

**Testimony of Jamie Ulmer, MA
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To

**House Committee on Energy & Commerce
Health Subcommittee**

**Healthier America: Legislative Proposals to Improve Public
Health Hearing**

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Summary

Community Health Centers (CHCs) are a critical, cost-effective backbone of the U.S. healthcare system, providing comprehensive, accessible care to underserved populations while reducing overall healthcare costs. However, demand for services is rapidly exceeding capacity.

To improve public health outcomes and reduce long-term costs, Congress should prioritize expanded federal investment in three key areas:

1. **Increase access to care in community settings**, especially through school-based health programs, to reach patients earlier and reduce barriers to care.
2. **Invest in preventive services**, including nutrition and primary care, to address root causes of chronic disease and avoid more expensive interventions later.
3. **Strengthen and integrate behavioral health services** within primary care to address growing mental health and substance use needs efficiently and effectively.

Sustained and expanded federal support for CHCs will improve health outcomes, lower healthcare spending, and ensure millions of Americans continue to receive essential care.

Introduction

Thank you, Chairman Griffith, Ranking Member DeGette, Chairman Guthrie, Ranking Member Pallone, and members of the Subcommittee for the opportunity to testify today on pending bills impacting Community Health Centers (CHCs), including new legislation on school-based care, nutrition services, and behavioral health. My name is Jamie Ulmer, and I am fortunate to serve as the President and Chief Executive Officer at Healthcare Network.

Background and Experience

Before my work in community health, I had the privilege of serving our country in the United States Army. I spent 24 years as a Medical Service Corps Officer, with assignments across Army Medical Command and overseas as Chief of Personnel Operations in Baghdad. Those years shaped my leadership, my sense of service, and my commitment to mission-driven work. I was honored to receive the Bronze Star Medal along with several commendations, but more importantly, I gained a deep appreciation for teamwork, resilience, and the responsibility of caring for others.

Following my military career, I continued that commitment to service in public health. I served as the Installation Public Health Administrator at Fort Jackson, and later with the South Carolina Department of Health and Environmental Control, where I focused on Emergency Medical Services for Children, ensuring some of our most vulnerable populations had access to critical care.

I then transitioned into leadership roles within Federally Qualified Health Centers, first as Chief Operating Officer of Rural Health Services in South Carolina, and later as CEO of Heart of Florida Health Center, Ocala FL (Marion County). During my time there, we experienced significant growth, expanding from an \$8 million organization to a \$70 million one, while also broadening access to care through innovative partnerships, including healthcare services within county jail systems.

Each step of that journey has reinforced a simple belief: access to quality healthcare is not a privilege; it's a necessity. And it's a responsibility we all share.

That belief is what brought me to Healthcare Network, and it continues to guide my work every day. I'm honored to be part of this organization and to work alongside so many dedicated individuals who are committed to improving the health and well-being of our communities.

Healthcare Overview

Healthcare Network is a Federally Qualified Health Center serving Collier County and the broader Southwest Florida region, including Naples, Immokalee, Ave Maria, and Everglades City. For nearly five decades, we have provided comprehensive, high-quality care to individuals and families regardless of income, insurance status, or occupation.

We serve as a trusted medical and dental home for our community, delivering integrated, patient-centered care that includes primary care, pediatrics, women's health, behavioral health, dental services, and access to pharmacy, X-ray, and diagnostic services. We also extend care beyond our clinic walls through mobile units and community health workers, ensuring we reach patients where they live and work. Our model ensures that care is accessible, coordinated, and responsive to the unique needs of the populations we serve, particularly those who are underserved and at the highest risk.

At Healthcare Network, we see firsthand what federal investment in Community Health Centers makes possible. In 2025 alone:

- We provided care to more than 56,000 individuals
- Delivered \$19 million in uncompensated care
- Served approximately 28,000 children – nearly half of the children in our community
- Cared for 10,000 agricultural workers and their families
- Provided services to 11,900 uninsured patients

These are not just statistics; they are families who can see a doctor, children who receive preventive care, and workers who can stay healthy and continue contributing to our economy. Without access to community-based care, many of these individuals would otherwise go without essential services.

However, demand for care continues to outpace our capacity. We see growing needs in behavioral health, school-based services, and preventive care that we are not yet fully able to meet. With additional federal investment, we could expand these proven models, reach patients earlier, and prevent more costly health issues before they require emergency or hospital care.

As CEO of Healthcare Network in Florida, I oversee a \$125 million health system with nearly 600 employees. We operate across multiple locations throughout Collier County, ensuring that care is accessible where people live and work.

We are also investing in the future of healthcare through:

- A Pediatric Dental Residency Program
- An upcoming Family Medicine Residency Program

These programs are critical to build the next generation of providers committed to serving underserved communities.

