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May 21, 2008

Honorable Michael O. Leavitt
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: *Designation of Medically Underserved Populations and Health Professional Shortage Areas; Proposed Rule Change*

Dear Secretary Leavitt:

On behalf of the Illinois Academy of Family Physicians, we would like to provide the following comments on the proposed rule, *Designation of Medically Underserved Populations and Health Professional Shortage Areas,* which was released on February 29, 2008.

In the proposed rule, the Health Resources and Services Administration (HRSA) would change how the agency designates Medically Underserved Areas and Populations (MUA/Ps) and Health Professional Shortage Areas (HPSA). The proposed rule changes attempt to revise and consolidate the process for making MUA/Ps and HPSA designations. Upon our review, the proposed rule is unnecessarily complicated and is ambiguous regarding its effects on medically underserved areas and has the potential for adverse consequences for family medicine in Illinois. Our recommendation is that you withdraw the rule.

Background

Currently, a geographic area can be designated as a primary care HPSA if it 1) is a rational service area (RSA) for the delivery of primary care, 2) has less than one primary care physician (PCP) per 3,500 people, or less than PCP per 3,000 people with unusually high needs for primary care services or insufficient capacity of nearby providers, and 3) its contiguous areas are over utilized or too distant to meet local needs. There are 102 counties designated as either a full or partial HPSA in Illinois.

Medically Underserved Areas are geographic areas (contiguous county areas or smaller) that reach a certain score or lower on the Index of Medical Underservice (IMU), which is a summary of weighted values for four characteristics of these areas: 1) the ratio of primary medical care physicians per 1,000 population, 2) infant mortality rate, 3) percentage of the population with incomes below the poverty level, and 4) percentage of the population age 65 or over. The same criteria can be applied to underserved population groups within an area of residence to declare a Medically Underserved Population (MUP). There are 102 counties designated as either a full or partial MUA in Illinois.

4756 Main Street
Lisle, IL 60532
800-826-7944 (In Illinois)
630-435-0257 FAX: 630-435-0433
www.iafp.com
e-mail: iafp@iafp.com

According to information in the Federal Register, the goals of the proposed rule are the following:

- To establish a uniform HPSA and MUA designation process and criteria.
- To enable greater universal application by using national data, thus reducing the need for independent data collection (state/local data and population group data can be submitted if national data does not result in designation).
- To automate the scoring process, thus minimizing state and local efforts in gathering data and updating designations.
- To expand the state role in defining rational service areas and identifying underserved populations and unusual local conditions.
- To reduce the need for population group designations, which typically are more resource-intensive, by adjusting an area's base ratio, which should increase the designation of areas with concentrations of underserved populations.

Concerns with the Proposed Rule

Despite the stated goals of the proposed rule, we are concerned that as formulated, it will have a significant impact on access to health care and family physicians in this country. More importantly, however, it is entirely unclear which medically underserved areas will be affected, positively or negatively, and yet the effect on family physicians and on state and federal programs would be enormous.

More than 34 federal programs depend on these shortage designations for eligibility and funding preference purposes. For example, the Medicare Provider Incentive Payments are made to physician practices in HPSAs and physician loan repayment programs are dependent on service in HPSAs. The rule does not specify how these programs administered by the department or agency will be affected. Additionally, any state program utilizing this designation in regulatory and/or legislative definitions would be impacted.

According to a preliminary analysis by the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, we believe that it may have negative consequences for more than 491 family physicians practicing in HPSA/MUAs in the state of Illinois which may be de-designated in the proposed rule. The lack of transparency about the process and data to be used make it uncertain what the rule would do.

Recommendations

At a time when the health care safety net is severely frayed and the shortage of family physicians has been a growing concern, as documented most recently by the Government Accountability Office, we believe it is unreasonable for HRSA to push hurriedly this revision without more extensive consideration of its effects and the impact on patient care in Illinois.

We recommend strongly that HRSA withdraw the proposed rule and suspend updating current HPSAs and MUAs. The Agency should examine more extensively the implications of this change on patient access to family physicians and determine a method of designation that is not detrimental to patients, physicians, and other health care services.

Sincerely,

Steven D. Knight, M.D.
President
Harrisburg, Ill.

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Health Resources and Service Administration
Department of Health and Human Services
Attention: Ms. Andy Jordan
8C-26 Parklawn Building
5600 Fishers Lane
Rockville, MD 20857