

Bi-State Primary Care Association



TABLE OF CONTENTS

What is a Primary Care Association?	<u>3</u>
Bi-State Primary Care Association's New Hampshire Members	<u>4</u>
Community Health Centers & Federally Qualified Health Centers: Key Differences	<u>5</u>
Bi-State's Members Serve 1 in 13 Granite Staters	<u>6</u>
Economic Impact of NH FQHCs	<u>7</u>
NH FQHC Payer Mix (UDS 2024)	<u>8</u>
NH FQHCs Deliver Whole-Person Care	<u>9</u>
NH FQHCs Expand Oral Health Access in High-Needs Areas	<u>10</u>
NH FQHCs Exceeded National FQHC Quality Benchmarks	<u>11</u>
NH FQHCs Improve Key Health Outcomes (UDS 2020-2024)	<u>12</u>
Bi-State 2026 NH Member Map	<u>13</u>
Bi-State 2026 NH Public Policy Priorities	<u>14</u>
Bi-State Recruitment Center and Workforce Development	<u>15</u>
Bi-State Member Resources	<u>16</u>
FQHC Sources of Revenue	<u>17</u>
FQHC Federal Requirements	<u>18</u>
FQHC Sliding Fee Scale	<u>19</u>
2026 NH Legislative Resources	<u>20</u>
Acknowledgements	<u>21</u>

Front Cover Photo Credits:

Images courtesy of Greater Seacoast Community Health and Mid-State Health Center. Used with permission.



What is a Primary Care Association?

Each of the 50 states (or in Bi-State's case, a pair of states) has one nonprofit primary care association (PCA) to serve as the voice for community health centers. These health centers were born out of the civil rights and social movements of the 1960s with a clear mission that prevails today: to provide health care to communities with a scarcity of providers and services. That includes bringing comprehensive services to rural regions of the country.

Who We Are

Bi-State was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization. Today, Bi-State represents 26 member organizations across both states that provide comprehensive primary care services to over 344,600 patients at 175 locations ([UDS](#); *location count includes: health centers, dental centers, combined centers, express care sites, school-based sites, and mobile units*). Our members include federally qualified health centers (FQHCs), Free and Referral Clinics, Planned Parenthood of Northern New England, networks, and consortia.

What We Do

We provide training and technical assistance for improving programmatic, clinical, and financial performance. We provide workforce assistance and candidate referrals for providers including physicians, dentists, nurse practitioners, and physician assistants. We work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.

Community health centers ensure everyone has access to primary health care

Community Health Centers provide affordable & comprehensive primary care to everyone, regardless of ability to pay. Nationally in 2024, over 1,500 health centers with over 17,000 locations served nearly 34 million patients – 1 in 10 Americans including 1 in 5 uninsured persons and 1 in 5 rural residents. The National Association of Community Health Centers finds that, overall, community health centers save the health care system \$24 billion annually by increasing access to comprehensive, high-quality, preventive and primary care (sources: [NACHC report](#), Uniform Data System ([UDS](#)), [Census publication on the # of uninsured](#)). Additionally, our health centers continue to respond to current and emerging public health needs through providing vaccinations, testing services, and telehealth services.

Workforce and Recruitment

Bi-State's Recruitment Center has sourced 741 candidates interested in practicing in VT and NH over the last year. We helped recruit 35 providers to NH and VT between July 2024 – June 2025 (FY25).

Bi-State Primary Care Association's NH Members

Ammonoosuc Community Health Services, Inc.

COOS, GRAFTON COUNTIES

Edward D. Shanshala II, CEO
(603) 444-8223 · ed.shanshala@achs-inc.org
25 Mt. Eustis Road Littleton, NH 03561
www.ammonoosuc.org

Amoskeag Health

HILLSBOROUGH COUNTY

Kris McCracken, President/CEO
(603) 935-5210; (603) 935-5229
kmccracken@amoskeaghealth.org
145 Hollis Street Manchester, NH 03101
www.amoskeaghealth.org

Community Health Access Network

ROCKINGHAM COUNTY

Gary Noseworthy, Executive Director
(603) 292-7721; (603) 691-5901
gnoseworthy@chan-nh.org
14 Manchester Square, Suite 235 Portsmouth, NH 03801
www.chan-nh.org

Coos County Family Health Services

COOS COUNTY

Ken Gordon, CEO
(603) 752-3669 Ext. 4018 · kgordon@ccfhs.org
54 Willow Street Berlin, NH 03570
www.coosfamilyhealth.org

Greater Seacoast Community Health

ROCKINGHAM, STRAFFORD COUNTIES

Dr. Jocelyn Caple, CEO
(603) 516-2550 · JCaple@goodwinch.org
www.GetCommunityHealth.org

Harbor Care

HILLSBOROUGH COUNTY

Henry J. Och, President & CEO
(603) 821-7788 · h.och@harborcarenh.org
45 High Street Nashua, NH 03060
www.harborcarenh.org

