

October 20, 2020

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

RE: HRSA; Revised Geographic Eligibility for Federal Office of Rural Health Policy Grants: Request for Public Comment (Vol. 85, No. 185), September 23, 2020.

Dear Administrator Engels:

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 input on the Health Resources and Services Administration’s (HRSA) Revised Geographic Eligibility for Federal Office of Rural Health Policy (FORHP) Grants: Request for Public Comment. The request solicits comments on HRSA’s proposal to add additional counties – specifically, outlying Metropolitan Statistical Area (MSA) counties with no Urbanized Area (UA) – to its list of areas eligible to receive services funded by FORHP’s rural health grants.

FORHP’s current definition of rural includes non-metro counties, and census tracts within metro counties that meet certain criteria related to commuting patterns, population density and urbanization.¹ In general, FORHP considers census tracts to be rural if their assigned Rural-Urban Commuting Area (RUCA) code is four or greater (out of 10).² Distinguishing tracts within MSAs, and within metro counties, is important to precisely identify rural communities that may otherwise have been aggregated with more populated neighboring areas. **The AHA appreciates FORHP’s efforts to accurately and comprehensively recognize rural areas.**

¹ The Office of Management and Budget (OMB) characterizes a [Metropolitan Statistical Area](#) (MSA) as a geographic region that has at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties. Counties and county equivalents are the components of MSAs. Thus, a county within an MSA is referred to as a “metro county.” A county that is not in a MSA is referred to as a “non-metro county.”

² FORHP also will consider some larger census tracts that [meet particular criteria](#) to be eligible for rural health grants if they have a RUCA code of two or three.



FORHP proposes to add outlying metro counties with no urbanized area³ to the list of areas that are considered rural, and therefore eligible for rural health grants. Outlying metro counties are defined relative to [central counties](#), which are MSA counties that have substantially concentrated populations. A metro county is [considered to be outlying](#) when 25% of its employed residents work in the central county, or when 25% of the county's employment is carried out by residents of the central county (i.e., "reverse commuters").

FORHP's rural definition directly affects providers' eligibility for many financial and programmatic opportunities, including numerous HRSA grants, some rural-focused Center for Medicare and Medicaid Innovation demonstration models and, just recently, certain targeted distributions of COVID-19 Provider Relief Funds. **Thus, it is essential that the definition be as inclusive and flexible as possible in order to broaden opportunities for providers in rural communities. The AHA appreciates HRSA's attention to important demographic and economic shifts that effect community characteristics, and the agency's efforts to encompass more rural areas in its rural definition.**

In addition, given that additional providers would be considered eligible for rural health grants under the proposed change, we urge HRSA and FORHP to consider commensurate increases in grant opportunities made available for rural providers. As the COVID-19 crisis continues and financial uncertainty grows, it will be increasingly important to sustain adequate mechanisms for rural providers to obtain necessary resources and other supports to ensure access to care in their communities.

We appreciate your consideration of these comments, as well as HRSA's and FORHP's continued efforts to improve rural health. Please contact me if you have questions or feel free to have a member of your team contact Erika Rogan, AHA's senior associate director for policy, at (202) 626-2963 or erogan@aha.org.

Sincerely,

/s/

Ashley Thompson
Senior Vice President
Public Policy Analysis and Development

³ The Census Bureau characterizes [urbanized area](#) as "a densely settled core of census tracts and/or census blocks" that includes 50,000 or more people, with a minimum population density of 500 people per square mile.