

**Congress of the United States**  
**Washington, DC 20515**

February 11, 2021

Mr. Xavier Becerra  
Secretary-Designate  
U.S. Department of Health and  
Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Dr. Rochelle Walensky, MD, MPH  
Director  
U.S. Centers for Disease Control and  
Prevention  
1600 Clifton Road  
Atlanta, GA 30329

Dear Secretary-Designate Becerra and Dr. Walensky:

We write regarding the Administration's recent announcement of its intention to direct COVID-19 vaccines from the federal stores to federally qualified health centers (FQHCs), also known as Health Resources and Services Administration (HRSA)-funded community health centers. As FQHCs play a critical role in communities across Iowa and the nation, we are heartened by your intention to work directly with them to expand vaccine access. We are also supportive of these vaccine doses being counted separately from the state's regular allocation.

FQHCs keep Iowans healthy, safe, and connected to vital services. While this pandemic has made it abundantly clear that all types of health care providers are heroes, FQHCs play a special and particular role – they reach America's most vulnerable communities. The services FQHCs provide range from primary care to maternal and infant care, from dental hygiene to eye exams, and more. Of note, these centers also bring mental and behavioral health care into communities in dire need of those services, especially during the stress caused by the COVID-19 pandemic.

FQHCs are remarkably successful not only in offering these services, but in getting vulnerable populations to use care options. This is largely due to the FQHCs' statutorily required presence in medically underserved areas. Importantly, patients view their local FQHC as a comprehensive care stop. FQHCs are a critical part of Iowa's health care network, such as the Crescent Community Health Center in Dubuque, which serves a disproportionate share of Marshallese-speaking constituents, and All Care Health Center in Council Bluffs, which serves many patients experiencing homelessness. These FQHCs are ready to administer vaccines quickly and efficiently to Iowa's most vulnerable populations; some of our Iowa FQHCs have already proven their ability to vaccinate essential workers such as law enforcement. Many of our Iowa FQHCs have also already served as COVID-19 testing locations. Iowans trust their FQHCs and seek them out for care, guidance, and support. They are truly community-based, understanding the unique needs of their patients, whether those needs are transportation and work shift challenges making it difficult to get to an appointment or translation requirements for diaspora populations.

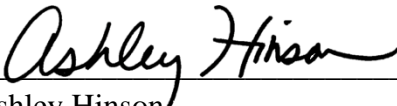
For these reasons, FQHCs are already positioned as the best potential vaccination sites with which the federal government could partner. They stand ready and able to administer COVID-19 vaccines to our most vulnerable constituents – and they should be given the opportunity to do so. Iowa, in particular, has a strong FQHC network that is well-integrated into their local communities, including the rural and lowest-income areas in the state.


As such, while we recognize the Administration needed to roll out this program with a pilot group, we believe a grave oversight was made in choosing to leave Iowa’s community health centers out of the first 25 selected to receive direct vaccination support from the federal government. This oversight can and should be rectified in the next round of the program. The direct allocations to FQHCs present a unique opportunity to improve on the vaccine rollout’s nationwide success, and we implore you to reinforce the unique and critical role FQHCs play in serving vulnerable populations. These are the same populations at greatest risk of further complicating infection rates, who are most likely to work as essential workers, and who have the weakest access to other care options. They must be prioritized to receive the vaccine.


We understand in the upcoming tranches comprising the 250 sites to be selected, each state is only guaranteed one FQHC site. We urge you to review Iowa FQHCs’ meritorious requests to be included and offer the direct vaccine partnership to as many of these critical locations as possible. Based on all available evidence, such a determination will yield positive health outcomes in the communities most in need of federal support.

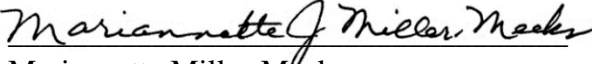
Thank you for your prompt attention to this matter. Please feel free to contact Brittany Madni in Congresswoman Hinson’s office at [madni@mail.house.gov](mailto:madni@mail.house.gov) should you have any questions.

Sincerely,

  
\_\_\_\_\_  
Ashley Hinson  
Member of Congress

  
\_\_\_\_\_  
Cindy Axne  
Member of Congress

  
\_\_\_\_\_  
Randy Feenstra  
Member of Congress

  
\_\_\_\_\_  
Mariannette Miller-Meeks  
Member of Congress

Cc: BPHC Associate Administrator Jim Macrae  
HRSA Acting Administrator Diana Espinosa