Health Care for the Homeless Program

HILLSBOROUGH COUNTY

Anna Thomas, Executive Director, HCH
603-657-2700 · athomas@manchesternh.gov
Rossana Goding, Director, HCH
603-663-8716 · rossana.goding@cmc-nh.org
199 Manchester Street Manchester, NH 03103
www.hchnh.org

HealthFirst Family Care Center

BELKNAP, MERRIMACK COUNTIES

Ted Bolognani, CEO
(603) 934-1464 Ext. 115 · tbolognani@hffcc.org
841 Central St., Ste 101 Franklin, NH 03235
www.healthfirstfamily.org

Lamprey Health Care

HILLSBOROUGH, ROCKINGHAM COUNTIES

Greg White, CEO
(603) 292-7214 · gwhite@lampreyhealth.org
207 South Main Street Newmarket, NH 03857
www.lampreyhealth.org

Mid-State Health Center

GRAFTON COUNTY

Robert MacLeod, CEO
(603) 238-3525 · rmacleod@midstatehealth.org
101 Boulder Point Drive Plymouth, NH 03264
www.midstatehealth.org

NH Area Health Education Center (NH AHEC)

GRAFTON, ROCKINGHAM COUNTIES

Alicia L. Battle, Program Director
Alicia.L.Battle@Dartmouth.edu
74 College Street, 7th Floor, Hanover, NH 03755
<https://sites.dartmouth.edu/nhahec/>

North Country Health Consortium

GRAFTON COUNTY

Lauren Pearson, Executive Director
(603) 259-4785 · lpearson@nchcnh.org
262 Cottage St., Suite 230 Littleton, NH 03561
www.nchcnh.org

North Star Health (Charlestown Health Center)

SULLIVAN COUNTY

Josh R. Dufresne, CEO
(802) 885-7620 · jdufresne@northstarfqhc.org
250 CEDA Road Charlestown, NH 03603
www.northstarfqhc.org/charlestown-health-center/

Planned Parenthood of Northern New England

CHESHIRE, HILLBOROUGH, ROCKINGHAM COUNTIES

Nicole Clegg, CEO
(603) 225-2925 · nicole.clegg@ppnne.org
18 Low Avenue Concord, NH 03301
www.plannedparenthood.org/planned-parenthood-northern-new-england

White Mountain Community Health Center

CARROLL COUNTY

Audrey Goudie, Executive Director
(603) 447-8900 Ext. 321
agoudie@whitemountainhealth.org
298 White Mountain Highway Conway, NH 03818
www.whitemountainhealth.org

CHCs & FQHCs: Key Differences



Community Health Centers provide comprehensive and enabling services in regions with limited access to health care. CHCs offer services to all in their service areas, determining charges based upon the resident's ability to pay. Every CHC is unique, tailoring programs and services to the needs of their communities. Collaborations with community partners allow CHCs to go above and beyond in delivering high quality of primary care. In many communities, CHCs are the only comprehensive, patient-centered medical home open to all patients without restrictions, especially underinsured and Medicaid patients. Bi-State's Community Health Center members in NH comprise 10 FQHCs (not including Charlestown Health Center) and Planned Parenthood of Northern New England.

Federally Qualified Health Centers are non-profit, community-based health care organizations that provide comprehensive and enabling services in medically underserved areas throughout the country. FQHCs are supported by the federal government through a competitive grant process to provide health care services to the un- and underinsured in rural and urban areas. FQHCs are governed by a board of directors, of whom a majority of the members receive care at the FQHCs. FQHCs accept patients regardless of ability to pay, offer a sliding fee scale to persons with incomes below 200% of the federal poverty level, and they work with their communities to address a range of barriers to health.

Federally Qualified Health Center Look-Alikes (FQHC LALs) are community health centers that meet the requirements to be FQHCs (including having a patient-majority board), but do not receive grant funding from HRSA. They provide services in medically underserved areas, provide care on a sliding fee scale, and operate under a governing board that includes patients. Bi-State's member, White Mountain Community Health Center, is an FQHC Look-Alike.

Enabling services

Non-clinical services designed to increase access to health care and improve health outcomes. Examples include translation and interpretation, help accessing transportation, and assistance navigating financial issues.

Comprehensive Services

Primary and preventive medical, dental, oral health, behavioral health, substance use disorder treatment, and enabling services.



Bi-State's Members Serve 1 in 13 Granite Staters

Bi-State's **15 member organizations** in New Hampshire serve over 106,000 patients at 66 locations, including 60 FQHC sites, 4 Planned Parenthood of Northern New England sites, Charlestown Health Center, and a Lebanon site operated by VFRC member Good Neighbor Health Clinic. Together, these centers provide primary care for 1 in 13 Granite Staters, including **1 in 4 uninsured residents** and **1 in 7 people enrolled in Medicaid**.

NH COMMUNITY HEALTH CENTERS:

Federally Qualified Health Centers

- NH's FQHCs encompass 60 sites in 9 counties.
- These FQHCs include White Mountain Community Health Center, an FQHC Look-Alike in Conway, NH.
- FQHC sites include health center operations at dental clinics, pediatric centers, schools, recovery community organizations, community mental health centers, childcare centers, soup kitchens, churches, mobile unit sites, and more.

