

WELCOME!

- We'll get started momentarily.
- Your microphone, video, and chat features are not needed and will remain deactivated.
- To view closed captioning, select the *Show Captions* icon in the meeting controls toolbar.
- Please submit questions at any time in the Q&A feature.
- If you still have questions at the end of this session, please contact Health Center Program Support.





Bureau of Primary Health Care Program Updates

January 29, 2026

Vision: Healthy Communities, Healthy People



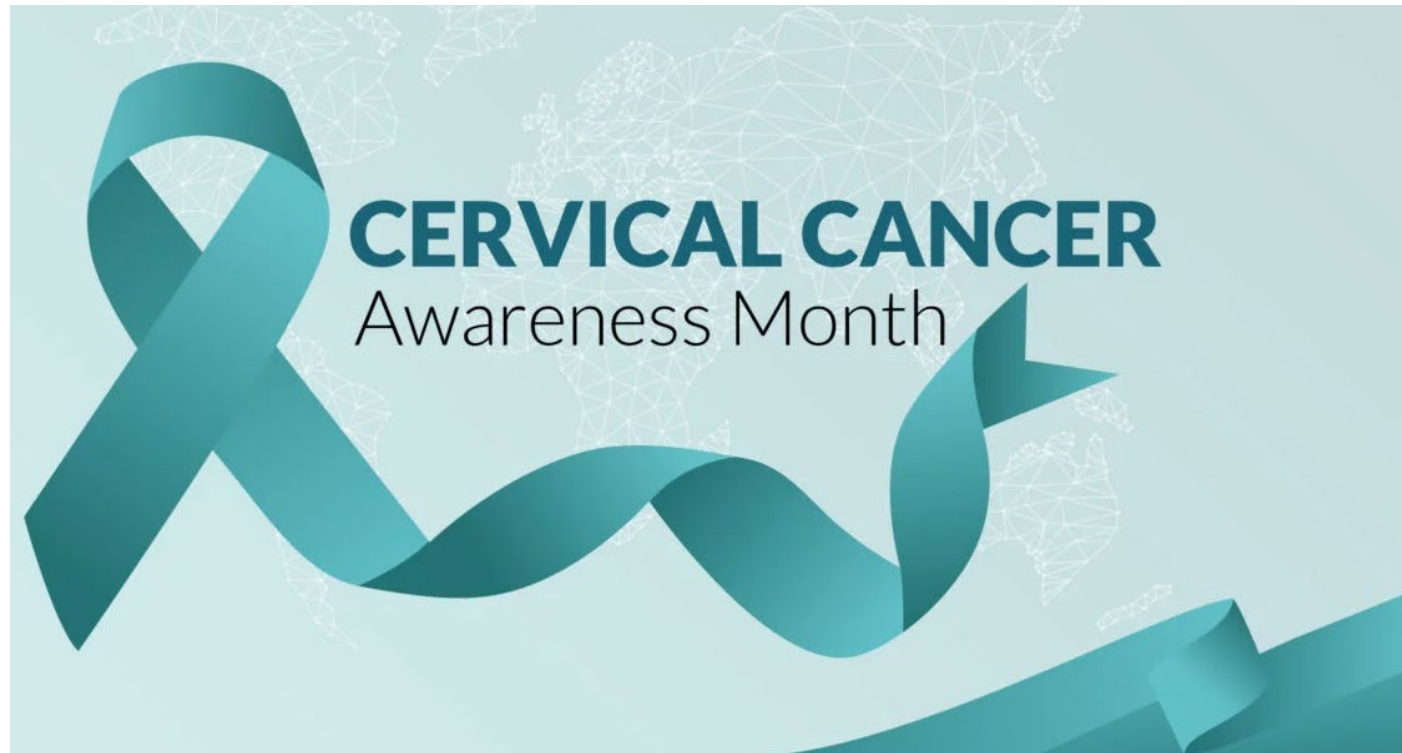
Health Center Program Updates

AGENDA

- ☐ January Observances; 2025 Highlights
- ☐ Maternal Health and Cervical Cancer Screening Guidelines Update
- ☐ Project Officer Transition
- ☐ UDS Reporting Updates
- ☐ Funding and Policy Updates
- ☐ Bureau Updates
- ☐ Mark Your Calendar
- ☐ Q&A