The Role and Impact of Community Health Centers Nationwide

Healthcare Network is part of a larger system of Federally Qualified Health Centers, also known as Community Health Centers (CHCs), across Florida and the nation that serve as a critical safety net, improving health outcomes, reducing costs, and strengthening communities. In Florida, we are one of 54 CHCs collectively serving 1.8 million patients annually.

I also proudly serve as a Board Member of both the National Association of Community Health Centers (NACHC) and the Florida Association of Community Health Centers (FACHC), which gives me a unique perspective on the impact of CHCs at both the state and national levels.

Through my work with NACHC, I have a window into the incredible work my colleagues are doing across the nation. For 60 years, CHCs have provided high-quality, affordable, comprehensive care – including primary, preventive, dental, behavioral health, pharmacy, vision, and other essential health services at over 17,000 locations across rural and nonrural communities with a workforce of 326,000. CHCs save lives and money and serve as an affordable, comprehensive, and effective primary care home for 52 million people, or 1 in 7, including 1 in 3 in rural America. As our nation’s largest primary care system, there is strong evidence, including from the Congressional Budget Office, that our work saves Medicaid and Medicare billions annually by reducing costly emergency, inpatient, and specialty care.¹ Research shows that every dollar invested in primary care yields a 13-to-1 return in overall health system savings.² NACHC is supportive of the three bills that are being discussed today and looks forward to working with all members of the committee to see them advance.

Additionally, I would note that NACHC—and my colleagues at CHCs nationwide—are deeply appreciative of this committee’s work to secure additional funding through the recent Consolidated Appropriations Act. This support comes at a pivotal moment for CHCs, many of which are facing unprecedented demand and significant challenges. Collectively, we are grateful for your longstanding leadership and bipartisan commitment to strengthening the nation’s primary care infrastructure. Your continued recognition of the essential role CHCs play in delivering accessible, high-quality care has been instrumental in sustaining our mission.

¹ Volerman A, Carlson B, Wan W, Murugesan M, Asfour N, Bolton J, Chin MH, Sripipatana A, Nocon RS. Utilization, quality, and spending for pediatric Medicaid enrollees with primary care in health centers vs non-health centers. *BMC Pediatr.* 2024 Feb 8;24(1):100. doi: 10.1186/s12887-024-04547-y. PMID: 38331758; PMCID: PMC10851548. <https://pubmed.ncbi.nlm.nih.gov/38331758/>

² <https://www.oregon.gov/oha/HPA/dsi-pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>

The investments made through this legislation will have a tangible and immediate impact: expanding access to care, stabilizing the workforce, and enabling CHCs to continue serving as trusted anchors in their communities. Quite simply, these resources will save lives across the country and help ensure that millions of patients can continue to rely on the comprehensive, community-based care they deserve.

Addressing Health Beyond the Clinical Setting

We've learned that healthcare does not begin and end in the exam room. If we are serious about improving outcomes, we must meet patients beyond our walls, in their daily lives, and in their communities.

That means addressing the factors that shape health long before a patient ever walks through our doors, including nutrition, behavioral health, and access to care where people live and learn.

Today's discussion is vitally important, and I am happy to provide an overview of Healthcare Network's programs and services and to demonstrate how CHCs nationwide can be part of the solution to these issues. At a high level, I would like to make three key points:

- Expanding access to care where patients are, including schools and community-based settings, is essential to improving care.
- Investing in preventive services, such as nutrition and primary care, is critical to reducing long-term healthcare costs.
- Resources to strengthen behavioral health services and the workforce needed to deliver that care – including deeper integration within primary care through Community Health Centers – will significantly expand access for millions of Americans.

Expanding Access Through School-Based Care

Nationally, CHCs provide care to nearly 10 million children annually, about 1 in 7 in the country. Access to primary and preventive care at CHCs reduces utilization of costlier services such as ED visits, hospitalizations, and outpatient specialty care.³ This was borne out in a 2024 study published in BMC Pediatrics. The study⁴ found that Medicaid fee for service child patients seen at a health center had a 7 percent lower chance of hospitalization and total expenditures 8 percent lower than non-health center patients. Furthermore, it found that while pediatric patients at CHCs had 20% more primary care visits, these patients had 17% fewer hospitalizations, 30% fewer Emergency Department visits, and 12% fewer prescription claims than non-CHC patients.

School-based services are a critically important and growing area for CHCs. Nationally, School-Based Health Centers represent over one-quarter of all CHC locations and serve 1.21 million patients. Expanding access to care in schools is one of the most effective ways to reach children early, reduce barriers to care, and improve both health and academic outcomes.

