American Hospital Association™
Advancing Health in America

Washington, D.C. Office
800 10th Street, N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956
(202) 638-1100

January 24, 2022

Janelle McCutchen
Chief, Shortage Designation Branch
Division of Policy and Shortage Designation
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: HRSA; Lists of Designated Primary Medical Care, Mental Health, Dental Health Professional Shortage Areas (Vol. 86, No. 127), July 7, 2021.

Dear Ms. McCutchen:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to provide comments and recommendations regarding the development of the designation and withdrawal lists of health professional shortage areas (HPSAs). **We have concerns about the extremely large numbers of HPSAs that the Health Resources and Services Administration (HRSA) has proposed to end, especially in light of the ongoing challenges faced by the health care workforce. As such, we ask that you delay the effective withdrawal date for HPSAs designated as "proposed for withdrawal" by at least one year.**

In general, HPSAs are designated for shortages of primary care, dental or mental health professionals in certain geographic areas, population groups and/or facilities. The lists of designated HPSAs are reviewed, revised and published annually on the HRSA Data Warehouse shortage area topic web page.[1] This was most recently done on April 30, 2021. HPSAs that have been "proposed for withdrawal" after April 30 will remain as "proposed for withdrawal" until the publication of the next federal notice.[2]

[1] https://data.hrsa.gov/topics/health-workforce/shortage-areas
[2] In general, designations (or revisions of designations) are effective as of the date on the notification from HRSA and are updated daily on the HRSA Data Warehouse Find Shortage Area website. The effective date of a withdrawal will be the next publication of a notice regarding the list of designated HPSAs, generally around July 1.

However, we are concerned that since April 30, HRSA has "proposed for withdrawal" an abnormally high number of HPSAs. Specifically, as of January 2022, 1,178 primary medical care HPSAs are proposed for withdrawal.[3] This represents a staggering 15% of all primary care HPSAs. In addition, 515 mental health HPSAs are proposed for withdrawal, representing 8% of all mental health HPSAs. Further, these numbers may increase because stakeholder requests for designations are reviewed continuously by HRSA.

Losing a HPSA designation, and the access to federal funds it affords, has significant negative consequences for patients and communities. For example, the National Health Service Corps (NHSC) and HRSA's Nurse Corp programs offer loan repayment and scholarships to providers who commit to delivering health care in certain HSPAs. The J-1 Visa Waiver program allows international medical graduates to waive certain requirements and remain in the U.S. if they practice in a HPSA. Additionally, the Medicare HPSA Physician Bonus Program provides a 10% bonus to physicians who provide care to Medicare beneficiaries in a geographic HPSA. These programs, and others that utilize HPSA designations, are important mechanisms for providers to obtain necessary resources and other supports to ensure access to care in their communities.

Further, the proposed withdrawal of such a large number of HPSA designations comes at a time when more support, not less, is critical for providers given current workforce shortages. Even before the pandemic, recruitment and retention of health professionals was one of the top challenges in many marginalized areas and populations. Since the pandemic began, a number of hospitals caring for underserved communities have experienced further critical staffing issues due to the demands of surges of very ill COVID-19 patients, as well as assistance in helping control the pandemic through testing, contact tracing and vaccine deployment. For example, staff turnover due to COVID-19 pressures has increased from 18% to 30% since the start of the pandemic.[4] Additionally, the number of full-time equivalent staff per adjusted occupied bed has gone down nearly 3% from pre-pandemic levels while patient acuity has increased by nearly 6%.[5] **Thus, the AHA urges HRSA to delay these withdrawals until at least 2023 given the current workforce and financial challenges faced by providers who serve communities and populations already experiencing shortages of health professionals.**

We appreciate your consideration of these comments and HRSA's continued efforts to address workforce challenges. Please contact me if you have questions or feel free to have a member of your team contact Shannon Wu, AHA's senior associate director for policy, at (202) 626-2963 or swu@aha.org.

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[3] These counts include geographic area, population group, and facility HPSAs. https://data.hrsa.gov/topics/health-workforce/shortage-areas

[4] https://www.aha.org/fact-sheets/2021-11-01-data-brief-health-care-workforce-challenges-threaten-hospitals-ability-care

[5] https://www.aha.org/fact-sheets/2021-11-01-data-brief-health-care-workforce-challenges-threaten-hospitals-ability-care

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development