Planned Parenthood of Northern New England

- PPNNE has four health center locations in NH: Derry, Keene, Exeter, and Manchester.

NH CONSORTIA:

- Community Health Access Network (CHAN)
- NH Area Health Education Center (NH AHEC)
- Southern Area Health Education Center
- North Country Health Consortium (NCHC)



In 2024, NH FQHCs



- Served 95,030 patients in NH.
- Conducted 405,281 patient visits.
- Offered services in 9 counties, across 60 sites.

In 2024, NH CHCs



- Served 106,311 patients in NH.
- Conducted 421,224 patient visits.
- Offered services in all 10 NH counties, across 66 sites.

FQHCs are Economic Engines within their Communities

In New Hampshire, 10 Federally Qualified Health Centers provide tremendous value and impact to the communities they serve through care for **vulnerable populations**, **savings to the health care system**, **economic stimulus**, **state-of-the-art best practices**, and **integrated care** with a focus on **managing chronic conditions**, **preventative care**, and **quality health outcomes**.

Savings to the health care system

LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM
24%	\$68.1 M	\$148.6 M

Expanding access to care

4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	PATIENTS RECEIVING ENABLING SERVICE TO OVERCOME BARRIERS TO CARE
4.6%	332,984	36,040	

Economic stimulus

HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
1,083	627	1,710
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT
\$142.3 M	\$119.4 M	\$261.7 M
STATE & LOCAL TAX	FEDERAL TAX	ANNUAL TAX REVENUES
\$3.3 M	\$27.0 M	\$30.3 M



Economic impact was compiled in this report [this report](#) by Capital Link and funded by the National Association of Community Health Centers (NACHC). For more information, see the “References and Data Sources” and “Acknowledgments” sections or visit www.caplink.org.



FQHCs Provide Care to All, Regardless of Insurance.

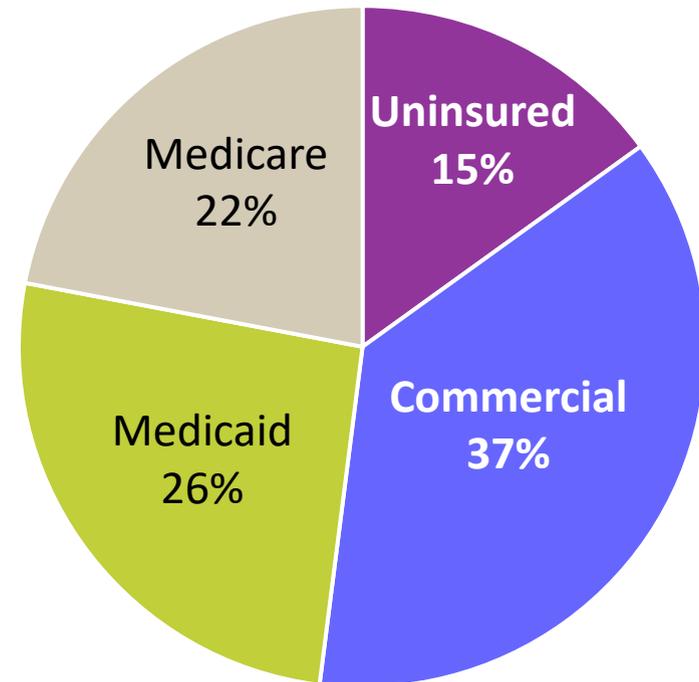
Ten NH FQHCs (not including Charlestown Health Center), including an FQHC Look-Alike, serve as the medical home for 95,030 Granite Staters who made 405,281 visits in 2024, including approximately 38,000 telehealth visits and 68,000 mental health and substance use disorder visits.

1. Ammonoosuc Community Health Services (FQHC)
2. Amoskeag Health (FQHC)
3. Coos County Family Health Services (FQHC)
4. Greater Seacoast Community Health (FQHC)
5. Harbor Care (FQHC)
6. Health Care for the Homeless Program (FQHC)
7. HealthFirst Family Care Center (FQHC)
8. Lamprey Health Care (FQHC)
9. Mid-State Health Center (FQHC)
10. White Mountain Community Health Center (FQHC LAL)

Three NH FQHCs are designated as Health Care for the Homeless Health Centers:

- Families First Health and Support Center (a Program of Greater Seacoast Community Health)
- Harbor Care
- Health Care for the Homeless Program

FQHC Payer Mix 2024



Federal law established the array of services FQHCs must provide, including basic primary care services, family planning services, immunizations, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, and transportation services. NH's FQHCs care for nearly 1 in 4 uninsured Granite Staters.

FQHCs Deliver Whole-Person Care.



