

June 16, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Secretary Becerra,

On behalf of the National Rural Health Association (NRHA), I write to express concerns with the number of Health Professional Shortage Areas (HPSAs) being designated for withdrawal by the Health Resources and Services Administration (HRSA). After writing to HRSA about significant concerns from our members, we are still worried about the impact that de-designation will have on providers' ability to access health care providers through programs such as the National Health Service Corps, Rural Health Clinic, Medicare HPSA Bonus payment, and the J-1 Visa program. We have attached HRSA's response letter for your reference.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes every component of rural America's health care, including rural community hospitals, critical access hospitals, rural health clinics, doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

NRHA is extremely concerned by the large number of HPSAs "proposed for withdrawal" as of June 13, 2022, as HPSA designation is critical for receiving state and federal resources.

HPSA status is one of the primary indicators used nationally to identify areas with shortages of primary care, dental, and/or mental health professionals. Because a HPSA designation carries such heavy weight in allocation of resources from various programs, our members have significant concerns with the large swath of HPSAs being proposed for withdrawal. Certain states have alarmingly high numbers of rural HPSAs proposed for withdrawal as of June 13, 2022, especially considering the July 1 deadline for HRSA to publish the list of HPSAs is less than a month away. Overall, there are 444 rural primary care HPSAs still proposed for withdrawal. California makes up 83 of those HPSAs, Florida has 40, and Arizona has 22. In addition, 656 rural dental HPSAs and 417 rural mental health HPSAs are proposed for withdrawal. Our members are also troubled by the possibility of HPSAs losing their status in a time when rural areas are facing unprecedented workforce shortages.

Losing HPSA status and the funds afforded by the designation will have severe negative impacts on rural patients, communities, and health professionals. While we have heard from some of our members that HPSAs proposed for withdrawal in their state were re-designated, there are still a significant number of our members whose states have not had such success. This is concerning as there are various programs that help recruit and retain rural practices and physicians working in HPSA designations. For example, the loan repayment and scholarships for providers who practice in these designations help place providers in HSPAs. The Medicare HSPA Physician Bonus Program provides a bonus to retain physicians who work in geographic HPSAs and provide care to Medicare beneficiaries. J-1 Visa Waivers also allow

international medical graduates to remain in the US and waive certain requirements if they practice in a HPSA. Many of the communities having their HPSA proposed for withdrawal are already experiencing significant workforce shortages and are reliant on programs like the National Health Service Corps, the Nurse Corps Loan Repayment Program, and the J-1 Visa program to rebound beyond the COVID-19 pandemic.

NRHA requests HRSA maintains HPSA status in areas that have applied for redetermination.

With the July 1 deadline for HRSA to publish the list of HPSAs for withdrawal, NRHA is concerned that state Primary Care Offices (PCOs) that apply for redetermination may not hear back before the deadline. Because of this, even if legitimate data is submitted showing that a HPSA should retain its status, they may be de-designated upon HRSA publishing the list in the Federal Register.

Maintaining HPSAs status as-is until the redetermination process is complete will provide a continuation of services and ensure providers are able to continue growing and recruiting a necessary workforce. We are concerned about the potential for HPSAs to lose their status, in a scenario described above, and later regain it once their application is processed. HPSAs, many of which are in precarious financial situations as it is, cannot afford the flip-flop between losing their designation only to later have it reinstated. HPSAs deserve continuity of resources and their designation during this time of upheaval.

Given the current uncertainties emerging from the COVID-19 pandemic, NRHA requests sufficient support to ensure the most accurate data is used for the designation process. In many places across the country, rural providers, and their PCOs are still combating and responding to the COVID-19 pandemic, thus administrative abilities remain burdened, potentially resulting in delays in data collection and dissemination.

On top of COVID-19 related demands, PCOs are under resourced and consequently understaffed. We have heard from PCOs that staff turnover, as well as expanding staff responsibilities without associated increases in funding, has made operations incredibly difficult. On top of limited federal financial support, the cooperative agreements between PCOs and HRSA have added more staff activities without any extra funding. In many PCOs, the same number of staff are performing increased activities. This situation is made worse by HRSA's decision to review all HPSAs' statuses at once in September 2021, rather than in its usual staggered schedule. The amount of work expected of PCOs, with no additional funding, is untenable.

