

Human Trafficking Awareness Training for Health Care Professionals

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Kristin Finklea

Specialist in Domestic Security

Elayne J. Heisler

Specialist in Health Services

Human trafficking occurs throughout the United States, and traffickers exploit vulnerable individuals for commercial sex and forced labor in a variety of legal and illegal industries. U.S. efforts to counter trafficking in persons broadly involve prevention and awareness training, investigations and prosecutions of trafficking offenses, and protection for victims. With respect to identifying victims and protecting them from further exploitation, certain industries—such as the health care industry—are uniquely positioned to recognize potential signs of trafficking. Some studies have indicated that many trafficking victims come in contact with medical professionals at some point during their exploitation, and health care professionals may be well situated to recognize indicators of human trafficking.

One key challenge in taking action to counter human trafficking is accurately identifying its victims. Various federal departments and agencies have developed efforts to enhance awareness of human trafficking. Many of these programs target awareness training to multiple industry sectors. One program is specifically focused on the health care industry. The Department of Health and Human Services (HHS) administers the Stop, Observe, Ask, and Respond (SOAR) to Health and Wellness Training Program. The SOAR Program trains professionals and organizations to recognize potential signs of human trafficking in health care, behavioral health, public health, and social services settings, and to respond appropriately. It provides survivor and clinician-informed trainings to teach professionals to (1) understand the types of and common risk factors for trafficking, (2) identify individual and environmental indicators of trafficking, (3) screen individuals and identify potential victims using a trauma-informed and person-centered approach, and (4) coordinate with relevant stakeholders to deliver appropriate care. The SOAR Program also has an online, on-demand training component, SOAR Online, which is a series of training modules, jointly provided by the Postgraduate Institute for Medicine, that qualify for continuing education and continuing medical education credits. There are modules tailored for behavioral health, public health, health care, and social service professionals, as well as for professionals serving specific communities or in particular settings.

While the SOAR Program is one path to educate health providers in recognizing trafficking, additional programs may be considered. Health provider training to recognize human trafficking could occur at multiple points in time: during formal education (e.g., medical or nursing school), during clinical training (e.g., as part of medical residency training or nurse clinical training), and while in active practice (e.g., as part of the requirements to obtain or maintain a license). Generally, the federal role at each of these points may be limited because schools and clinical training programs set training content, and states license health professionals. However, policymakers may consider several options for influencing this training. For instance, the federal government could use funding to encourage schools and training programs to develop and implement trafficking awareness training. Also, states can choose whether to require such training for licensed health professionals, and the federal government could consider providing incentives to states that require this or similar training.

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Human trafficking occurs throughout the United States, and traffickers exploit vulnerable individuals for commercial sex and forced labor in a variety of legal and illegal industries. U.S. efforts to counter trafficking in persons broadly involve prevention and awareness training, investigations and prosecutions of trafficking offenses, and protection for victims. With respect to protecting victims from further exploitation, workers in certain industries are uniquely positioned to identify potential signs of victimization. For instance, health care professionals may be well situated to recognize trafficking indicators because victims of trafficking may experience a wide range of acute and chronic health issues directly related to their victimization. Some studies have indicated that many trafficking victims come in contact with medical professionals at some point during their exploitation.¹

This report provides an overview of human trafficking and the role that awareness training may have in protecting victims and preventing exploitation. It outlines existing human trafficking awareness training programs, including those tailored to health care professionals. It also discusses the federal role in health professional training and federal efforts to encourage provider training in certain topics as context for potential policy considerations related to human trafficking awareness training. The report concludes with a discussion of potential policy options going forward.

Conceptualizing Human Trafficking

Human trafficking in the United States is broadly conceptualized as having two categories: sex trafficking and labor trafficking. Some metrics suggest that in the United States, U.S. citizens may more often be victims of sex trafficking than labor trafficking and that noncitizens may more often be victims of labor trafficking than sex trafficking.² Federal statutes do not formally define human trafficking or trafficking in persons. Rather, the Victims of Trafficking and Violence Protection Act of 2000 (TVPA; P.L. 106-386, as amended) defines *severe forms of trafficking in persons* to mean:

- (A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- (B) the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.³

Under the TVPA, force, fraud, or coercion are necessary elements to establish trafficking of an adult victim, but they are not necessary elements to establish sex trafficking of a victim under age 18. The movement of persons across jurisdictional boundaries is not necessary to establish that human trafficking has occurred.