At Healthcare Network, we are putting this model into action. In 2025, we launched a School-Based Care program at Manatee Middle School, expanding access to care directly where children learn.

This program provides:

- On-site care for students
- Access for the neighboring elementary school
- Services for faculty, staff, and even parents after school hours

As a result, students can receive care without leaving campus, minimizing disruptions to learning.

We are seeing early impact through:

3 Pourat N, Differences in Health Care Utilization of High-Need and High-Cost Patients of Federally Funded Health Centers Versus Other Primary Care Providers. Med Care 2024 Jan 1;62(1):52-59

4 Volerman, A et al., Utilization, quality, and spending for pediatric Medicaid enrollees with primary care in health centers vs non-health centers. BMC Pediatric. 2024 Feb 8;24(1):100.

- Students receiving care earlier, before conditions worsen
- Fewer disruptions to the school day
- Increased access for families who might otherwise delay or forgo care

By meeting students where they are, this model reduces barriers to care, supports academic success, and helps prevent more serious and costly health issues over time.

In fact, the Superintendent of Schools has publicly recognized Manatee Middle and Elementary School as one of the district's healthiest schools following the implementation of this program. While our pilot program is already demonstrating strong results, it currently reaches only a fraction of the students who could benefit. With additional support, we could expand school-based care to more campuses across our region, reaching thousands more children each year with early, preventive services and further reducing long-term healthcare costs.

I appreciate the work from Representatives Paul Tonko and Troy Balderson to reauthorize the School-Based Health Centers grant program. Extending this program for the next five years will ensure that these proven models of care can continue.

Advancing Health Through Nutrition and Prevention

CHCs serve rural, suburban, and urban communities across the nation at high risk for chronic diet-sensitive conditions such as diabetes, heart disease, hypertension, and obesity. [Poor diets](#) are the leading risk factor for death and disability in the United States, and the combined healthcare spending and lost productivity from suboptimal diets and food insecurity are estimated to exceed [\\$1.1 trillion](#) each year.⁵

Working-age adults (18-64) who receive care at CHCs are 35% more likely to have a chronic condition and 31% more likely to have multiple chronic conditions than patients seen by private

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9921002/>

practice providers. Despite serving complex patient populations, CHCs consistently achieve positive health outcomes and exceed national quality benchmarks.⁶

In 2024, health centers treated:

- 3.5 million patients with diabetes and 72% of patients reached control over their hemoglobin A1c levels, leading to an estimated \$24 billion in health care savings.⁷
- 6.2 million patients with hypertension and 67% of patients achieved hypertension control, leading to an estimated \$8 billion in health care savings.⁸
- 10 million overweight/obese patients and 72% of youth (patients aged 3-17) received BMI screening and received counseling on nutrition and physical activity.

Accordingly, CHCs have sought innovations within their communities to address and reduce the burdens of these conditions, and they are national leaders in linking nutrition and health. CHC's deploy a number of strategies to incorporate effective Food for Health services, including:

- **Food Access & Security:** Screening for food and nutrition insecurity and addressing systemic barriers to access.
- **Clinical Integration:** Embedding medically indicated food-based nutritional interventions (produce prescriptions, medically tailored groceries, and medically tailored meals) into healthcare settings to prevent, manage, and treat chronic diseases for eligible patients.
- **Nutrition & Lifestyle Approaches:** Promoting a whole-person approach that incorporates family traditions, personal preferences, and individual health needs while empowering people with the cooking skills and nutrition knowledge needed for long-term health self-management. This includes training CHC staff with the skills to successfully integrate nutrition and lifestyle interventions.

⁶ National Association of Community Health Centers. Community Health Center Chartbook.

<https://www.nachc.org/resource/community-healthcenter-chartbook/>

⁷ Parker, ED, et al., Economic Costs of Diabetes in the U.S. in 2022. *Diabetes Care* 2 January 2024; 47 (1): 26–43 and <https://diabetesjournals.org/care/article/47/1/26/153797/Economic-Costs-of-Diabetes-in-the-U-S-in-2022>

⁸ Note: Calculation based on the cost of untreated hypertension cited below, and the assumption that without CHCs, 3.6 million patients diagnosed and treated for hypertension would have been left untreated.

Improving health outcomes starts with prevention, because the most cost-effective care is the care we never have to deliver.

Nationally, childhood obesity remains a significant public health challenge. According to the American Academy of Pediatrics, one in five U.S. children and adolescents, approximately 21%, are affected.

At Healthcare Network, we address this through targeted, community-based programs. Our Wellness Warriors program is a comprehensive, and culturally appropriate initiative that brings together a nutritionist, a pediatric provider, and a behavioral health team to work directly with children and their families.

