2012 Current Fiscal Year Report: Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professional Shortage Areas

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2012
3. Committee or Subcommittee	**3b. GSA Committee No.**
Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professional Shortage Areas	73652

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	06/29/2010		

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
Yes	P.L. 111-148	

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Terminate	No	

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
P.L. 111-148	03/23/2010	Ad hoc	No

15. Description of Committee Regulatory Negotiations Committee

16a. Total Number of Reports 1

16b. Report Date	Report Title

10/31/2011	Negotiated Rulemaking Committee on the Designation of Medically Underserved Populations and Health Professional Shortage Areas Final Report to the Secretary

Number of Committee Reports Listed: 1

17a. Open 1 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 1

Meetings and Dates

Purpose	Start	End
Final meeting of the Negotiated Rulemaking Committee.	10/12/2011	10/13/2011

Number of Committee Meetings Listed: 1

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	$0.00	$0.00
18a(2). Personnel Pmts to Federal Members	$830.00	$0.00
18a(3). Personnel Pmts to Federal Staff	$3,000.00	$0.00
18a(4). Personnel Pmts to Non-Member Consultants	$800.00	$0.00
18b(1). Travel and Per Diem to Non-Federal Members	$60,000.00	$0.00
18b(2). Travel and Per Diem to Federal Members	$0.00	$0.00
18b(3). Travel and Per Diem to Federal Staff	$0.00	$0.00
18b(4). Travel and Per Diem to Non-member Consultants	$2,000.00	$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	$0.00	$0.00
18d. Total	$66,630.00	$0.00
19. Federal Staff Support Years (FTE)	1.00	0.00

20a. How does the Committee accomplish its purpose?

The Committee nearly completed its task of providing advice and making recommendations to the Secretary, through the Administrator, Health Resources and Services Administration (HRSA), with respect to developing a new rule containing a revised methodology, criteria and process for HPSA-MUP designations by holding its first meeting. The metings are webinars, along with subcommittee work between meetings, resulted in the development of new proposed methodologies for the designation and underserved areas. Final consensus will be sought at the last meeting in October 2011 and a final report was delivered to the Secretary by 10/31/2011.

20b. How does the Committee balance its membership?

The Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professional Shortage Areas consists of 28 members, including the Federal Representative, who are knowledgeable about the issues related to the development of a comprehensive methodology and criteria for these designations, and related Committee functions. They represent (a) outstanding authorities in the fields of measurement of underservice and methods for combining multiple indicators, (b) State-level participants in the designation process, and (c) representatives of stakeholder interests affected by the designation process, which confers eligibility for various Federal programs and related benefits. In addition, the Committee represents a balance of urban and rural interests, a balance of minority and female representation and an equitable geographic distribution of those Committee members not representing national organizations.

20c. How frequent and relevant are the Committee Meetings?

The Committee met nearly every month, either in person or via webex. Notice of all meetings was given to the public, and the minutes and documents reviewed or prepared by the committee were posted on the web site. At each meeting, the Committee discussed key topics relating to HPSA-MUP designations and necessary for accomplishing the Committee's purpose.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The establishment and implementation of this Committee by the Secretary was required under P.L. 111-148.The current Health Professional Shortage Area (HPSA) criteria date back to 1978. By statute, an area, population or facility must have a HPSA designation to be eligible to apply for placement of National Health Service Corps (NHSC) personnel. The current Medically Underserved Population (MUP) criteria date back to 1975, when they were issued to implement legislation enacted in 1973 and 1974 establishing grants to support Health Maintenance Organizations (HMOs) and Community Health Centers (CHCs) serving medically underserved populations. Since the time that designations of MUPs and HPSAs were first required by statute in connection with the NHSC and Community Health Center programs, additional programs have also been required by statute to use these designations. These include certification by the Centers for Medicare and Medicaid Services (CMS) of Rural Health Clinics (RHCs) located within rural areas that are HPSAs or MUPs, and the CMS Medicare Incentive Program, which provides higher reimbursement for physician