While comprehensive data on the prevalence of human trafficking in the United States are not available, some snapshots of data exist. For instance, the National Human Trafficking Hotline produces reports that include data on potential trafficking situations.⁴ In 2020, the hotline

¹ Corinne Schwarz, Erik Unruh, and Katie Cronin et al., "Human Trafficking Identification and Service Provision in the Medical and Social Service Sectors," *Health and Human Rights Journal*, vol. 18, no. 1 (June 2016), pp. 181-192.

² U.S. Department of State, *2021 Trafficking in Persons Report: United States*, <https://www.state.gov/reports/2021-trafficking-in-persons-report/united-states/>. This is based on individuals receiving trafficking victim services provided by the U.S. Department of Health and Human Services.

³ 22 U.S.C. §7102.

⁴ See National Human Trafficking Hotline, *Hotline Statistics*, at <https://humantraffickinghotline.org/states>. The data

received information on 10,583 potential cases of human trafficking in the United States. Of these, about 72% were categorized as sex trafficking, about 10% as labor trafficking, about 3% as both sex and labor trafficking, and about 15% as unspecified. Federal prosecutions generally follow this pattern, as the United States prosecutes more individuals for sex trafficking than for labor trafficking offenses.⁵

Evidence for Human Trafficking Awareness Training for Health Care Professionals

Researchers have assessed that many human trafficking victims have likely had contact with a health care provider during the period when they were trafficked. Though estimates vary, some have projected that more than two-thirds of trafficking victims may have encountered a health care provider during their victimization. The most common health care setting where victims present is emergency departments, though victims have also reported being seen at clinics such as urgent care clinics and health centers.⁶

When victims come in contact with a health care provider during their victimization, they may be seen for conditions both related and unrelated to their trafficking. However, certain health conditions may be more common among trafficked individuals, and teaching health providers to recognize the possible association between these conditions and trafficking may aid in victim identification. The Massachusetts Medical Society, in its guidebook for its member physicians, advised that trafficking victims may present to health providers with a range of physical injuries such as burns, branding or tattoos, and firearm and knife wounds. They also note that organ trafficking victims may present in health care settings, and that one of the health conditions found in trafficking victims is scarring from unattended prior injuries, which may also occur in other types of trafficking. Further, children and adolescent trafficking victims may be at risk for physical, cognitive, emotional, and developmental health consequences such as delayed growth, malnutrition, and long-term health effects of untreated childhood illnesses. The Massachusetts Medical Society has also advised that trafficking victims may lack basic access to health services so may present with evidence of neglect, untreated medical and dental conditions, and lack of standard care such as routine immunizations.⁷ For example, some researchers have found that signs of neglect and sexually transmitted infections are common among those who are sex trafficked.⁸ In addition, focus groups of trafficking survivors have found long-term behavioral

tracked by the hotline only include those reports of trafficking the hotline receives, and thus represent an unknown subset of total human trafficking cases in the United States.

⁵ U.S. Department of State, *2021 Trafficking in Persons Report: United States*, <https://www.state.gov/reports/2021-trafficking-in-persons-report/united-states/>.

⁶ See, for example, Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health Care Facilities," *Annals of Health Law*, vol. 23 (2014), pp. 61-89. This study included nearly 100 respondents. It is similar in size to a number of other studies in this area (see pp. 63-65).

⁷ Alpert EJ et al., *Human Trafficking Guidebook on Identification, Assessment, and Response in the Health Care Setting*, Massachusetts General Hospital: Human Trafficking Initiative and Massachusetts Medical Society Commission Violence Intervention and Prevent, Waltham, MA, September 2014.

⁸ See, for example, Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health Care Facilities," *Annals of Health Law*, vol. 23 (2014), pp. 61-89; and Tanise L. Branche, Schyler Edwards, and Richa Pursani, "Human Sex Trafficking," *Topics in Obstetrics & Gynecology*, vol. 39, no. 11 (July 31, 2019), pp. 1-6.

health consequences among this population.⁹ Though these may be present, they may be more challenging for health providers to identify.