Rather than simply providing education, this team-based approach allows us to engage families in real time, helping them understand nutrition, build healthier habits, and address behavioral factors that contribute to childhood obesity. By working together in a coordinated and highly interactive way, we can provide practical, personalized guidance that families can apply in their daily lives.

We also partner with Core Health Partners to provide targeted nutritional education for gestational diabetic mothers in rural Immokalee, improving outcomes for both mothers and babies. However, in many communities, the challenge is not just education—it is access. When Immokalee's only full-service grocery store closed in October 2025, many families were left without reliable access to fresh, healthy food.

To address this, we have expanded services beyond traditional care delivery, including on-site mobile food pantry visits to ensure families have access to nutritious food.

These efforts are not just about nutrition, they are about making healthy choices possible, preventing chronic disease, improving birth outcomes, and reducing long-term healthcare costs.

The recent announcement by HRSA to dedicate \$125 million of funding to support more than 350 CHCs nationwide to expand access to nutrition services and food-based interventions within primary care settings is critical to bolstering the work that is already occurring. Additionally, the Trump administration recently included \$19 million in additional investments as part of the FY2027 budget request. CHCs nationwide look forward to working with the Appropriations Committees in both chambers to achieve this funding.

Additionally, CHCs appreciate the leadership from Rep. Diana Harshbarger to introduce the Nutrition Education and Chronic Disease Prevention in Community Health Centers Act of 2026. CHCs look forward to working with members of the committee as the bill moves forward.

Strengthening Behavioral Health Services

Focused and sustained attention – and resources – to address behavioral health challenges in the United States is essential. According to recent research, nearly 44 million adults, about 1 in 6, nationwide are estimated to have past-year mild to moderate mental illness.⁹ Additionally, according to the Substance Abuse and Mental Health Services Administration, among people 12 or older, 16.8% (or 48.4 million people) had a past-year substance use disorder (SUD).

CHCs are national leaders in delivering whole person care, with behavioral health and primary care integration at the core of their services. Health centers provide a wide range of mental and behavioral health services for children and adults, including individual and group counseling, intensive outpatient programs, addiction and recovery services, Medication Assisted Treatment (MAT), school-based therapy, and crisis services. These services are patient-centered and tailored to each community's needs. Interdisciplinary teams coordinate care and offer case management for individuals experiencing trauma, sleep disorders, abuse, depression, anxiety, or alcohol and drug use, among other conditions. In 2024, CHCs provided care to 3.4 million behavioral health patients

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<https://pubmed.ncbi.nlm.nih.gov/41694706/#:~:text=Results%3A%20Nearly%2044%20million%20community,health%20treatment%20did%20so%20virtually.>

at over 20 million patient visits. In 2024, over 247,000 CHC patients nationally received medications for opioid use disorder (MOUD), which marked a 6% increase from the previous year.

However, CHCs are still meeting only a fraction of the behavioral health service needs among existing patients due to a shortage of providers and inadequate reimbursement. According to the Health Resources and Services Administration (HRSA), an estimated 7.7 million CHC patients still need mental health services, and 5.2 million CHC patients need substance use disorder treatment.

At Healthcare Network, behavioral health is a core part of our care model.

In 2025, we delivered more than 13,000 behavioral health visits, reflecting both the growing need and the importance of integrated care in our community.

We provide:

- Integrated behavioral health within primary care
- Traditional behavioral health services

By embedding behavioral health into primary care, we can identify and treat conditions earlier, reduce stigma, and improve overall health outcomes.

We also operate our Primary Care Addiction Treatment (PCAT) program, which provides comprehensive, integrated care for individuals with substance use disorders. Through a supportive, compassionate, and nonjudgmental approach, we treat every patient with dignity while connecting them to the care and resources they need for recovery.

This work is strengthened through key partnerships, including:

- David Lawrence Centers
- Drug Court programs
- Collaboration with the Collier County Sheriff's Office

Together, these efforts allow us to coordinate care across systems, reduce unnecessary hospitalizations, support individuals in crisis, and help break cycles of untreated mental illness and substance use. This is not only better care, but also smarter, more cost-effective care for communities and taxpayers.

I appreciate Rep. Susie Lee's leadership in introducing the Expanding Community Access to Health Services Act (HR 8201). This legislation will enable CHCs to deepen behavioral health services for millions of CHC patients nationwide.

Conclusion

Again, thank you, Chairman Griffith, Ranking Member DeGette, Chairman Guthrie, Ranking Member Pallone, and members of the Subcommittee for the opportunity to testify at today's hearing and for your thoughtful attention to these critical issues. With sustained and expanded federal investment, we can build on what is already working, scaling access, strengthening the workforce, and delivering even greater value to patients, communities, and taxpayers. I look forward to your questions.