

Congress of the United States

Washington, DC 20515

October 17, 2019

Luis Padilla, MD, FAAFP
Associate Administrator
Bureau of Health Workforce
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, Maryland 20857

Dear Associate Administrator Padilla:

We write to express concerns with the implementation of the Shortage Designation Modernization Project (SDMP) and the resulting National Shortage Designation Update of the automatic Health Professional Shortage Area (auto-HPSA) scores. Accurately assessing HPSAs is critical for our shared goal of providing support to areas that have too few primary medical, dental or mental health providers to meet the needs of patients. We support efforts by the Health Resources and Services Administration (HRSA) to update and standardize auto-HPSA scores. However, the new scores will have a profound adverse effect for Idaho by virtually eliminating our Federally Qualified Health Centers' (FQHCs) ability to recruit providers by leveraging incentives like the National Health Service Corps (NHSC) loan repayment program.

The Public Health Service Act outlines the criteria for HPSA designation, requiring the Secretary to consider the ratio of available health care providers to the population. The updated Shortage Designation Management System (SDMS) relies on provider data from the Centers for Medicare and Medicaid, with review and revision from state Primary Care Offices (PCOs). While we understand that HRSA works with state PCOs to encourage appropriate verification methodologies, reporting variation and delays may result in an outdated or inaccurate provider information. Given auto-HPSA scores depend most heavily on provider to population data, uniform state reporting is essential to ensure appropriate allocation of limited NHSC resources.

According to America's Health Rankings, Idaho ranks last in the country in the number of active primary care physicians per 100,000 population. Therefore, it is surprising that Idaho has 94 primary care sites that will lose NHSC competitiveness because of the updated scores. Idaho has experienced remarkable recruitment success through the NHSC program, with 190 current participants practicing in our underserved areas. This change seems contradictory to the mission of the NHSC to "build healthy communities by supporting qualified health care providers dedicated to working in areas of the United States with limited access to care."

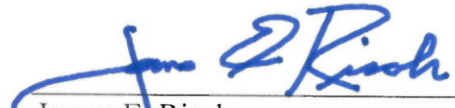
HRSA data appears to indicate that FQHCs in rural states like Idaho are severely disadvantaged by the new auto-HPSA scores. The Idaho Bureau of Rural Health and Primary Care proactively updates the SDMS to ensure accuracy. We believe Idaho may be disadvantaged because of its rural nature and attentiveness, particularly because the NHSC loan repayment program is intended as a workforce recruitment tool for communities with health professional shortages.

We respectfully request HRSA delay further implementation of the SDMP until a formal notice and comment period is completed. Further, HRSA should examine variation in state PCO SDMS review processes and, if necessary, issue formal reporting requirements to ensure consistency. We share HRSA's well-intended goal to ensure federal resources are appropriately used. We look forward to continuing to work with you to address Idaho's workforce shortage issues.

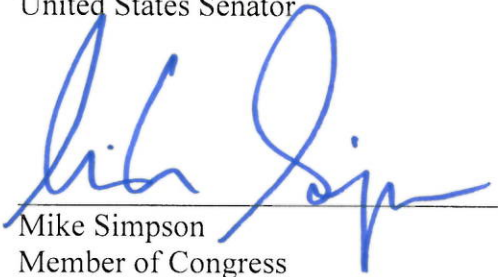
Sincerely,



Mike Crapo
United States Senator



James E. Risch
United States Senator



Mike Simpson
Member of Congress



Russ Fulcher
Member of Congress