Health providers may also be able to recognize trafficking victims by asking questions about their lives or observing contextual factors such as discrepancies in the victim's history or an explanation for a medical condition that is inconsistent with the injury that is presented.¹⁰ While some victims have reported that health providers do ask questions, some survivors have also reported that providers often do not recognize trafficking.¹¹ Some victims have also reported that while physicians asked about their lives, the providers did not recognize that the victims were being trafficked and did not intervene.

Altogether, this suggests that health care professionals, like others, may face challenges recognizing and appropriately responding to trafficking victims for multiple reasons, including that evidence of trafficking can be readily concealed; it further suggests a potential need for specified training. Indeed, a number of studies have found that health providers generally lack training to recognize indicators of human trafficking.¹² While some health professional groups and schools have developed resources to increase health provider awareness, trainings generally vary with respect to content and scope, and there has been little evaluation of their effectiveness.¹³

Federal Role in Countering Human Trafficking

For over two decades, Congress has been legislating to counter human trafficking in the United States. Through the TVPA and its subsequent reauthorizations, Congress has enacted legislation aimed at preventing human trafficking, strengthening criminal laws to investigate and prosecute traffickers more effectively, and providing protections and services for survivors. Through the TVPA, related anti-trafficking legislation, and administrative initiatives, the federal role in countering trafficking continues to be centered on the core themes of prevention, prosecution, and protection.¹⁴

Prevention. Efforts to prevent human trafficking are broad, from expanding community outreach and awareness training about vulnerable populations to reducing demand for sex and labor trafficking. Prevention activities may be thought of in three categories:

- **Primary prevention.** This includes efforts to prevent exploitation *before* individuals are victimized.

⁹ See, for example, Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health Care Facilities," *Annals of Health Law*, vol. 23 (2014), pp. 61-89.

¹⁰ Alpert EJ et al., *Human Trafficking Guidebook on Identification, Assessment, and Response in the Health Care Setting*, Massachusetts General Hospital: Human Trafficking Initiative and Massachusetts Medical Society Commission Violence Intervention and Prevent, Waltham, MA, September 2014.

¹¹ Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health Care Facilities," *Annals of Health Law*, vol. 23 (2014), pp. 61-89.

¹² See discussion in Lisa P. Hachey and Julia C. Phillippi, "Identification and Management of Human Trafficking Victims in the Emergency Department," *Advanced Emergency Nursing Journal*, vol. 39, no. 1 (2017), pp. 31-51.

¹³ Roy Ahn et al., "Human Trafficking: Review of Educational Resources for Health Professionals," *American Journal of Preventive Medicine*, vol. 44, no. 3 (March 2013), pp. 283-289.

¹⁴ White House, *The National Action Plan to Combat Human Trafficking*, December 2021.

- **Secondary prevention.** This includes efforts to identify trafficking victims and provide an immediate response, including providing emergency and medical care to respond to short-term consequences.
- **Tertiary prevention.** This includes longer-term efforts including providing rehabilitative services that aim to prevent further victimization.¹⁵

In other words, in addition to federal efforts to prevent exploitation before individuals are victimized, additional efforts are aimed at identifying human trafficking victims in order to rescue them and protect them from further exploitation; for instance, a number of federal agencies administer public awareness campaigns to help recognize the signs of trafficking, identify potential victims, and respond appropriately.¹⁶ These efforts directly intersect with activities to provide services and ongoing protection to support trafficking victims.

Prosecution. Most federal human trafficking cases are investigated by the Federal Bureau of Investigation (FBI) and U.S. Immigration and Customs Enforcement, Homeland Security Investigations (ICE HSI), who coordinate with other agencies as appropriate. The U.S. Department of Justice (DOJ) prosecutes these cases.¹⁷

Protection. Several departments—primarily DOJ, the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Labor (DOL)—have programs, or administer grants that are designed to support and provide ongoing protection to trafficking victims. Such assistance may include temporary housing, independent living skills, cultural orientation, transportation, job training, mental health counseling, and legal assistance. Some may view these protection activities as part of tertiary prevention.

