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February 15, 2011

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Office of Shortage Designation
Bureau of Health Professions
Health Resources and Services Administration
Parklawn Building, Room 9A-18
5600 Fishers Lane
Rockville, MD 20857

RE: Recommendations for the Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professional Shortage Areas

To the Members of the Negotiated Rulemaking Committee:

Thank you for the opportunity to comment on the criteria for designation of Health Professional Shortage Areas (HPSA) and Medically Underserved Areas/Populations (MUA/Ps). We appreciate your leadership in the effort to develop a more comprehensive methodology and criteria to ensure resources are allocated effectively.

Community Catalyst is a national advocacy organization that has been giving consumers a voice in health care reform for more than a decade. Community Catalyst provides leadership and support to state and local consumer organizations, policymakers and foundations that are working to guarantee access to high quality, affordable health care for everyone. We focus our efforts on helping the most vulnerable consumers, including those that have low incomes, come from communities of color, and/or have difficulty speaking or understanding English.

While insurance coverage expansion is a necessary tool for removing the financial barriers to quality health care faced by many uninsured people, greater investment in community health centers and workforce expansion in underserved areas is critical to ensure people have better access to primary medical care. We make the following recommendations to ensure that (1) the unique needs of many underserved populations are considered in the designation criteria; (2) funding is distributed effectively to communities that need it most; (3) federally subsidized primary care providers are assigned according to the needs of underserved communities and populations. We urge the Committee to:

Expand the criteria for MUA/P to include measures that take into consideration other key factors that affect access to health care including insurance status, race, ethnicity, English proficiency and immigration status. Health disparities based on race and ethnicity are a widespread problem with many causes beyond the health care system. But within the health care system, insurance coverage and access to care are significantly worse for people of color. Data on race and ethnicity, as well as specific data on health disparities, can help identify areas of need. Patients with limited English proficiency also need to be counted, since they are more

likely than others to skip or delay necessary medical care, miss follow-up appointments, misunderstand doctors' instructions or experience drug complications. Providers have to allocate more time to treat patients who do not speak English well than to those who are native speakers, increasing need for additional providers. Finally, because of continued restrictions on eligibility of immigrants for insurance coverage and because large numbers of immigrants seek care at community health centers, the MUA/P formula should include immigrant status.

In determining HPSAs, ensure that midlevel practitioners including nurse practitioners, physician assistants, and certified nurse midwives are considered in counts of the primary care workforce. Nurse practitioners, physician assistants and certified nurse midwives play an increasingly important role in meeting primary care needs, and will be needed even more due to the increasing number of patients with chronic diseases, the aging population and the 32 million patients who are expected to get insurance as a result of the Affordable Care Act. Nurse practitioners will play an even bigger role once nurse-managed primary care clinics are expanded in underserved areas through the ACA. Currently, the HPSA calculation does not include midlevel providers. That should change so that federally subsidized midlevel providers are appropriately placed in communities with greatest need.

Update the designation of HPSA and MUA/Ps regularly. The Department of Health and Human Services (HHS) should conduct reviews of HPSA and MUA/P designations at least every one or two years, and revise them as appropriate based on changing local conditions. Many of the designations have not been reviewed in years and may be outdated. The review and update process should be transparent and easy for the general public to understand.

Thank you for the opportunity to provide recommendations. We stand ready to provide any additional information that is needed. Please contact Deputy Policy Director Alice Dembner at 617-275-2880 or adembner@communitycatalyst.org with any questions.

Sincerely,



Robert Restuccia
Executive Director