January Observances



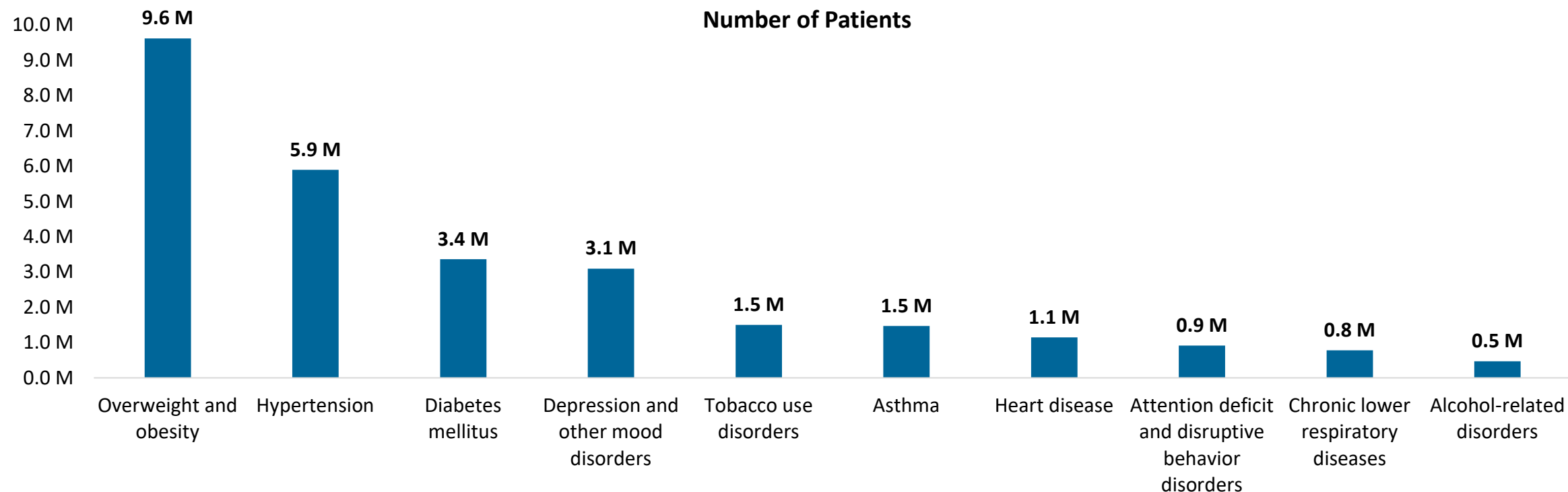
2025 Highlights



Year in Review

Health Centers Help Patients Improve Their Health

Health Centers are at the forefront of “Make America Healthy Again” by caring for patients with a variety of health conditions



Source: Uniform Data System, 2024 – Table 6A



Health Centers Help Patients Improve Their Health

Chronic Disease Prevention/Management	2020	2023	2024	Change in Number of Patients; 2023-2024	Change in Number of Patients; 2020-2024
Hypertension Control	58% (2,945,580)	66% (3,454,116)	67% (3,687,941)	+233,825	+742,361
Controlled Diabetes (<9% HbA1c)	64% (1,605,408)	71% (2,095,128)	72% (2,238,249)	+143,121	+632,841
Nutrition Counseling/Health Education	2020	2023	2024	Change in Number of Patients; 2023-2024	Change in Number of Patients; 2020-2024
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	65% (3,032,670)	72% (4,351,097)	73% (4,573,353)	+222,256	+1,540,683
Adult Weight Assessment and Follow-up Plan	66% (10,118,632)	67% (11,734,256)	68% (12,355,556)	+621,300	+2,236,924
Tobacco Use Screening and Cessation	83% (10,085,837)	85% (12,172,683)	84% (13,876,552)	+1,703,869	+3,790,715
Cancer Screening	2020	2023	2024	Change in Number of Patients; 2023-2024	Change in Number of Patients; 2020-2024
Breast Cancer Screening	45% (1,438,426)	52% (1,851,976)	54% (1,966,405)	+114,429	+527,979
Colorectal Cancer Screening	40% (2,448,976)	41% (3,306,873)	43% (3,617,246)	+310,373	+1,168,270
Cervical Cancer Screening	51% (3,807,992)	55% (4,278,162)	55% (4,431,850)	+153,688	+623,858
Mental Health Care	2020	2023	2024	Change in Number of Patients; 2023-2024	Change in Number of Patients; 2020-2024
Screening for Depression and Follow-up	64% (10,280,203)	72% (11,636,325)	74% (15,446,771)	+3,810,446	+5,166,568