The Role of Awareness Training

One key challenge in taking action to counter human trafficking is accurately identifying potential victims and survivors.¹⁸ Awareness training is a central component of efforts to educate the public and certain professions about the signs of human trafficking and give them the tools to identify and protect victims. While there have been some federal efforts to enhance awareness training, advocates, subject matter experts, and policymakers have questioned whether more can be done in this space. Among the priority action items outlined in *The National Action Plan to Combat Human Trafficking* released in December 2021, many contain elements to enhance community awareness and professional training to prevent trafficking as well as identify and protect victims.

¹⁵ For more information about primary, secondary, and tertiary prevention, see U.S. Department of Health and Human Services, *Information Memorandum: Definitions and Principles to Inform Human Trafficking Prevention*, April 24, 2019.

¹⁶ The U.S. Department of Homeland Security's (DHS's) Blue Campaign is one such example. More information on the Blue Campaign is available at <https://www.dhs.gov/blue-campaign>.

¹⁷ More information on DOJ's efforts to counter human trafficking is available at <https://www.justice.gov/humantrafficking/departments-justice-components>. More information on the FBI's role in investigating human trafficking is available at <https://www.fbi.gov/investigate/violent-crime/human-trafficking>. For information on ICE HSI's role in investigating human trafficking, see <https://www.ice.gov/features/human-trafficking>.

¹⁸ White House, *The National Action Plan to Combat Human Trafficking*, December 2021.

Federal Human Trafficking Awareness Efforts

Various federal agencies have developed efforts to enhance awareness of human trafficking, including the following:¹⁹

- DOJ, through the Office for Victims of Crime (OVC) Training and Technical Assistance Center, provides practitioner-driven, evidence-based training and technical assistance to service providers, stakeholders, human trafficking task forces, victims, and communities—including schools, law enforcement, LGBTQI+ programs, foster care programs, homeless shelters, and medical providers.²⁰ DOJ also runs a *Faces of Human Trafficking* campaign, which includes a video series and materials such as fact sheets and posters to raise human trafficking awareness for the community, service providers, law enforcement, and prosecutors.²¹
- DHS runs the Blue Campaign, a national public awareness campaign to inform the public, law enforcement, and industry partners on the indicators of human trafficking and appropriate responses to potential cases.²² Some trainings are tailored to individuals in certain industry sectors, such as first responders, youth care professionals, or hospitality workers. Some elements of the Blue Campaign involve partnerships with other federal agencies; for instance, through the Blue Lightning Initiative, the Department of Transportation (DOT) partners with U.S. Customs and Border Protection (CBP) to train airline personnel to identify potential instances of human trafficking.²³
- DOT runs the Transportation Leaders Against Human Trafficking initiative.²⁴ This initiative engages transportation and travel industry stakeholders to counter human trafficking through five key areas: industry leadership, industry education and training, policy development, information sharing and analysis, and public awareness and outreach.
- HHS, through the Office of Trafficking in Persons, has a National Human Trafficking Training and Technical Assistance Center (NHTTAC), which provides training and technical assistance to enhance the public health response to human trafficking as well as professional development for survivors.²⁵ Specifically, the NHTTAC administers the Stop, Observe, Ask, and Respond (SOAR) to Health and Wellness Training Program, which trains professionals

¹⁹ While this section does not provide a comprehensive listing of federal human trafficking awareness efforts, it is intended to be illustrative of significant efforts. More information about human trafficking awareness training efforts across the federal government is available at <https://www.state.gov/humantrafficking-public-awareness-training/>.

²⁰ For more information about this training and technical assistance, see <https://ovc.ojp.gov/program/human-trafficking/training-and-technical-assistance>. See also, White House, *The National Action Plan to Combat Human Trafficking*, December 2021.

²¹ For more information about this campaign, see <https://ovc.ojp.gov/program/human-trafficking/faces-of-human-trafficking>.

²² For more information about the Blue Campaign, see <https://www.dhs.gov/blue-campaign>.

²³ More information on the Blue Lightning Initiative is available at <https://www.dhs.gov/blue-campaign/blue-lightning-initiative>.

²⁴ More information on this initiative is available at <https://www.transportation.gov/TLAHT>.

