

Call for Papers for a Special Supplement of *JHCPU* on “Policy Impact and Innovations in Community Health Centers”

Sponsored by the National Association of Community Health Centers (NACHC)

Deadline for submission: June 15, 2026

Site for submission: <https://mc.manuscriptcentral.com/jhcpu>

Paper types: Research Papers, Commentaries, Brief Communications, Literature Reviews, Reports from the Field. See *JHCPU*'s Information for Authors.

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As our nation's largest primary care system, community health centers (CHCs) currently care for 52 million people or 1 in 7 Americans, including 1 in 3 in rural America. Over the past 60 years, through bipartisan support, CHCs have built a “policy quilt” of federal, state, and local legislation that supports at least 80% of their funding (e.g., 330 grant funding, Medicare Prospective Payment System or PPS, Medicaid Prospective Payment System or PPS, 340B drug pricing, National Health Service Corps, Federal Tort Claims Act or FTCA, Teaching Health Centers). CHCs cost only \$60B or around 1% of US health care spending to serve 14% of the US population with affordable, comprehensive, and effective primary care. Despite having a workforce of over 330K+ in over 17+ locations, they continue to have funding and workforce challenges that will require further policy impact and innovations.

This special supplement, sponsored by the National Association of Community Health Centers (NACHC), focuses on understanding the past and present “policy quilt” of federal, state, and local legislation that supports CHCs. We invite data-driven manuscripts and innovative commentaries on how past, current and future federal, state, and local policies affect CHCs, including positive and adverse consequences for access, financing, and outcomes.

The goal will be to promote and publish this supplement concurrently with NACHC's upcoming Policy and Issues Forum (P&I) in February 2027 with a learning session. See <https://www.nachc.org/conferences/>.

Topics of Interest

Submissions should focus impacts and innovations of federal, state, and local policies on CHCs. Topics of interest include but are not limited to:

- 330 Grant Funding

- Medicaid Prospective Payment System or PPS or other policies, including expansion, managed care, value-based care, eligibility, and work requirements
- Medicare Prospective Payment System or PPS or other policies, including value-based care, Medicare Advantage, and alternative payment approaches
- 340B Drug Pricing policies, including impacts on medication access, service expansion, and financial stability
- National Health Services Corps and other workforce policies, including Federal Tort Claims Act or FTCA, staffing capacities/gaps, scope of practice, care models, and integration of primary care with oral health/behavioral health/pharmacy services/community health workers
- Teaching Health Centers and other workforce pipeline policies and initiatives, including allied health workers, community health workers, and other training programs
- Financial effects of federal, state, and local policies, especially on revenue stability, payer mix, and funding shifts
- Access and utilization effects, especially on patient volume, service mix, and system gaps
- Quality and outcomes effects, especially on chronic disease, preventive care, behavioral health, mortality and morbidity, vital conditions, and community health
- Rural access and impacts due to hospital closures, sustainability of mobile services, and availability of primary care training programs

Methodological Expectations

The editors will prioritize empirical, evaluative, and innovative studies and commentaries in predominantly CHC settings, including but not limited to quasi-experimental, implementation, and economic analyses. Manuscripts should report quantitative and qualitative outcomes related to access, utilization, workforce, financial, health, and/or clinical performance where feasible. Descriptive reports must include operational metrics and clear analytic frameworks. Populations of interest are those with limited resources and systemic factors affecting health. Studies should focus on patients who experience barriers to care or have greater health and non-clinical needs.

Article Types

Original research, health services and policy analyses, implementation studies, and economic evaluations are welcome. See the *Journal's* [Information for Authors](#) for details on article types. Please note that policy papers may be written as Research Papers, Brief Communications, or Commentaries. This supplement will contribute rigorous evidence on how key federal, state, and local policies strengthen CHC capacity and outcomes to inform future federal, state, and local decision-making.

Review

All articles will be double-blind peer reviewed. The reviewers will not be informed until after a paper is accepted that it was submitted as part of a supplement.