



NATIONAL ASSOCIATION OF  
Community Health Centers

To the Members of the National Vaccine Advisory Committee:

Founded in 1970, the National Association of Community Health Centers (NACHC) is a non-profit organization whose mission is to enhance and expand access to quality, community-responsive health care for America's medically underserved and uninsured. In serving its mission, NACHC represents the nation's network of over 1,200 Federally Qualified Health Centers (FQHCs) which serve as the medical home for 20 million people through 7,500 sites located in all of the 50 states, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Guam.

The national and state networks of Community, Migrant, and Homeless Health Centers are ideal partners in emergency management. Health center sites are located in economically-depressed inner-city neighborhoods and isolated rural communities across every state and territory. Often, health centers are the only provider of care, and they provide comprehensive primary care, as well as mental health and substance abuse services, dental care, and pharmacy services. Health centers are mandated by federal law to be open to all in their communities and offer service to everyone regardless of ability to pay. **Given health centers' expertise in providing comprehensive primary and preventative health services to low-income, ethnically diverse patients, they are uniquely positioned to participate in mass vaccination efforts in response to an influenza pandemic.** Their 20 million patients come from some of the most underserved populations in the nation. Specifically:

- 7.8 million patients are uninsured (38.9% of patient population) and 7.1 million patients are covered by Medicaid (35.4%);
- Two thirds of patients are racial and ethnic minorities;
- 91% of patients have incomes under 200% of poverty;
- Health center patients are three times more likely than the general U.S. population to have limited English proficiency.
- Nearly two million patients are homeless or migrant farmworkers.

NACHC urges members of NVAC to consider the unique needs of vulnerable and uninsured populations and their care providers when developing recommendations regarding distribution and reimbursement of 2009 H1N1 influenza vaccine for adults. Some of the issues we ask you take under consideration include:

- Support for health center reimbursement for uninsured patients. Health centers serve many at-risk, disenfranchised patients and have worked hard to establish a medical home for them that is both culturally sensitive and linguistically appropriate. Some health centers are contracted to provide vaccination on behalf of their local health department but in areas where this isn't the arrangement, a health center will have to choose between either



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administering the H1N1 vaccine without reimbursement or referring patients to a vaccination site administered by their local health department. The financial impact of vaccinating uninsured health center patients could be devastating in the midst of a pandemic where demands for care related to influenza from all patients, including the uninsured, will increase and available resources will be stretched. On a national level, assuming that H1N1 will require two doses and that the reimbursable vaccination administration fee is \$16, the financial impact could be nearly \$250 million just for the administration of the vaccine. In addition, patients referred to their local health department vaccination site may experience significant transportation challenges to get to the location and vaccinators may not speak their language or understand their culture, thereby creating another substantial barrier.

- Allow transfer of H1N1 vaccine between all locations of an incorporated health center under one provider agreement. This will decrease the administrative burden for staff and allow flexibility in health center response to meet the demands of their patients at all of their locations. It is much more streamlined to move vaccine to the patients rather than move the patients to the vaccine.

The National Association of Community Health Centers appreciates the Committee's consideration of these comments and welcomes the opportunity to answer any questions or provide additional information. Please contact Mollie Melbourne, Director of Emergency Management, at [mmelbourne@NACHC.com](mailto:mmelbourne@NACHC.com) or (203) 256-2773 if we can be of further assistance.