²⁵ More information on the NHTTAC is available at <https://nhttac.acf.hhs.gov/home>.

and organizations to address human trafficking in health care, behavioral health, public health, and social services settings.²⁶

Many of the federal human trafficking awareness programs are targeted toward a broad audience that cuts across various demographics and multiple industry sectors. While some, such as DOJ's awareness training efforts, may reach medical professionals, one federal awareness training program—the SOAR to Health and Wellness Training Program specifically, and exclusively—targets its trainings to the health care industry.

SOAR to Health and Wellness Training Program

The SOAR to Health and Wellness Training Program (hereinafter, SOAR Program) was developed following a 2008 HHS National Symposium on the Health Needs of Human Trafficking Victims. One outcome of the symposium was a push for increased human trafficking training for health care professionals in diverse disciplines.²⁷ In response, HHS piloted the SOAR Program in 2014,²⁸ and Congress authorized the program through the SOAR to Health and Wellness Act of 2018 (P.L. 115-398).²⁹ The SOAR Program provides survivor and clinician-informed trainings to teach health care professionals to (1) understand the types of and common risk factors for trafficking, (2) recognize individual and environmental indicators of trafficking, (3) screen individuals and identify potential victims using a trauma-informed and person-centered approach, and (4) coordinate with relevant stakeholders to deliver appropriate care.³⁰ These trainings are provided to individuals, organizations, and community groups, and there are both online (live virtual as well as on-demand) and in-person options available. In FY2021, HHS funded a five-year pilot grant program to allow for local adaptation of SOAR Program-related technical assistance training.³¹

The on-demand training, SOAR Online, is a series of training modules, jointly provided by the Postgraduate Institute for Medicine, that qualify for continuing education and continuing medical education credits. Currently, there are modules tailored for behavioral health, public health, health care, and social service professionals, as well as for professionals serving specific communities (such as professionals serving indigenous communities) or in particular settings (such as school-based professionals).³² Most of the professionals receiving SOAR trainings—nearly 96%—have been reached through the SOAR Online on-demand training modules.³³

Policymakers may look to how HHS evaluates the effectiveness of the SOAR Program. While there are output data on the number of professionals who have received SOAR training through virtual and in-person channels, data on the program outcomes, if gathered, are not publicly

²⁶ For more information on the SOAR Program, see <https://nhhtac.acf.hhs.gov/soar>.

²⁷ HHS, “Testimony from Katherine Chon on Trafficking Awareness Training for Health Care Act of 2014,” October 8, 2014. See also HHS, *National Symposium On the Health Needs of Human Trafficking Victims: Post-Symposium Brief*, July 14, 2009.

²⁸ HHS, “Statement by Katherine Chon, Director, Office on Trafficking in Persons, Administration for Children and Families, U.S. Department of Health and Human Services, Before the Tom Lantos Human Rights Commission, United States House of Representatives,” January 15, 2020.

²⁹ 42 U.S.C. §300d–54.

³⁰ HHS, SOAR Program, <https://nhhtac.acf.hhs.gov/soar>.

³¹ HHS, Administration for Children and Families, *Justifications of Estimates for Appropriations Committees*, FY2023.

³² For more information about the SOAR Online modules, see <https://nhhtac.acf.hhs.gov/soar/soar-for-individuals/soar-online>.

³³ HHS, Administration for Children and Families, *Justifications of Estimates for Appropriations Committees*, FY2022.

available. For instance, policymakers may look to how the SOAR trainings may have contributed to professionals' identifying suspected instances of human trafficking and taking actions to coordinate with stakeholders to ensure that victims receive appropriate care. As mentioned, data on human trafficking, in general, are lacking. And, more nuanced data on how instances of human trafficking may have been uncovered—and the trainings that may have contributed to this—do not appear to be collected or studied.

