsa.gov/about-health-center-program/impact-health-center-program
3 www.commonwealthfund.org/publications/issue-briefs/2024/aug/community-health-centers-meeting-primary-care-needs-2024-FQHC-survey
4 www.jamanetwork.com/journals/jamainternalmedicine/fullarticle/2652574
5 https://onlinelibrary.wiley.com/doi/10.1002/jclp.22367

Overdose Prevention Initiative
2026

Health center funding comes through two federal streams. Both matter for treatment access.

The funding mechanics are easy to lose in the alphabet soup. The policy consequence is simpler: one stream keeps the system operating year to year while the other provides the multi-year base health centers use to plan, hire and expand care.

How federal funding works.

Community Health Center Fund (mandatory)

About 70% of federal health center funding. Congress typically extends this multi-year fund separately from annual appropriations, giving health centers more stability for staffing and services.

⚠ **Current funding: $4.6 billion**
Current authority expires December 31, 2026

Annual Appropriations (discretionary)

About 30% of federal health center funding. Congress funds this stream through the annual Labor-HHS appropriations process.

⚠ **FY2026 funding: $1.858 billion**
A continuing resolution currently carries FY2026 rates through December 11, 2026

The system is absorbing pressure from several directions.

Funding uncertainty: Temporary extensions preserve operations, but they make long-term hiring, training and service expansion harder to plan.

Medicaid contraction: Medicaid generated 45% of total health center revenue in 2024. Coverage losses can raise uncompensated care at the same time revenue falls.

Workforce shortages: More than 70% of surveyed health centers reported shortages of physicians, nurses or mental health professionals. Federal workforce programs such as the National Health Service Corps and Teaching Health Center Graduate Medical Education program are part of the capacity equation.

Federal grants fill the gap insurance leaves.

- Section 330 grants accounted for 11% of health center revenue in 2024.
- Health centers served nearly 5.9 million uninsured patients in 2024. Section 330 funding averaged $906 per uninsured patient, below $1,418 in Medicaid revenue per Medicaid patient. Grants also support sliding fees and services payers may not fully reimburse.
- Health center operating costs rose 62% between 2019 and 2024.

Funding reductions do not eliminate need. They shift it.

Stable Funding	Capacity Loss	Cost Shift
Earlier, coordinated treatment	Fewer staff, hours and services	More emergency, hospital and crisis care

In a non-randomized study, integrating addiction pharmacotherapy and recovery coaching into primary care was associated with an estimated 98 fewer hospital days and 90 fewer emergency department visits per 1,000 patients with SUD over one year, alongside more primary care visits.

1 www.kff.org/medicaid/community-health-center-patients-financing-and-services/
2 www.nachc.org/policy-advocacy/policy-priorities/health-center-funding/
3 www.commonwealthfund.org/publications/issue-briefs/2024/aug/community-health-centers-meeting-primary-care-needs-2024-FQHC-survey
4 link.springer.com/article/10.1007/s11606-018-4807-x