HRSA's backlog of redetermination applications and PCOs' immense workload due to limited federal support should not be reasons for HPSAs to, even temporarily, lose their status. HRSA must allow HPSAs proposed for withdrawal to retain their status post-deadline until their application is decided upon.

NRHA appreciates the work that HRSA and the state PCOs are doing to ensure rural providers have the health care workforce resources they need to ensure access to care in their communities. NRHA looks forward to our continued collaboration to ensure rural providers are prepared for future crises. If you have any questions, please contact Alexa McKinley (amckinley@ruralhealth.us).

Sincerely,





Alan Morgan
Chief Executive Officer
National Rural Health Association



April 13, 2022

Alan Morgan
Chief Executive Officer
National Rural Health Association
50 F Street N.W. Suite 520
Washington, DC 20001

Thank you for contacting the Health Resources and Services Administration (HRSA) regarding your concerns with the large number of Health Professional Shortage Area (HPSA) designations currently proposed for withdrawal.

The Health Resources and Services Administration initiated the Shortage Designation Modernization Project to streamline the shortage designation process based on the principles of transparency, accountability, and parity. The project also aims to reduce the burden of data collection on state and territory Primary Care Offices (PCOs) by using standardized procedures and data sets. One component of the project is to update existing HPSAs using national, standardized data sets; facility-specific data; and data provided by PCOs.

In September 2021, HRSA completed a National Shortage Designation Update (NSDU), which evaluated existing HPSAs using the following three criteria:

- (1) Population to provider ratio threshold,
- (2) Area proposed for designation is a rational service area for the delivery of outpatient primary care services, and
- (3) Providers in contiguous areas are over-utilized or otherwise un-accessible.

This NSDU led to the identification of HPSAs that no longer met the designation criteria. As a result, HRSA proposed these designations for withdrawal. The Health Resources and Services Administration is required to publish updated lists of designated HPSAs in the Federal Register by July 1 of each calendar year. With the publication of this list, HRSA will withdraw all designations in a "proposed for withdrawal" status on or about July 1, 2022.

As part of HRSA's cooperative agreement with the PCOs, a HRSA conducts a needs assessment in their states/territories to determine what areas are eligible for designations. The PCO then submits a designation application to HRSA. The Health Resources and Services Administration reviews the applications submitted by the PCOs and if the application meets the designation eligibility criteria for the type of HPSA the application is for, HRSA designates it a HPSA.

PCOs have the ability to submit new, updated, or reinstatement designation applications to replace designations currently proposed for withdrawal based on up-to-date data at any time. Since the execution of the September 2021 NSDU, HRSA received over 2,500 designation

applications from PCOs, many of which are to update or create new HPSAs in areas where an old HPSA is now proposed for withdrawal. The Health Resources and Services Administration has already approved many of these applications and continues work diligently to review and approve the remaining designation applications that qualify.

If any of your stakeholders have concerns about the status of their current HPSA, we encourage them to reach out to their [state/territory PCO](#) to discuss whether a new qualifying application for a designation has been or could be submitted. Please contact Dr. Janelle McCutchen, Chief of the Shortage Designation Branch, at janderson@hrsa.gov if you are interested in coordinating a HPSA 101 technical assistance session for your stakeholders.

The Health Resources and Services Administration remains committed to improving health outcomes and achieving health equity through access to quality services. As your stakeholders seek additional opportunities to meet their health workforce needs, HRSA encourages them to consider programs that focus on community-based training, as well as state loan repayment programs. We thank you again for your continued interest in, and support of, HRSA programs.

We hope this information has been helpful to you.

Sincerely,

**Sheila K. Pradia
Williams -S7**

Digitally signed by Sheila
K. Pradia Williams -S7
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Luis Padilla, M.D.
Associate Administrator