The Role of Health Professionals in Identifying Human Trafficking

As noted, research has indicated that many human trafficking victims may come into contact with a health care provider during their ongoing victimization. Much of the research on this topic has focused on sex trafficking victims and using reproductive health conditions such as evidence of rape or sexually transmitted infections to help identify trafficking victims.³⁴ However, providers may also be trained to recognize signs of neglect, injuries, and behavioral signs, such as victims with gaps in their medical history as indicators of various forms of trafficking.³⁵

While some types of health care providers may be more likely to encounter trafficked individuals, the core competencies of human trafficking awareness campaigns designed for health care professionals, discussed below, focus on the health care system as a whole. Trafficking victims may be identified in different types of health care settings by many different types of health care providers or others who work in health care settings. Core competencies developed for health care settings address providing appropriate, trauma-informed care to trafficking survivors, regardless of where in the health care system they may be identified.³⁶

Core Competencies

As part of efforts to standardize training, the federal government, through HHS partnerships with health providers, has developed a set of core competencies for recognizing and responding to human trafficking in health care provider awareness campaign. These core competencies are targeted toward clinicians, health education institutions, and health systems.³⁷ The overarching

³⁴ See, for example, Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Health Care Facilities," *Annals of Health Law*, vol. 23 (2014), pp. 61-89; and Tanise L. Branche, Schyler Edwards, and Richa Pursani, "Human Sex Trafficking," *Topics in Obstetrics & Gynecology*, vol. 39, no. 11 (July 31, 2019), pp. 1-6.

³⁵ Alpert EJ et al., *Human Trafficking Guidebook on Identification, Assessment, and Response in the Health Care Setting*, Massachusetts General Hospital: Human Trafficking Initiative and Massachusetts Medical Society Commission Violence Intervention and Prevent, Waltham, MA, September 2014.

³⁶ "Trauma-informed care acknowledges the need to understand a patient's life experience in order to delivery effective care, and has the potential to improve patient engagement, treatment, adherence, health outcomes, and provider and staff wellness." It includes a set of competencies and clinical guidelines that may be tailored to the type of treatment that the patient requires. See Christopher Menschner and Alexandra Maul, *Key Ingredients for Successful Trauma-Informed Care Implementation*, Center for Health Care Strategies, Issue Brief, April 2016, https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf, p. 1.

³⁷ HHS, Administration for Children and Families, National Human Trafficking Training and Technical Assistance Center, *Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems*, February 2021, <https://nhttc.acf.hhs.gov/sites/default/files/2021-02/Core%20Competencies%20Report%20%282%29.pdf>.

competency is the ability to use a trauma- and survivor-informed, culturally responsive approach to care. Six additional core competencies involve

- understanding the nature and epidemiology of trafficking, including social determinants of health;
- evaluating and identifying the factors that put individuals at risk of being trafficked;
- evaluating the needs of individuals who have experienced, or are at risk of experiencing, trafficking;
- providing patient-centered care;
- using legal and ethical standards; and
- integrating trafficking prevention strategies into clinical practice and systems of care.³⁸

When to Conduct Awareness Training for Health Care Professionals

Health provider training to recognize human trafficking could occur at multiple points in time:

- during formal education (e.g., medical or nursing school),
- during clinical training (e.g., as part of medical residency training or nurse clinical training), and
- during active practice (e.g., as part of the requirements to obtain or maintain a license).

Federal efforts to mandate training may be limited at each of these points. Generally, states regulate the practice of health care through specific practice acts (e.g., states' Nurse Practice Acts). As part of this, states are responsible for licensing health care providers. The licensing process generally includes actions such as verifying an applicant's education, whether the applicant has passed the relevant required examinations,³⁹ and whether the applicant has had sufficient relevant clinical training. Though states generally follow similar procedures for licensure, they may also have state-specific licensure requirements. Such requirements may be related to initial licensure (e.g., the number of clinical hours required to obtain licensure) or to maintaining licensure (e.g., the amount and type of clinical education required). These requirements can vary among states.

Training During Formal Health Professional Education

The federal government's role in regulating the content of educational curricula is limited. In general, the U.S. Department of Education (ED) requires that schools meet certain standards to be eligible to participate in student loan programs under Title IV of the Higher Education Act (P.L. 89-329). These requirements include that a school be accredited by an agency that ED

³⁸ Ibid.

