

COMMENTS OF THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

On the Notice of Intent to Form a Negotiated Rulemaking Committee

Health Resources and Services Administration File Code HRSA – 1

June 10, 2010

The National Association of County and City Health Officials (NACCHO) is pleased to submit the following comments on HRSA's Notice of Intent to Form a Negotiated Rulemaking Committee to address the methodology and criteria for designating Medically Underserved Populations (MUPS) and Primary Care Health Professions Shortage Areas (HPSAs).

NACCHO represents the nation's 2800 local health departments. These city, county, metropolitan, district and tribal departments work every day to ensure the conditions that promote health and equity, combat diseases, and improve the quality and length of all lives for all people in their communities through public health policies and services. Local health departments in particular have unique roles and responsibilities in the larger health system and within every community. They are the only local entities that focus on the health and well being of every person in their communities. They work from a population-wide perspective. They have statutory powers that enable their role and enshrine a duty to serve every person and household in their jurisdiction.

1. **Participants in Negotiation.**

NACCHO respectfully requests representation on the Negotiated Rulemaking Committee. NACCHO's interests in the criteria for MUP and HPSA designation are twofold. First, about 50 local health departments administer Federally Qualified Health Centers (FQHC's) and many others are eligible to apply for FQHC status and funding as public entity FQHC's. Second, local health departments have a responsibility to assure the availability of primary health care services for all persons in their jurisdictions. Therefore, NACCHO can represent the local health department roles both as direct providers of care under the FQHC program and also as the governmental entities with responsibility for assuring the availability of health services to all.

2. **Indicators of Underservice/Shortage.**

- a. Physicians and other health care providers may be present in a community, but unwilling to take patients covered by Medicaid and/or Medicare, or those who are uninsured. Medicare and Medicaid provider participation data should be considered in accounting for the actual availability of health care providers.
- b. Census data that are greater than five years old becomes increasingly unreliable in assessing community health care needs. Health departments with in-house epidemiology capacity are accustomed to constructing estimates that employ other local data, which may include county or city tax data.



- c. The availability of health care professionals including nurse practitioners and physicians' assistants should be taken into account.
- d. The maldistribution of health care professionals in rural states that may have pockets of denser population has never been adequately captured by existing methodologies for MUP and HPSA designation. The Committee should examine this issue explicitly.
- e. Persons with disabilities constitute a medically underserved population that has not been addressed by existing methodologies. This population experiences health inequities and confronts barriers to receiving appropriate primary care, including prevention of secondary conditions, that are distinctive and merit explicit consideration in MUP and HPSA designation.

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