Connecting Care to Community

FQHCs' ability to address a wide range of primary care issues, while also understanding and responding to community health-related social needs, makes them a crucial part of the nation's health care infrastructure. Over 95,000 Granite Staters rely upon NH's FQHCs for their primary care, pediatric care, oral health care, mental health services, pharmacy services, optometry, substance use disorder treatment, medication assisted treatment, family planning services, supportive services (i.e., nutrition education, care coordination and case management), and much more. FQHCs are often the only primary care provider in their area, filling a void for primary care across every county in the Granite State. [Three NH FQHCs](#) (Amoskeag Health, Coos County Family Health, and Lamprey Health Care) contract with the State of NH to provide family planning services throughout NH.

Photo credit: White Mountain Community Health Center

NH's FQHCs Serve



19,222 children

~
~30% of patients
are children



2,491 veterans



20,335 older adults

~
~22% of patients
are older adults



25,032 Medicaid
patients

~
FQHCs serve about
1 in 7 of all NH
Medicaid
enrollees.



Patients
experiencing
homelessness:

5,405
~
500 agricultural
workers and
dependents



14,303 uninsured
patients

~
FQHCs serve
nearly 1 in 4 of all
uninsured Granite
Staters.

Numbers reflect [2024 UDS FQHC](#) and FQHC Look-Alike data and statewide data from [KFF](#).



Expanding Oral Health in High-Needs Areas

All NH FQHCs offer dental access, with five providing on-site care. Many FQHCs are the sole providers of primary and oral health services in their regions. In 2024, NH FQHCs served over 9,700 Granite Staters through on-site clinics, school-based programs, and mobile units, delivering more than 22,000 oral health visits. Some FQHCs provide dental care exclusively through mobile and school-based programs, with dental hygienists traveling to schools to deliver preventive services and send families written reports and referrals for any needed follow-up care. **Dental patients served by NH FQHCs increased by about 24%** from 2023 to 2024, evidence of both rising need and FQHC capacity to respond. Their integrated care includes emergency services, oral cancer screenings, X-rays, preventive care, sealants, restorative treatments, endodontics, oral surgery, and school-based education. Four NH FQHCs also partner with Harvard School of Dental Medicine's Rural Dental Residency program to strengthen the oral health workforce and expand access in high-need areas.

Numbers reflect [2024 NH UDS FQHC](#) & FQHC Look-Alike data.

NH FQHC Dental Service Locations



Coos County Family Health Services

[Visit website](#) or call (603) 752-2424.

54 Willow Street Berlin, NH

141 Corliss Lane Colebrook, NH 03576



Greater Seacoast Community Health

[Visit website](#) or call (603) 749-2346.

8 Greenleaf Woods Drive Portsmouth, NH 03801

311 Route 108, Somersworth, NH 03878



Harbor Care

[Visit website](#) or call (603) 821-7788.

45 High Street, Nashua, NH 03060



Mid-State Health Center

[Visit website](#) or call (603) 744-6200.

100 Robie Road Bristol, NH 03222

202 Cottage Street Littleton, NH 03561

At select schools within Newfound Area School District



White Mountain Community Health Center

[Visit website](#) or call (603) 447-8900.

298 White Mountain Highway Conway, NH 03818



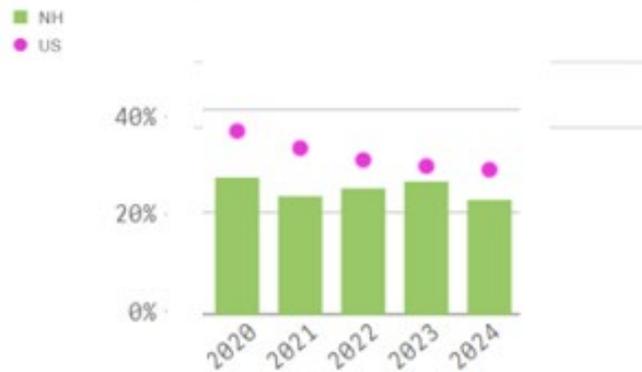
Photo credit: Amoskeag Health

NH FQHCs Exceeded National FQHC Quality Benchmarks.

FQHCs are committed to improving patient experience and health outcomes. In 2024, NH's FQHCs surpassed the national FQHC averages for quality patient outcomes including high blood pressure control, diabetes control, and lifesaving screenings for breast, cervical, and colorectal cancers.

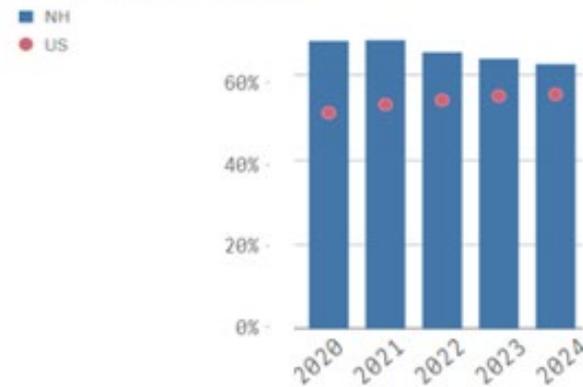
Diabetes Poor Control Rate (Lower=Better)

