

# GAO Highlights

Highlights of [GAO-24-106815](#), a report to congressional requesters

## Why GAO Did This Study

Health centers rely on revenue from a variety of public and private sources, including grants awarded by HRSA through its Health Center Program. Among other things, HRSA requires health centers to have locations and hours that are responsive to patient needs, and to have procedures to handle medical emergencies that arise after hours.

GAO was asked to review health centers' revenue, grant funding, and efforts to meet certain access-to-care requirements. This report describes (1) amounts and sources of health centers' revenue from 2018 through 2022; (2) purposes of HRSA grants awarded from fiscal year 2018 through 2022; and (3) methods used to meet requirements for accessible locations and hours, and coverage of medical emergencies after hours.

GAO analyzed health center revenue data from HRSA and the Department of Health and Human Services for 2018 through 2022, the most recent data available. GAO also reviewed documentation for HRSA grants awarded from fiscal years 2018 through 2022 to determine grant amounts and purposes.

Additionally, GAO reviewed results of health center site visits HRSA conducted from 2018 through 2022 that assessed compliance with certain access-to-care requirements. GAO also interviewed officials from five primary care associations, selected to achieve variation in geographic distribution and number of health centers in their states.

View [GAO-24-106815](#). For more information, contact Michelle B. Rosenberg at (202) 512-7114 or [rosenbergm@gao.gov](mailto:rosenbergm@gao.gov).

March 2024

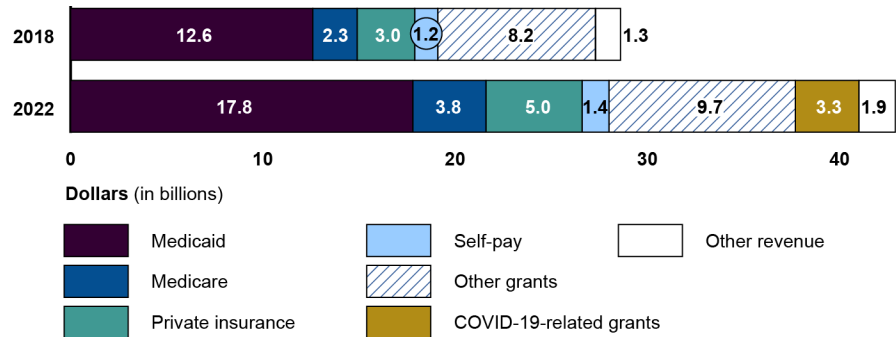
## HEALTH CENTERS

### Revenue, Grant Funding, and Methods for Meeting Certain Access-to-Care Requirements

## What GAO Found

In 2022, nearly 1,400 health centers provided primary and preventive health services to more than 30 million people, regardless of their ability to pay. Health centers' total revenue rose from about \$28.7 billion in 2018 to \$42.9 billion in 2022—an increase of more than \$14 billion. The largest single source of revenue was Medicaid, accounting for over one-third of total revenue each year. The second largest revenue source each year was grants, including those provided by the Health Resources and Services Administration (HRSA).

Health Center Revenue Sources and Amounts, 2018 and 2022



Source: GAO analysis of Health Resources and Services Administration and Department of Health and Human Services data. | GAO-24-106815

Note: For more details, see figure 2 in GAO-24-106815.

HRSA awarded about \$34 billion in grant funding to health centers through its Health Center Program in fiscal years 2018 through 2022. About two-thirds of that funding—\$23.5 billion—was awarded for service area funding, which supports ongoing operations and services, including existing and recently expanded services, at health centers. The second largest category of funding was provided for the purpose of assisting health centers with preventing, mitigating, and responding to COVID-19. The remaining grant funding supported special initiatives, such as cancer screening; increasing services at existing health centers; and increasing the number of health centers and sites.

Health centers used various methods to meet requirements that they provide care at accessible locations and hours, and coverage for medical emergencies after regularly scheduled hours. According to officials from five primary care associations—organizations that provide technical assistance to health centers—most health centers in their states have at least one site that regularly offers extended hours, such as evenings or weekends, to accommodate patient needs. Officials said health centers have varied arrangements to ensure patients are evaluated after hours by a clinician and referred to emergency care or local urgent care as appropriate. GAO's analysis of HRSA's site visit findings from 2018 through 2022 found that over 93 percent of the 1,391 health centers that had a site visit complied with both of these access-to-care requirements. Health centers not in compliance took corrective actions, such as expanding clinic hours to include weekend hours and contracting with nurse triage services to clinically evaluate patients who called with symptoms after regular hours.