



Tony Evers

Office of the Governor | State of Wisconsin

May 6, 2022

Ms. Andrea Palm
Deputy Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Deputy Secretary Andrea Palm:

I am grateful to the US Department of Health and Human Services for its leadership in the ongoing battle against COVID-19 and its efforts to promote the health and wellbeing of all Americans. Today, I am writing to express concern over recent communications from the Health Resources and Services Administration (HRSA) regarding the redetermination of Health Provider Shortage Areas (HPSAs).

Based on the current communications and information provided by HRSA, the Wisconsin Department of Health Services (WDHS) expects multiple sites across Wisconsin to either lose HPSA status or experience lower scores. At least eight sites in the following counties are expected to lose their National Health Service Corps (NHSC) status: Calumet, Dodge, Jefferson, Portage, Shawano, Walworth, and Wood (two sites). While HRSA may have viewed these updates as part of a standard practice, I would like to express concern over the redetermination process and negative implications associated with the proposed HPSA withdrawals.

In creating the new redetermination process, HRSA required primary care offices (PCOs) to complete a full HPSA application for each existing HPSA, including proving that existing HPSAs are still warranted. PCOs were told that they would need to assign contiguous areas in the Shortage Designation Management System (SDMS). PCOs were not told that they would need to complete a full application until well into 2021, which was inadequate notice for PCOs to complete all the steps involved prior to the final update process. This created significant workloads for our PCO when multiple other priorities were also underway, such as J-1 visa applications, new site applications for NHSC, and Rational Service Area developments.

Prior to the current redetermination process, HPSA updates used to be conducted on a staggered three-year cycle. Now all HPSA redeterminations are on a two-year cycle, which is a change that puts significant burdens on state PCOs by condensing work periods. Additional burdens will also be placed on our facilities, particularly our rural health centers (RHCs). RHCs must go through a convoluted process to obtain their HPSA scores. WDHS will be working proactively with our RHCs going forward to assist them with submitting their NHSC applications, which may help mitigate the impact of future HRSA updates.

We are already beginning to see negative impacts for our safety net providers who are now unable to attract NHSC scholars because their HPSA score has changed. At a time when healthcare providers across the board are in short supply, losing the ability to bring in highly qualified providers because of bureaucratic redeterminations is not only unfortunate, but undermines the intent of the program. Fair and accurate HPSA scoring allows safety net providers such as free and charitable clinics, and federally qualified health centers

(FQCHS) to be competitive in the acquisition of NHSC scholars. This program is critically important to the ability of safety net clinics to attract providers, as many cannot match the salaries offered by private sector offices. It is imperative that we do everything we can to ensure that our safety net partners are able to attract and retain qualified healthcare providers.

It is my administration's recommendation that the following steps be taken to proactively address and prevent the negative impacts associated with the redetermination of health provider shortage areas.

- HRSA should remove the 30% threshold requirement for an area to be eligible for a population group low income HPSA. The eligibility should be based on the population-to-provider ratio only. Otherwise, we see this swing in HPSAs due to changes in the overall economy of the country. Many areas that were just above the 30% threshold during the last National Shortage Designation Update (NSDU) may not have been during this NSDU cycle.
- HRSA should prospectively communicate the process they will use for HPSA score redeterminations going forward once the Rational Service Area (RSA) plans for all states have been implemented. We conceptually understand that the RSA plan implementation is designed to streamline HPSA scoring, however it is unclear whether there will be meaningful changes in HRSA's approach to the redetermination process, considering how burdensome the last two updates have been to the states. HRSA should also provide sufficient time for PCOs to transition to the new process.
- Tribal clinics should always be eligible for NHSC scholars and loan repayment programs, regardless of HPSA score. The history of exclusion and trauma of native peoples, coupled with lack of census and other data relevant to HPSA scoring mechanisms, make the continued availability of these workforce recruitment mechanisms critical to meeting the needs of the populations they serve.

I am committed to exploring all avenues to enhance rural healthcare options and improve affordability for folks across Wisconsin. Most recently, my administration provided ARPA grants to public-private partnerships to train and attract healthcare workers in Wisconsin, support training grants for rural hospitals, and investments targeted at stabilizing EMS providers in rural areas of Wisconsin. Examining how we can address the HPSA redeterminations in a manner that maintains patient access to our high quality of care is vital to this continued effort.

Thank you for your time and consideration.

Sincerely,



Tony Evers
Governor of Wisconsin