US: 28%; NH: 22%



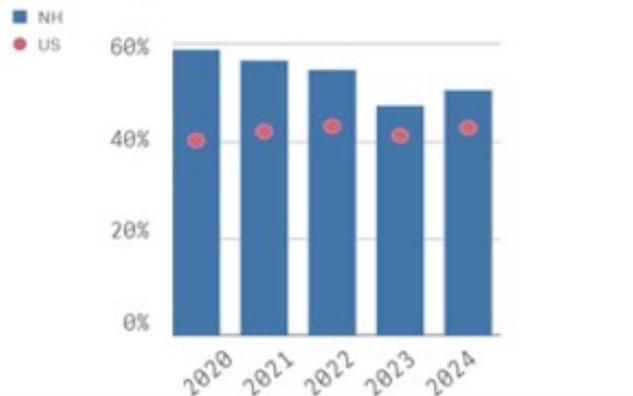
Cervical Cancer Screening Rate

US: 55%; NH: 62%



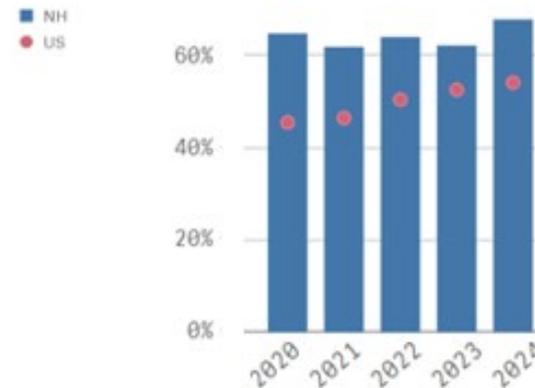
Colorectal Cancer Screening Rate

US: 43%; NH: 50%



Breast Cancer Screening Rate

US: 54%; NH: 68%



NH FQHCs Improve Key Health Outcomes (UDS 2020–2024)

NH FQHCs are delivering measurable health gains. Since 2020, they've improved blood pressure control, diabetes outcomes, cancer screening, and depression follow-up, core indicators of a healthier, more resilient population. By keeping care local and integrating services, NH health centers reduce avoidable hospital use and strengthen communities across the state.

Measurable Health Gains (2020–2024 UDS Trends):

- **Blood Pressure Control:** Reduces stroke and heart attack risk – the number of patients with hypertension whose blood pressure was controlled (< 140/90 mmHg) **increased by 22%.**
- **Diabetes Management (HbA1c < 9%):** Tracks how well patients with diabetes are managing their blood sugar levels and prevents costly complications – the number of diabetic patients whose most recent HbA1c test result was below 9% **improved by 3%.**
- **Colorectal Cancer Screening:** Early detection saves lives – the number of patients screened **increased by 8%.**
- **Breast Cancer Screening:** Improves survival and reduces treatment costs – the number of patients screened **increased by 9%.**
- **Depression Screening & Follow-Up:** Supports mental health and workforce stability – the number of patients screened and, if positive, had a follow-up plan **increased by 60%.**

Numbers reflect NH Statewide [UDS FQHC data](#).

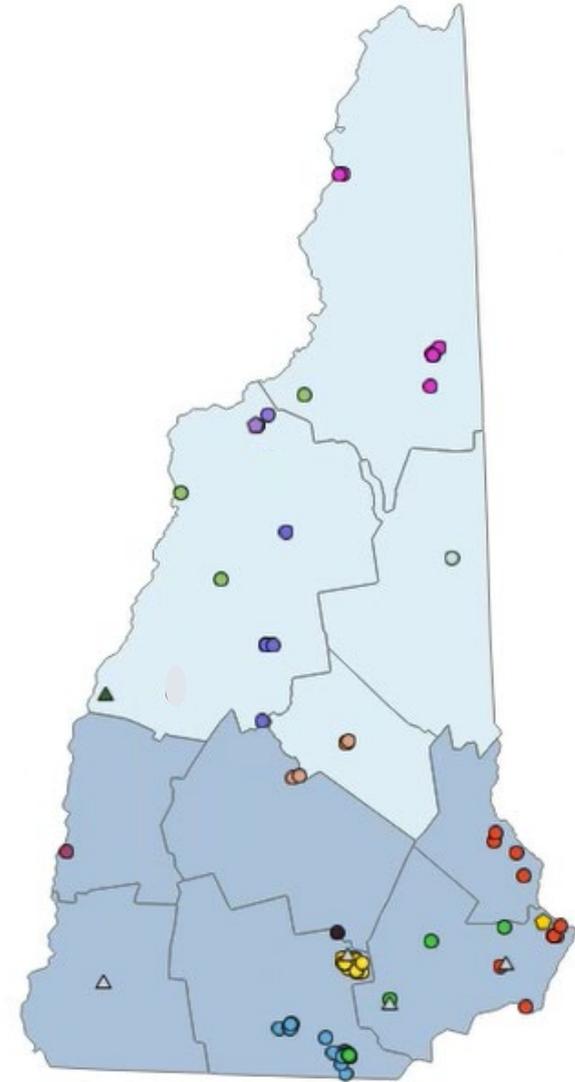


Our members serve Granite Staters in every corner of the state.

