



August 29, 2018

National Advisory Committee on the Sex Trafficking of Children and Youth in the United States (NAC)

Sent via electronic mail to: [adonald@nhctac.org](mailto:adonald@nhctac.org)

**Main Office**  
7501 Wisconsin Ave.  
Suite 1100W  
Bethesda, MD 20814  
301.347.0400 Tel  
301.347.0459 Fax

**Division of Public Policy and Research**  
1400 Eye Street, NW  
Suite 910  
Washington, DC 20005  
202.296.3800 Tel  
202.296.3526 FAX

Dear Representative Members of the NAC,

The National Association of Community Health Centers (NACHC) appreciates the opportunity to comment on the important role that health centers play in addressing victims of human trafficking. NACHC is the national membership organization for federally qualified health centers (also known as FQHCs or “health centers”). FQHCs play a critical role in the health care system, serving as the health home for over 27 million people, the majority of whom live under the Federal Poverty Level. With over 1,400 organizations operating over 11,000 sites nationwide, FQHCs provide affordable, high quality comprehensive primary care to medically underserved individuals, regardless of their insurance status or ability to pay.

Our membership includes a variety of health centers, including Community Health Centers, Migrant Health Centers, Health Care for the Homeless grantees, and Public Housing Primary Care grantees, all of whom strive to meet the health care needs of their underserved populations. Health centers provide a wide range of “enabling services” – meaning services that enable underserved populations to access medical services appropriately – including transportation, translation and interpretation services, and health education. Due to these core characteristics, health centers provide a consistent, accessible, affordable primary care home for vulnerable individuals. For more detail on health centers, please see Attachment A.

NACHC was proud to join the Association of Asian Pacific Community Health Organizations (AAPCHO) in nominating Dr. Kimberly Chang to serve as a Representative Member of the NAC, and we are thrilled that she has been selected to serve in this capacity. Dr. Chang is a health center physician and national leader in public health and policy for victims of human trafficking, serving vulnerable, underserved, and high-risk populations in Oakland and in coalitions and advisory bodies on a local, state, and national scale. She is an incredible champion and expert in the field, and we firmly believe that her insight and expertise will be instrumental in shaping the NAC’s work.

As Dr. Chang highlighted in the chapter entitled “The Role of Community Health Centers in Addressing Human Trafficking” from the 2017 edition of *Human Trafficking is a Public Health Issue: A Paradigm Expansion in the United States*:

*Short- and long-term health harms are caused by the conditions of human trafficking and the way people are controlled for labor or sex. While trafficked, people may be deprived of health care and food, are socially restricted, and are coerced into drug and alcohol use and dependence. They are often forced into dangerous, dirty, and degrading living and working conditions; and they are subject to all forms of abuse (physical, sexual, psychological, emotional, behavioral, and spiritual).*

Community health centers are uniquely positioned to address these complex and multidimensional challenges as trusted providers of comprehensive medical, mental health, substance use disorder treatment, and oral health services. Health center staff also work within local communities to perform outreach and education, to provide transportation to patients to and from care, and to coordinate care through complex health care and social service systems. To ensure that all patients understand their treatments and can make informed decisions about their health, health centers are required to deliver care that is culturally sensitive and addresses reading comprehension levels and linguistic barriers.

Health centers can also screen for and treat sexually transmitted infections, conduct risk-assessments, provide trauma-informed care, address food scarcity, and provide linkages to social services, legal services, job training, and housing assistance. With additional investments, further sharing of best practices, enhanced provider training, and creation and expansion of pilot programs to test innovative models, health centers can do even more to address the needs of children and youth who have experienced or are at risk for sex trafficking in the United States.

We greatly appreciate the opportunity to support the essential work of this Committee. We believe that together we can develop constructive solutions to this humanitarian and public health crisis. To that end, NACHC and its member health centers are ready, willing and available to assist the NAC by providing any further information about health centers or their work on this critical issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Jana Eubank". The signature is fluid and cursive, with the first name "Jana" being more prominent than the last name "Eubank".

Jana Eubank  
Associate Vice President, Public Policy & Research  
National Association of Community Health Centers

**Attachment A:**  
**OVERVIEW OF FEDERALLY QUALIFIED HEALTH CENTERS**

For over 50 years, health centers have provided access to quality and affordable primary and preventive healthcare services to millions of uninsured and medically underserved people nationwide, regardless of their ability to pay. At present there are over 1,400 health centers with more than 11,000 sites. Together, they serve **over 27 million patients**, including 8.4 million children and more than one in six Medicaid beneficiaries.

**Health centers provide care to all individuals, regardless of their ability to pay.** All health centers provide a full range of primary and preventive services, as well as services that enable patients to access health care appropriately (e.g., translation, health education, transportation). A growing number of Health Centers also provide dental, behavioral health, pharmacy, and other important supplemental services.

To be approved by the Federal government as a Health Center, an organization must meet requirements outlined in Section 330 of the Public Health Service Act. These requirements include, but are not limited to:

- Serve a federally-designated medically underserved area or a medically underserved population. Some Health Centers serve an entire community, while other target specific populations, such as persons experiencing homelessness or migrant farmworkers.
- Offer services to all persons, regardless of the person's ability to pay.
- Charge no more than a nominal fee to patients whose incomes are at or below the Federal Poverty Level (FPL).
- Charge persons whose incomes are between 101% and 200% FPL based on a sliding fee scale.
- Be governed by a board of directors, of whom a majority of members must be patients of the health center.

Most Section 330 health centers receive Federal grants from the Bureau of Primary Health Care (BPHC) within HRSA. BPHC's grants are intended to provide funds to assist health centers in covering the otherwise uncompensated costs of providing care to uninsured and underinsured indigent patients, as well as to maintain the health center's infrastructure. Patients who are not indigent or who have insurance, whether public or private, are expected to pay for the services rendered. In 2017, on average, the insurance status of Health Center patients is as follows:

- 49% are Medicaid recipients
- 23% are uninsured
- 18% are privately insured
- 9% are Medicare recipients

No two health centers are identical, but they all share one common purpose: to provide primary health care services that are coordinated, culturally and linguistically competent, and community-directed, to uninsured and medically underserved people.