services delivered in HPSAs. CMS also certifies as Federally Qualified Health Centers (FQHCs), organizations that do not receive HRSA grants but serve an MUP and otherwise meet the definition of a Health Center under Section 330 of the PHS Act. Over the years there has been an evolution, both in the types of requests for HPSA or MUP designation received, and in the methods for application of the established criteria. Beyond the relatively simple geographic area requests, such as for whole counties and rural subcounty areas, increasingly more requests have been made for urban neighborhood and population group designations. The availability of census data on poverty, race, and ethnicity at the census tract level has enabled the delineation of urban service areas based on their economic and race/ethnicity characteristics. Areas with concentrations of poor, minority and/or linguistically isolated populations have achieved area or population group HPSA designations based on their limited access to physicians adequately serving other parts of their metropolitan areas. As a result, the conceptual distinction between HPSA and MUP designations has become less apparent. However, while the HPSAs are required by statute to be updated on a regular basis, no such statutory requirement exists for MUPs, with the result that many MUP designations are now significantly outdated. It is important that the list of designated MUPs, which is used by a variety of Federal programs, be reasonably current, and that the criteria used for these designations reflect underservice indicators currently relevant and available (and the currently prevailing range of values of those indicators), rather than being limited to those indicators that were available in the 1970s (and the range of indicator values then prevailing). For these reasons, consideration has been given to the

development of a revised, more coordinated MUP and HPSA designation methodology and procedure that would, at a minimum, define consistently the indicators used for both designation types; clarify the distinctions between MUPs and HPSAs; and update both types of designation on a regular, simultaneous basis. Given the extensive numbers of comments received during the previous two attempts to do this using standard rulemaking procedures, the use of negotiated rulemaking by the Committee is necessary.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Report submitted to the Secretary on October 19, 2011. Email for one member not available.

Designated Federal Officer

Edward Salsberg DFO

Committee Members	Start	End	Occupation	Member Designation
Babitz, Marc	07/21/2010	10/31/2011	Director, Division of Family and Health Preparedness, UT Dept. of Health	Representative Member
Brassard, Andrea	07/21/2010	10/31/2011	Strategic Policy Advisor	Representative Member
Brooks, Roy	07/21/2010	10/31/2011	Commissioner, Tarrant County, TX	Representative Member
Camacho, Jose	07/21/2010	10/31/2011	Executive Director/General Counsel	Representative Member
Clanon, Kathleen	07/21/2010	10/31/2011	Chief, Division of HIV Services, Alameda County Medical Center	Representative Member
Giesting, Beth	07/21/2010	10/31/2011	Chief Executive Officer	Representative Member

Goodman, David	07/21/2010	10/31/2011	Director, Center for Health Policy Research, The Dartmouth Insitute	Representative Member
Hawkins, Daniel	07/21/2010	10/31/2011	Senior Vice President, Policy and Research Division, NACHC	Representative Member
Hirota, Sherry	07/21/2010	10/31/2011	Chief Executive Officer, Asian Health Services	Representative Member
Holloway, Steve	07/21/2010	10/31/2011	Director, Colorado Primary Care Office	Representative Member
Kornblau, Barbara	07/21/2010	10/31/2011	Director, Urban Health and Wellness Center	Representative Member
Kuenning, Tess	07/21/2010	10/31/2011	Director, Bi-State Primary Care Association	Representative Member
Lamoureux, Nicole	07/21/2010	10/31/2011	Executive Director, National Association of Free Clinics	Representative Member
Larson, Alice	07/21/2010	10/31/2011	Larson Assistance Services	Representative Member
McBride, Tim	07/21/2010	10/31/2011	Professor, Associate Dean for Public Health	Representative Member
McDavid, Lolita	07/21/2010	10/31/2011	Medical Director, Child Advocacy and Protection	Representative Member
Morgan, Alan	07/21/2010	10/31/2011	National Rural Health Association	Representative Member
Nelson, Ron	07/21/2010	10/31/2011	Associate Executive Director, National Association of Rural Health Clinics	Representative Member
Nickerson, Gail	06/27/2011	10/31/2011	Director of Clinical Services, Adventist Health	Representative Member
Owens, Charles	07/21/2010	10/31/2011	Georgia State Office of Rural Health	Representative Member
Phillips, Robert	07/21/2010	10/31/2011	Director, Robert Graham Center	Representative Member
Rarig, Alice	07/21/2010	10/31/2011	Planner IV, Health Planning and Systems Development Unit	Representative Member