Our goal is for geography to never be a barrier to accessing comprehensive, quality services in New Hampshire. Our members operate 66 sites across the state, in every county. Our members also look for creative ways to extend their coverage, such as mobile clinics, school visits, and expanding use of telehealth connections. Our New Hampshire members had more than 420,000 visits in 2024.

- Ammonoosuc Community Health Services, Inc. (FQHC)
 - Amoskeag Health (FQHC)
 - Coos County Family Health Services (FQHC)
 - Greater Seacoast Community Health (FQHC)
 - Harbor Care (FQHC)
 - Health Care for the Homeless Program of Manchester (FQHC)
 - HealthFirst Family Care Center (FQHC)
 - Lamprey Health Care (FQHC)
 - Mid-State Health Center (FQHC)
 - North Star Health (FQHC)*
 - White Mountain Community Health Center (FQHC LAL)
-
- ▲ Planned Parenthood of Northern New England (CHC)
 - ▲ Vermont Free and Referral Clinics*
-
- ◆ Community Health Access Network
 - ◆ North Country Health Consortium

- Area Health Education Center (AHEC) Regions Shaded by County
- Northern New Hampshire
 - Southern New Hampshire



* North Star Health is headquartered in Springfield, VT with a location in Charlestown, NH

* A VFRC member, Good Neighbor Health Clinic, is headquartered in White River Junction, VT with a location in Lebanon, NH

2026 New Hampshire Public Policy Principles

Bi-State has a steadfast commitment to its members (Federally Qualified Health Centers, Planned Parenthood of Northern New England, Area Health Education Centers, and the Community Health Access Network) in their missions to provide community-based and patient-centered primary and preventive care to Granite Staters regardless of insurance status or ability to pay. Bi-State supports initiatives that ensure sufficient resources for safety-net providers and promotes the development and retention of a robust and diverse workforce. Bi-State partners with federal and state governments to maximize essential resources for communities to amplify primary care and public health measures.

Bi-State works with many partners including the Governor, the Executive Council, the General Court, and state agencies to implement policies that increase access to affordable, high-quality comprehensive primary care that integrates physical, oral, mental, reproductive health, and substance use disorder treatment services. These policies help Bi-State members achieve their mission to ensure Granite Staters are physically healthy, mentally healthy, well-nourished, well-housed, and financially secure.

2026 New Hampshire Public Policy Priorities

- ❖ Increase investments in health care workforce development and recruitment;
- ❖ Seek development of an uncompensated care fund to support safety-net providers;
- ❖ Increase investments in the State's Medicaid program and promote the permanence of the Granite Advantage Health Care Program (Medicaid Expansion);
- ❖ Pursue risk mitigation strategies to counter eroding 340B savings which are used to increase access to comprehensive services; identify added revenue streams to offset losses; and collect patient accounts of the value of the low-cost medication and added services;
- ❖ Support school-based, local, and statewide policies designed to keep Granite State communities free of preventable disease;
- ❖ Engage in statewide efforts to lower health care costs, including prescription medications, and improve health insurance affordability;
- ❖ Continue ongoing collaboration with the State and enhance State support for integrated primary and preventive care;
- ❖ Strengthen affordable access to the full range of comprehensive reproductive health care services; and
- ❖ Support expansion of telehealth and reimbursement parity for services provided via telehealth.

Bi-State's Recruitment Center

Recruitment Center Accomplishments

Our recruitment team identifies physicians, APRNs, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities.

Between July 1, 2024 and June 30, 2025, the Recruitment Center identified 741 clinicians considering practice in Vermont or New Hampshire. Our work led to the successful recruitment of 1 clinical social worker, 13 dentists, 5 nurse practitioners (including 2 psychiatric NPs), 3 family medicine physicians, 2 internal medicine physicians, an interventional cardiologist, and 4 physician assistants to practices in NH/VT.

Primary Care is Delivered by a Team

Bi-State's Recruitment Center combines local outreach with national strategic marketing campaigns to recruit clinicians in primary care, oral health, mental health, and substance use disorder treatment. We increasingly see practices struggling to maintain and recruit qualified members across the continuum of care, including nurses, medical assistants, and dental assistants. The Recruitment Center supports practices in their efforts to recruit and retain the full primary care team.

Since its inception in 1994, the Recruitment Center has helped more than 150 employers recruit qualified employees across Vermont and New Hampshire.

Strategic Workforce Initiatives

Workforce development and planning for community health centers is more important than ever before to ensure that community needs are met.

Bi-State's Recruitment Center oversees two projects with community health centers:

- Developing comprehensive recruitment and retention plans; and
- Expanding health profession education and training programs within their practices.

Contact Information

For more information, contact Stephanie Pagliuca, Senior Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.



