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United States Senate

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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November 17, 2023

VIA ELECTRONIC TRANSMISSION

The Honorable Christi A. Grimm
Inspector General
U.S. Department of Health and Human Services
Office of Inspector General
330 Independence Avenue SW
Washington, D.C. 20201

Dear Inspector General Grimm:

I am writing to request the Office of Inspector General open an investigation into the use of federal funds for providing health care to undocumented and migrant populations in the health center program.

The crisis on the southern border continues to intensify as data from Customs and Border Protection reveal there were 269,735 migrant encounters in September.¹ This number represents a nearly 50 percent increase in encounters since July.² In fiscal year 2023, a total of 2.48 million encounters occurred with migrants on the southern border, also a record-breaking number.

Health centers play a crucial role in our nation's health care infrastructure. Section 330 of the Public Health Service Act authorizes the federal health center program, which includes four types of centers: (1) community health centers, (2) health centers for the homeless, (3) health centers for residents of public housing, and (4) migrant health centers. Driven by their mission to support medically underserved and vulnerable populations, these centers offer essential health care services to patients regardless of an individual's ability to pay or immigration status.³ Networks of health centers can be the largest primary care organization near the southern border and play an integral role in the health care of migrants.⁴

Migrant populations often have unique health needs and are at a higher risk for certain communicable diseases such as tuberculosis (TB). Migrant Health Centers (MHCs), a specialized

¹ *Southwest Land Border Encounters*, U.S. Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters> (last updated Oct. 21, 2023).

² *Id.*

³ 42 U.S. Code 254b.

⁴ *Chiricahua Community Health Centers, Inc.* <https://cchci.org/>.

type of health center, provide care to migratory and seasonal agricultural workers. MHCs offer specific health care services to the migratory and seasonal agricultural worker population, including infectious disease control and prevention, and addressing health risks associated with exposure to unsafe agricultural chemicals.⁵ Nearly 41 percent of all agricultural workers in the U.S. are undocumented.⁶

Health centers receive significant federal support through a variety of sources, including Medicaid and Medicare payments, the Community Health Center Fund, the 340B Drug Pricing Program, discretionary appropriations, and federally-subsidized private insurance. Therefore, while many migrants are ineligible for federally subsidized health care coverage, these individuals are still able to access health care services that are significantly subsidized by the federal government. As the border crisis persists, it will continue to increase the strain placed on health care providers that practice in a historically underserved region. Health care providers must continue to serve this population, but as the influx of migrants increases pressure on health centers, I would like to know more information about how this has impacted care delivery and operating revenue at health centers.

Specifically, I request your investigation take the following questions into consideration:

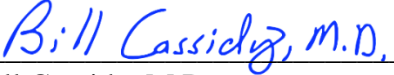
1. What percentage of health center funding is allocated toward care for migrants? Please review and breakdown the following sources funded by the Department of Health and Human Services (HHS) –
 - a. Community Health Center Fund
 - b. Discretionary grants authorized under Section 330 of the Public Health Service Act
 - c. Title X Family Planning Grants
 - d. Ryan White HIV/AIDS Program
 - e. HRSA dentistry grants
 - f. Other supplemental funding, such as grants to address COVID-19
2. What percent of the Community Health Center Fund is allocated to each type of health center each year? Please provide a breakdown by (1) community health centers, (2) health centers for the homeless, (3) health centers for residents of public housing, and (4) migrant health centers.
3. What percent of Community Health Center Fund funding across the four types of health centers goes toward care for migrants?
 - a. How many migrants are served by each type of health center with these funds?
 - b. How many of those migrants are undocumented?

⁵ 42 U.S. Code 254b.

⁶ *Farm Labor*, Economic Research Service, U.S. Department of Agriculture, <https://www.ers.usda.gov/topics/farm-economy/farm-labor/#:~:text=In%202018%E2%80%9320%2030%20percent,percent%20held%20no%20work%20authorizati> on (last updated Aug. 7, 2023).

4. How has the influx of migrants impacted care delivery at health centers in areas with high percentages of migrant populations? Impact on care delivery should include metrics associated with wait times, accessibility of appointments, and clinical outcomes.
5. Does the Department of Homeland Security (DHS) or HHS direct individuals in their custody to health centers? Does DHS or HHS inform individuals of the services health centers offer after they leave the custody of the federal government? If yes, please elaborate on local community impact.
6. How do health centers collaborate with local and state health departments to provide vaccines, communicable disease reporting, and other services to migrant populations?
7. Please detail the requirements of health centers to report communicable diseases to their local, state, and federal health authorities. For individuals who require treatment for a communicable disease, such as TB, what is the treatment completion rate?
8. Among the migrant population seeking care at health centers, what are the most prevalent infectious diseases they present with? How is their disease burden different than non-migrant patients seeking care at health centers?

Thank you for your attention to this inquiry.



Bill Cassidy, M.D.
Ranking Member
U.S. Senate Committee on Health,
Education, Labor, and Pensions