Cervical Cancer Screening Guidelines and Maternal Health Updates

Ann Sheehy, M.D., M.S., Principal Deputy Administrator and HRSA Chief Medical Officer

Margaret Bush, HRSA Chief of Staff

Eliza Heppner, M.P.A., Acting Associate Administrator, Maternal and Child Health Bureau

Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



Updated HRSA Cervical Cancer Screening Guideline

- HRSA's Women's Preventive Service Initiative (WPSI) recommends cervical cancer screening for average-risk women aged 21 to 65 years. For women aged 21 to 29 years, cervical cancer screening using cervical cytology (Pap test) every 3 years is recommended. Co-testing with cytology and human papillomavirus (hrHPV) testing is not recommended for women younger than 30 years.
- Women aged 30 to 65 years should be screened with primary hrHPV testing every 5 years (preferred) or cytology and hrHPV testing (co-testing) every 5 years. If hrHPV testing is not available, continue screening with cytology alone every 3 years. Women who are at average risk should not be screened more than once every 3 years.
- Patient-collected hrHPV testing is an appropriate method and should be offered as an option for cervical cancer screening in women aged 30 to 65 years at average risk.
- Additional testing may be required to complete the screening process and follow-up findings on the initial screening. If additional testing (e.g., cytology, biopsy, colposcopy, extended genotyping, dual stain) and pathologic evaluation are indicated, these services also are recommended to complete the screening process for malignancies.

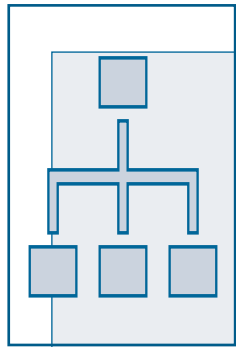


BPHC Updates



Office of Heath Center Program

Monitoring Organizational Updates



Shift from functional to regional and segmented divisions



Designated Project Officer assigned to each Health Center



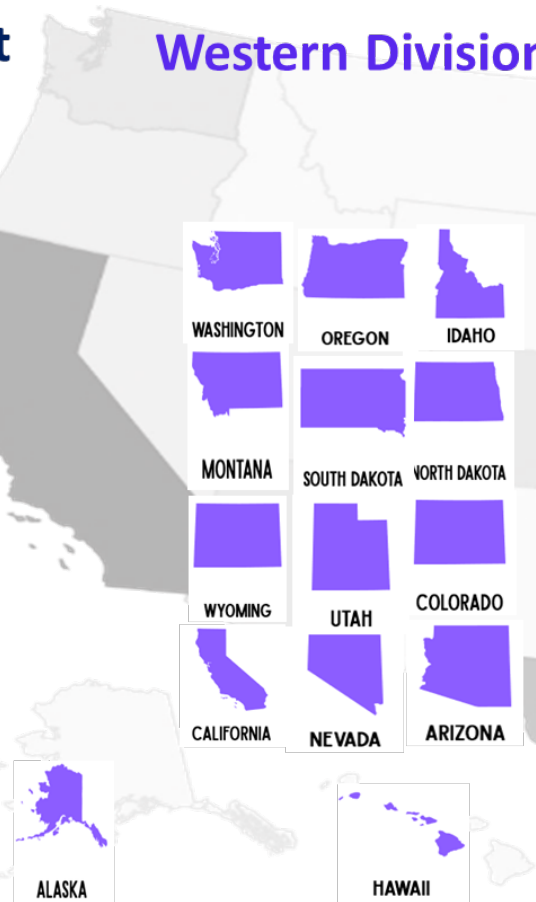
BPHC Contact Form is still available for use