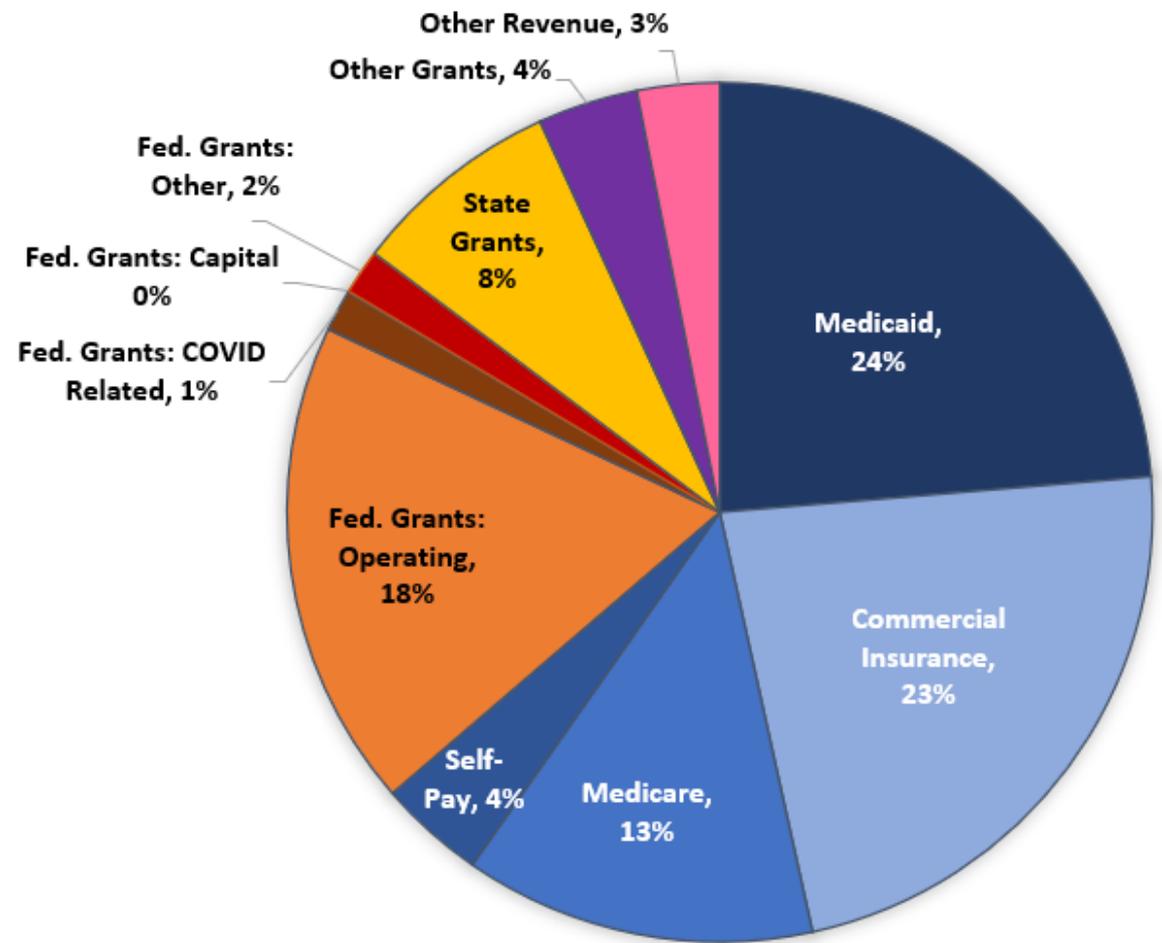
Member Resources

FQHC Funding

NH's FQHCs rely on patient revenue and grants to provide the wide array of health care and social services to their communities.

- ❖ Federal FQHC grants are awarded based upon a very competitive national application process.
- ❖ When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards. Nearly 100 regulations are connected to FQHC status.
- ❖ Federal FQHC appropriations are not transferable to any other entity.
- ❖ Medicare and Medicaid FQHC reimbursement is a prospective payment.
- ❖ FQHCs bill commercial insurers just like any other primary care practice.
- ❖ No payer reimburses FQHCs for the full cost of providing integrated, comprehensive services.

FQHC Sources of Revenue (2024)



FQHC Federal Requirements

Federally qualified health centers (FQHCs) are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete at a national level for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations. FQHCs submit extensive financial and clinical quality data to their federal regulators annually, the Health Resources and Services Administration (HRSA), in a submission called UDS. HRSA regulators audit each FQHC with a multi-day site visit every three years.