Rock, Patrick	07/21/2010	10/31/2011	Executive Director, Minneapolist Indian Health Board	Representative Member
Salsberg, Edward	07/21/2010	10/31/2011	National Center for Workforce Analysis, BHPr, HRSA	Regular Government Employee (RGE) Member
Scanlon, William	07/21/2010	10/31/2011	Consultant	Representative Member
Smith, Sally	07/21/2010	10/31/2011	Chairwoman, National Indian Health Board	Representative Member
Supplitt, John	07/21/2010	10/31/2011	Senior Director, Small or Rural Hospital Section	Representative Member
Taylor, Don	07/21/2010	10/31/2011	Associate Professor	Representative Member
Wilson, Elisabeth	07/21/2010	10/31/2011	Director	Representative Member

Number of Committee Members Listed: 29

Narrative Description

It is the mission of HRSA to improve and achieve health equity through access to quality care and services, a skilled health workforce and innovative programs. The Committee's purpose of developing a new rule containing a revised methodology, criteria and process for HPSA-MUP designations directly support's HRSA's mission. HPSA and MUP designations are used by a number of federal programs including those involving health clinics, community health centers, health professional training and health professional scholarships. By developing a new rule which is current and relevant, the Committee will heavily impact the achievement of health equity.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	☐
Trust in government	☐
Major policy changes	☑

Advance in scientific research	☐
Effective grant making	☐
Improved service delivery	☐
Increased customer satisfaction	☐
Implementation of laws or regulatory requirements	☑
Other	☐

Outcome Comments

What are the cost savings associated with this committee?

	Checked if Applies
None	☐
Unable to Determine	☑
Under $100,000	☐
$100,000 - $500,000	☐
$500,001 - $1,000,000	☐
$1,000,001 - $5,000,000	☐
$5,000,001 - $10,000,000	☐
Over $10,000,000	☐
Cost Savings Other	☐

Cost Savings Comments

This negotiated rulemaking process will eliminate the need for further attempts at revising the HPSA-MUP designations through the regular rulemaking process which can be lengthy and extensive.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

1

Number of Recommendations Comments

The Committee will make one recommendation to the Agency in the form of a final committee report containing a proposed rule with a revised methodology, criteria and process for HPSA-MUP designations. This report may contain separate recommendations on areas the committee did reach consensus even if they do not reach consensus on the entire report.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?
100%

% of Recommendations Fully Implemented Comments
If the Committee reaches consensus on some or all aspects of a proposed revised rule, the Committee will recommend, through the HRSA Administrator, that the Secretary adopt the Committee's consensus as the basis for an Interim Final rule to be published in the Federal Register. If there is not full consensus, the report will include those items on which there is consensus and other comments and recommmendations, which the Secretary may take into account in developing the regulations

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?
0%

% of Recommendations Partially Implemented Comments
Any recommendations from the Committee, if the Committee reaches consensus on some or all aspects of a proposed revised rule, will be fully implemented by the Agency as the basis for an Interim Final rule to be published in the Federal Register. If there is not full consensus, the report will include those items on which there is consensus and other comments and recommmendations, which the Secretary may take into account in developing the regulations

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?
Yes ☑ No ☐ Not Applicable ☐

Agency Feedback Comments
The Agency provides feedback to the Committee through the Designated Federal Officer and member on the Committee. The DFO attended each Committee meeting, and endeavored to ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO also reported on areas where the agency had particular concerns

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	☐
Reallocated resources	☐
Issued new regulation	☐
Proposed legislation	☐
Approved grants or other payments	☐
Other	☐

Action Comments

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

How is access provided to the information for the Committee's documentation?

	Checked if Applies
Contact DFO	☑
Online Agency Web Site	☑
Online Committee Web Site	☑
Online GSA FACA Web Site	☐
Publications	☑
Other	☐

Access Comments

N/A