³⁹ Generally, completing a health professional education program is required to take the relevant licensing examination. In medicine, licensing examinations include multiple steps, with initial steps taking place during medical school.

recognizes.⁴⁰ While accreditation is voluntary at the school level, individuals must have attended an accredited school to be eligible to obtain a state license; in practice, this means licensed health care providers will have obtained a degree from an accredited school. For example, physicians must have attended a school accredited by the Liaison Committee on Medical Education to be licensed as a medical doctor (MD) or must have attended an osteopathic medical college accredited by the Commission on Osteopathic College Accreditation to be licensed as a doctor of osteopathic medicine (DO).⁴¹ The accreditors set broad standards for curricula that include content to demonstrate mastery of the specific health profession.

The federal role in health professional school curricula is generally to provide competitive grants to schools to develop curricula in certain topic areas. In this scenario, schools are not required to implement specific curricula, but they receive funding as an incentive to do so. Within HHS, the Health Resources and Services Administration (HRSA) awards grants to health professional schools to develop and implement curricula in a number of topic areas. Examples include grant programs to support developing coursework in integrating behavioral health training into primary care and primary care into dental training.⁴²

Training During Supervised Clinical Training

After completing formal education, members of a number of health professions are required to obtain structured, supervised clinical training. The number of hours (or years) varies by health profession and by specialty. The longest duration of training is for medical school graduates, and is referred to as medical residency or graduate medical education (GME). This training is for a minimum of three years and some specialties require additional years (e.g., plastic surgery residency lasts six years). Physicians must complete an accredited residency program to be eligible to be licensed by a state to practice independently. As with the content of educational programs, the federal government does not regulate the content of clinical training programs.

Similar to educational programs, clinical training programs must be accredited to be eligible for federal support. GME is the largest federal investment in health professional workforce training, with the majority of funding being used for Medicare graduate medical education payments to hospitals; these payments are provided to hospitals via formula and hospitals do not need to include specific training activities to receive them.⁴³ As with school-level training, the federal government has grant programs related to clinical training. In general, federal grant programs have focused on expanding clinical training opportunities rather than modifying the content of such training. Examples of grants to expand training include HRSA's funding of additional GME positions in addiction medicine.⁴⁴ Though the federal role in developing clinical curricula is

⁴⁰ For more information, see CRS Report R43826, *An Overview of Accreditation of Higher Education in the United States*.

⁴¹ American Association of Medical Colleges, "LCME Accreditation," <https://www.aamc.org/services/first-for-financial-aid-officers/lcme-accreditation>; and American Osteopathic Association, "Commission on Osteopathic College Accreditation," <https://osteopathic.org/accreditation/>.

⁴² HHS, HRSA, *Justification of Estimates for Congressional Committees*, FY2023, pp. 114, 122-123, <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2023.pdf>.

⁴³ For more information, see CRS Report R44376, *Federal Support for Graduate Medical Education: An Overview*; and CRS In Focus IF10960, *Medicare Graduate Medical Education Payments: An Overview*.

⁴⁴ HHS, HRSA, *Justification of Estimates for Congressional Committees*, FY2023, p. 149, <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2023.pdf>.

limited, HRSA has funded grants to enhance training in providing care to rural and underserved populations in primary care medical residency programs.⁴⁵

Training During Clinical Practice

After a health provider is licensed to practice independently, states generally require continuing education to maintain licensure (the number of hours required varies among states). States may also require that health providers complete training in particular topics. For example, Texas requires its physicians to complete 2 of the 48 hours of continuing education required every two years to be in medical ethics—which includes among the potential ethics topics training in human trafficking prevention.⁴⁶

Providers must take a minimum number of hours of continuing education training, but they may generally choose topic areas. For instance, providers may choose to take training in human trafficking awareness to fulfill some of the required continuing education credits. The federal role has largely been to fund the development and dissemination of continuing education training. The previously mentioned SOAR Program training is an example; this training may be used to meet continuing education requirements for physicians, pharmacists, pharmacy technicians, psychologists, nurses, dentists, and social workers, among others.⁴⁷ Members in multiple Congresses have shown interest in supporting continuing education for health providers in human trafficking awareness. For instance, legislation introduced in the 114th Congress would have required HHS's Agency for Healthcare Research and Quality to award grants to health professional schools to, among other things, develop curricula or materials for recognizing and responding to human trafficking.⁴⁸

Additionally, a number of health professional associations encourage their providers to become informed and trained in recognizing and treating victims of human trafficking. For example, the American College of Obstetricians and Gynecologists, the organization that represents obstetricians and gynecology physicians, has developed recommendations to improve awareness among its membership to prepare its providers to take recognize and take action if they encounter trafficking victims while providing care.⁴⁹ Similarly, the Emergency Nurses Association, which represents emergency department nurses, has a position statement on the role of its providers in recognizing and responding to human trafficking and has published research on the need for emergency nurses to receive training on trafficking identification.⁵⁰ Beyond the work of

⁴⁵ Ibid, p. 117.