Per Federal Regulations, FQHCs must comply with nearly 100 requirements. In summary, they must:

- Provide all required primary, preventive, enabling health services (either directly or through established referrals).
- Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
- Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
- Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. No patient will be denied services based on inability to pay.
- Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services. Staff must be appropriately credentialed and licensed.
- Document the needs of their target populations.
- Provide professional coverage during hours when the health center is closed.
- Ensure their physicians have admitting privileges at one or more referral hospitals to ensure continuity of care. Health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
- Have an ongoing Quality Improvement/Quality Assurance program.
- Exercise appropriate oversight and authority over all contracted services.
- Make efforts to establish and maintain collaborative relationships with other health care providers.
- Maintain accounting and internal control systems to safeguard assets and maintain financial stability.
- Have systems in place to maximize collections and reimbursement for costs in providing health services.
- Develop annual budgets that reflect the cost of operations, expenses, and revenues necessary to accomplish the service delivery plans.
- Have systems which accurately collect and organize data for reporting and which support management decision-making.
- Ensure governing boards maintain appropriate authority to oversee operations.
- Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

FQHC Sliding Fee Scale

FQHCs must provide the patients in their service area access to services regardless of their ability to pay and must develop a schedule of fees or payments, called a sliding fee scale, for the services they provide. This is to ensure that the cost for services not covered by insurance are discounted based on the patient's ability to pay, **for those with incomes below 200% of the Federal Poverty Level (FPL), which in 2025, is \$31,300 for a household of one.**

Ability to pay is determined by a patient's annual income and household size according to the most recent U.S. Department of Health & Human Services (HHS) Federal Poverty Guidelines.

NH FQHCs discounted over \$10 million in health care services in 2024.

HHS Federal Poverty Level Guidelines for 2025

Federal Poverty Level Guidelines for 2025 in 48 Contiguous States (includes New Hampshire)

Household/ Family Size	133%	135%	138%	150%	175%	180%	185%	200%
1	20,814.50	21,127.50	21,597.00	23,475.00	27,387.50	28,170.00	28,952.50	31,300.00
2	28,129.50	28,552.50	29,187.00	31,725.00	37,012.50	38,070.00	39,127.50	42,300.00
3	35,444.50	35,977.50	36,777.00	39,975.00	46,637.50	47,970.00	49,302.50	53,300.00
4	42,759.50	43,402.50	44,367.00	48,225.00	56,262.50	57,870.00	59,477.50	64,300.00
5	50,074.50	50,827.50	51,957.00	56,475.00	65,887.50	67,770.00	69,652.50	75,300.00
6	57,389.50	58,252.50	59,547.00	64,725.00	75,512.50	77,670.00	79,827.50	86,300.00
7	64,704.50	65,677.50	67,137.00	72,975.00	85,137.50	87,570.00	90,002.50	97,300.00
8	72,019.50	73,102.50	74,727.00	81,225.00	94,762.50	97,470.00	100,177.50	108,300.00
9	79,334.50	80,527.50	82,317.00	89,475.00	104,387.50	107,370.00	110,352.50	119,300.00
10	86,649.50	87,952.50	89,907.00	97,725.00	114,012.50	117,270.00	120,527.50	130,300.00
11	93,964.50	95,377.50	97,497.00	105,975.00	123,637.50	127,170.00	130,702.50	141,300.00
12	101,279.50	102,802.50	105,087.00	114,225.00	133,262.50	137,070.00	140,877.50	152,300.00
13	108,594.50	110,227.50	112,677.00	122,475.00	142,887.50	146,970.00	151,052.50	163,300.00
14	115,909.50	117,652.50	120,267.00	130,725.00	152,512.50	156,870.00	161,227.50	174,300.00

FQHC Patients by Income

Poverty level is based on U.S. Department of Health and Human Services (HHS) [2025 Federal Poverty Guidelines](#). See [chart](#) showing different multitudes of the FPL.

Statewide, almost 70% of NH FQHC patients are at or below 200% of the FPL (or \$31,300 for a household of one). Almost 40% of NH FQHC patients are at or below 100% of the FPL (or \$15,650 for a household of one).

FQHCs provide a sliding fee scale, payment plans, and discounted services to ensure no one is turned away.

Legislative Resources



[NH General Court website](#)

[Find your NH Rep](#)

[Find your NH Senator](#)



[Watch House Committee hearings on YouTube](#)

[Watch Senate Committee hearings on YouTube](#)



[Upload remote testimony to the House](#)

[Register for or against Senate bills](#)



[View House remote testimony submissions](#)



[View Bi-State's NH public policy webpage](#)



[Who are my health center's legislators?](#)

Acknowledgements

Special thanks to our New Hampshire Bi-State Members for providing high quality health care in their communities and valuable data for the Primary Care Sourcebook.

For more information, please contact:

Kristine E. Stoddard, Esq., Senior Director, NH Public Policy

603-228-2830 Ext. 113

kstoddard@bistatepca.org

Colleen Dowling, Senior Manager, Communications and Development

603-228-2830 Ext. 127

cdowling@bistatepca.org

Bi-State Primary Care Association, 525 Clinton Street Bow, New Hampshire 03304

www.bistatepca.org

www.facebook.com/BiStatePrimaryCareAssociation



Information and data in the print version of the NH Sourcebook is updated as of January 2025.

For an online version of the New Hampshire Sourcebook and other resources, please visit

<https://bistatepca.org/public-policy/>.