



October 21, 2020

Thomas J. Engels
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Administrator Engels:

On behalf of the American Academy of Family Physicians (AAFP) which represents 136,700 family physicians and medical students across the country, I write in response to the [request for public comment](#) on Revised Geographic Eligibility for Federal Office of Rural Health Policy Grants as published by the Health Resources and Services Administration (HRSA) in the September 23, 2020 *Federal Register*.

The AAFP appreciates the agency's goal of improving the definition of "rural" to broaden eligibility for rural health funding. Family physicians are an essential part of the health care workforce in rural communities. 42 percent of physician visits in rural areas are with family physicians.¹ In addition to being a primary provider of outpatient services in rural areas, data also indicate that rural areas rely heavily on family physicians for emergency services.² Thus, we commend HRSA for working to ensure that more rural communities will have access to rural health grant funds, which are used to improve access to care and improve the capacity to provide services.

The Office of Management and Budget (OMB) defines rurality based on metropolitan statistical areas (MSAs) using commuting patterns and core based statistical areas (CBSAs). "Rural" is then defined as "not an MSA". However, OMB defines MSAs and non-MSAs by the county-level, there by excluding some predominately rural counties because of commuting patterns within the MSA.

Currently, HRSA relies on the OMB determination of rurality with an additional rating scale for Rural-Urban Commuting Areas (RUCAs) to determine eligibility for rural health funding through the Federal Office of Rural Health Policy (FORHP). RUCAs are based on census tract areas and are useful in identifying rural counties ordinarily excluded by the OMB definition alone. Based on 2010 data, FORHP identified 18% of the population as rural.

HRSA is proposing to add additional counties that are outlying counties to an MSA but contain no urban area (UA) population. This revised definition includes 201 counties that were previously eligible under existing FORHP definitions, as well 86 newly eligible counties. No counties will lose FORHP eligibility under the proposed definition.

The AAFP supports this proposal. We agree that the definition of rural should account for changing commuting patterns due to local economic decline in many areas, since this decline could also be associated with a reduction in health care services and access. This proposal would capture

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additional counties that are rural in nature and would benefit from additional federal support in order to improve access to care and build care capacity.

While the AAFP supports HRSA's goal of increasing the number of counties that are eligible for funding, we are concerned that this will increase the competition for limited funds and result in insufficient funds being allocated to the highest need areas. We believe that this expanded definition of rural must also be accompanied by increased rural health funding. The AAFP recommends that FORHP keep Congressional leaders apprised of any significant changes in grant eligibility or applications so that funding levels can be appropriately adjusted.

In order to ensure that rural health funding is being allocated to support rural areas of all kinds, we recommend that HRSA develop a process to track which areas are receiving funds over time and subsequently alter funding processes as needed to maintain equitable allocation.

Thank you for the opportunity to provide comments on this proposal. Should you have any questions, please contact Meredith Yinger, Senior Regulatory Strategist, at (202) 235-5126 or myinger@aaafp.org.

Sincerely,

A handwritten signature in black ink that reads "Gary LeRoy, MD, FAAFP". The signature is written in a cursive style with a large, stylized "G" and "L".

Gary LeRoy, MD, FAAFP
Board Chair

¹The Robert Graham Center. (July 2005; Policy Paper Number 31). The Family Physician Workforce: The Special Case of Rural Populations.

²Peterson LE, Dodoo M, Bennett KJ, Bazemore A, Phillips RL Jr.: Nonemergency medicine-trained physician coverage in rural emergency departments. J Rural Health 2008 Spring 24(2): 183-8.