Office of Health Center Program Monitoring Organizational Updates

Strategic Support Division



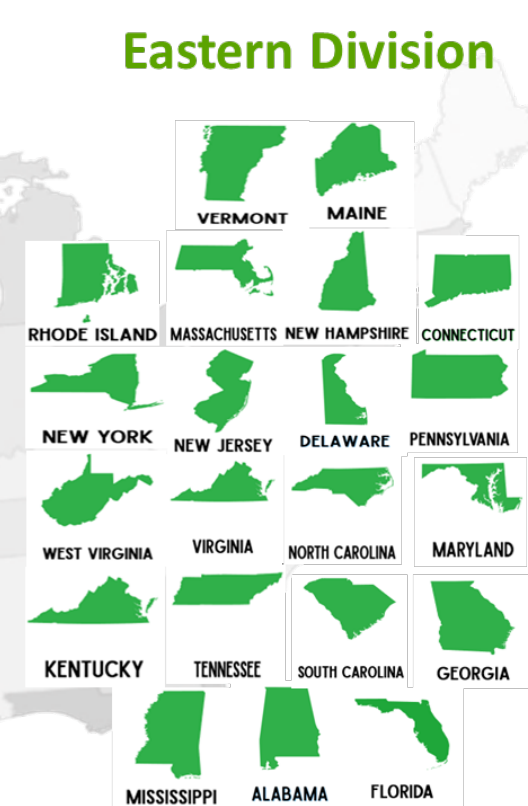
Western Division



Central Division



Eastern Division



Uniform Data System (UDS) Updates

2025 UDS Reporting Period is Open!

Jan 1	2025 UDS Report Submission Period officially begins through EHBs
Feb 15	Complete UDS Report Due (Health Centers)
Feb 16 - Mar 31	UDS Review Period
Mar 31	Any corrected UDS submissions must be finalized

Who needs to report UDS data?

- All health centers funded or designated in whole or in part before October 1 of the reporting year must report on in-scope activities for the full calendar year (January 1 – December 31).
- Visit [Health Center Changes and UDS Reporting: Frequently Asked Questions](#) for more.

Where can I get UDS reporting assistance?

- [UDS Technical Assistance](#) webpages
- [2025 UDS Manual](#)
- [UDS Office Hour](#): Wednesday, February 4, 2:00– 3:00 p.m. ET

2026 UDS Instrument Updates

60-Day Federal Register Notice (FRN)

- ✓ Public comment period ends: 2/9/26

2026 UDS Proposed Changes Program Assistance Letter (PAL)

- ✓ Released 12/16/25



For general UDS reporting questions, submit inquiries via the [BPHC Contact Form](#).



FTCA Listening Sessions: Key Initial Findings

Across both listening sessions, feedback consistently showed:

- **Concern regarding the complexity and administrative burden of FTCA requirements and deeming processes**
 - ✓ Risk management requirements are the single largest source of concern
 - ✓ Inconsistency across review
- **Demand for clearer and more stable compliance guidance**
 - ✓ Lack of clarity in requirements and guidance drives frustration more than workload alone
- **Desire for practical, realistic tools to support compliance**
 - ✓ Participants want practical guidance and transparency, not reduced oversight



Funding and Systems Updates

Program Funding and Designations

- [Service Area Competition – Additional Area \(SAC-AA\)](#)
- [National Technical Assistance Program \(NTAP\)](#)
- [Quality Improvement Fund \(QIF\)](#)
- Health Center Performance Period Changes

Data Collection/Systems Modernization

- Streamline Health Center Program Forms
- Grants and Program Management Systems Modernization



Scope of Project Updates

Scope of Project Policy Manual

- Public Comment: Closed February 2025
- Received and reviewed nearly 2,800 comments
- Aim to release final Scope Manual in 2026

Scope of Project System Update

- BPHC is enhancing the Change in Scope (CIS) Module

Capital Project Updates

Capital Assistance for Hurricane Response and Recovery Efforts (CARE – C16 – FY 2023)

- The next Semi-Annual Progress Report release is March 1, 2026.
- Project period end date for FY 2023 CARE awards is on August 31, 2026.

Congressionally Directed Spending (CDS – CE2 – FY 2023)

- The next Semi-Annual Progress Report release is May 1, 2026.
- Project period end dates for FY 2023 CDS awards are in July, August and September 2026.



Updates from the Associate Administrator



Mark Your Calendar

BPHC Program Updates

- Thursday, February 26, 2 – 3 p.m. ET



Questions?



Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[Health Center Program Support](#)



877-464-4772, 8 a.m. – 8 p.m. ET, Monday – Friday (except federal holidays)

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