⁴⁶ Federation of State Medical Boards, "Continuing Medical Education: Board-by-Board Overview," <https://www.fsmb.org/siteassets/advocacy/key-issues/continuing-medical-education-by-state.pdf>.

⁴⁷ For more information on the SOAR Program and its eligibility for continuing education credits, see <https://nhtta.acf.hhs.gov/soar/soar-for-individuals/soar-online>. As other examples, the federal government provides support to develop continuing education in Alzheimer's disease and dementia and supports educational institutions to disseminate that training. See HHS, Health Resources and Services Administration, *Justification of Estimates for Congressional Committees, FY2023* <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2023.pdf>, p. 139.

⁴⁸ See the Trafficking Awareness Training for Health Care Act of 2015 (H.R. 398/S. 205, 114th Congress). This legislation was not enacted.

⁴⁹ American College of Obstetricians and Gynecologists, "Committee Opinion: Human Trafficking" Number 787, September 2019, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/09/human-trafficking>.

⁵⁰ Emergency Nurses Association, "Human Trafficking," <https://www.ena.org/quality-and-safety/human-trafficking>; and Amber Egyud et al., "Implementation of Human Trafficking Education and Treatment Algorithm in the Emergency Department," *Journal of Emergency Nursing*, vol. 43, no. 6 (April 2017), pp. 526-531.

individual health professional groups, HEAL (Health, Education, Advocacy, Linkage) is a multidisciplinary group of health professionals that compiles resources and research for health providers to address trafficking.⁵¹

Concluding Observations

As policymakers continue to explore the federal role in human trafficking training for health care professionals, they may consider a variety of policy options, which may include examining the efficacy of existing federal efforts, enhancing or modifying existing programs, or establishing new programs.

While there are a number of federal programs that may involve training for health care professionals, one—the SOAR Program—provides tailored training in human trafficking awareness. In its current form, the SOAR Program provides free training to health professionals through live virtual and in-person trainings and through its SOAR Online on-demand training modules. HHS is currently looking to expand the SOAR program by offering a pilot demonstration program to adapt the trainings to the local level. Policymakers may continue to evaluate the effectiveness of the SOAR Program through direct oversight or by requiring evaluations from watchdogs such as the HHS Inspector General or Government Accountability Office. If policymakers were interested in modifying the program, Congress could make changes to the authorizing statute or direct activities through the appropriations process.

Mandating health provider training is limited at the federal level because states license health professionals. One option the federal government could consider is mandating such training for the health professionals it employs directly, for example at facilities operated by the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and the Indian Health Service within HHS.⁵² As mentioned, the federal government provides grants to health professional schools to support education and training in certain topic areas such as primary care. The federal government could also provide grants to health professional schools or health providers to implement the SOAR Program or a similar training program, or could give preference when awarding certain grants to health professional schools or health providers that have implemented trafficking awareness training programs. Similarly, some states require or recommend trafficking awareness training as part of continuing education requirements to remain licensed, so another option for the federal government would be to provide granting preference to states that have such requirements in place.

Author Information

Kristin Finklea
Specialist in Domestic Security

Elayne J. Heisler
Specialist in Health Services

⁵¹ HEAL Trafficking, “Health, Education, Advocacy, Linkage: Because Human Trafficking is a Health Issue: About HEAL,” <https://healtrafficking.org/about-heal/>.

⁵² The Indian Health Service may be of interest as some have found high rates of trafficking among the American Indian and Alaska Native population. See National Congress of American Indians, “Tribal Insight Brief: Human & Sex Trafficking: Trends and Responses Across Indian Country,” Spring 2016, <https://www.ncai.org/policy-research-center/research-data/prc-publications/TraffickingBrief.pdf>.

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