

NOSORH Response to FORHP Request for Comment – Revised Geographic Eligibility for FORHP Grants

Overview:

The Federal Office of Rural Health Policy (FORHP) of the U.S. Department of Health and Human Services released a Request for Comment (RFC) on a proposed Revised Geographic Eligibility for FORHP grants on September 23, 2020. This RFC sets out a proposed expansion of the methodology used to define, for purposes of FORHP program eligibility, which geographic areas would be considered rural. It would add consideration of rural outlying counties within Metropolitan Statistical Areas (MSAs). These comments are the response of the National Organization of State Offices of Rural Health (NOSORH) to this RFC.

NOSORH was established in 1995 to assist State Offices of Rural Health (SORH)s in their efforts to improve access to, and the quality of, health care for 57 million rural Americans. All 50 states have a SORH, and each SORH helps their state's rural communities to build effective health care delivery systems.

NOSORH appreciates the continuing efforts of FORHP to refine its definition of rural. This is particularly important for areas close to cities. In these areas, the dividing lines between exurbs, suburbs and rural areas can be unclear. It is a challenge to differentiate what is rural in these regions.

NOSORH recognizes that there are multiple perspectives on what constitutes rural. NOSORH believes that a single consensus definition, agreed upon universally, is unlikely. Nevertheless, NOSORH believes that an ongoing dialogue among stakeholders will bring us all closer to agreement.

Analysis of Proposal Impact

NOSORH conducted an analysis of the list of counties affected by the proposed revision. **A total of 295 additional whole counties in 42 states** would become eligible for FORHP programs under the new definition. See the chart below.

Table 1: Additional Counties Eligible for FORHP Grants, by State

State	Additional Eligible Counties	State	Additional Eligible Counties
TX	25	CO	5
GA	22	NE	5
VA	21	OH	5
KY	17	OK	5
TN	17	SC	5
MO	16	NY	4
IN	15	UT	3
IL	11	MI	2
IA	10	MT	2
MS	10	SD	2
LA	9	VT	2
MN	9	WA	2
NC	9	AK	1
AL	8	CA	1
AR	8	MA	1
ID	8	MD	1
KS	8	ME	1
WV	8	ND	1
FL	6	NM	1
WI	6	NV	1
		OR	1
		PA	1

Ten states would have **10 or more additional counties** become eligible for FORHP programs. Fifteen other states would have **between 5 and 9 additional counties** become eligible. In general, states in the South and Midwest had the largest numbers of additional counties become eligible.

To get additional insight into the impact of the FORHP proposal, NOSORH conducted a survey of its member SORHs. NOSORH provided each SORH with a listing of the counties within their states that would be affected by the proposal. The survey asked for a key question:

- ***Do you believe that the counties in your state, identified by FORHP under its proposal, should be considered as eligible for FORHP programs? If not, why?***

NOSORH found that responding SORHs agreed, without exception, that the counties identified as rural under the expanded FORHP definition were, in fact, rural in nature. SORHs found no ‘false positives’ – i.e., counties that were exurban or suburban that fell into the new rural definition. This indicates that the proposed new criteria are not excessively broad.

Future Directions for Refinement of FORHP’s Eligibility Definition

In its survey, NOSORH asked SORHs a second question:

- ***Are there additional counties that you believe should be added but weren't on the list? If so, why?***

NOSORH received thoughtful responses to this question that suggest future directions for refinement of FORHP's eligibility definition.

Several SORHs identified counties in their states which they consider to be entirely rural, but which are not considered as such under the current or proposed FORHP definition. Two states – Pennsylvania and North Carolina – indicated that they had their own methodology for identifying rural areas, and that the identified rural areas were not entirely congruent with the FORHP listings. These disparities suggest a further area for exploration of what constitutes rurality – examination of the basis of these differences.

SORHs making comment about what they considered to be rural mentioned that they emphasized a population-based measure – the ***percent of population residing outside of Urbanized Areas***. They observed that an area with more than 50% of its population outside of Urbanized Areas will generally align with perceptions of rurality. Two responding SORHs observed that rurality definitions which depend upon workforce commuting flows can be misleading. They commented that, in their states, workforce connectedness to proximate Urbanized Area is not a good measure of a rural community's access to health services in that Urbanized Area. These respondents indicated that population settlement measures are more appropriate for these purposes.

SORHs also commented that there are a small number of CAHs and RHCs located in areas not currently eligible for FORHP support. Some SORHs felt that these numbers could increase due to rural-to-urban reclassifications in the next decennial Census. NOSORH believes that this is an important issue to consider as we prepare for the next Census release. We are ready to convene discussions on how this situation could be addressed.

NOSORH notes that several Federal programs use distinct definitions of rural areas largely based upon population settlement measures. An examination of one of these programs – the Federal Communications Commission Rural Health Care Program – found differences between its listings of rural areas and the listing of areas under the current or proposed FORHP definition. NOSORH believes it may be useful for FORHP to explore the basis for these differences.

Summary Comments and Recommendations

NOSORH supports the proposed changes to the FORHP grant eligibility definition. NOSORH finds that the proposal will appropriately identify rural populations with MSAs, and will simplify determination of eligibility for FORHP grants. NOSORH believes that the changes will increase program eligibility for a significant number of rural areas not currently recognized.

NOSORH recommends that FORHP, in the future, explore additional modifications to its rural definition, examining **areas considered rural by states** and **areas defined as rural by other Federal agencies**. While there is a relatively small number of these differently defined rural areas which are not recognized under the FORHP definition, examination of these areas will assure that all rural communities are recognized and can be considered for FORHP support.

NOSORH also recommends that FORHP consider establishing a process for handling requests for **rural definition additions/exceptions**, both at a county and subcounty level. This would allow state or local entities to petition FORHP for addition of specific geographic areas to the eligibility listing. This approach is already used by HRSA in the designation of Medically Underserved Populations requested by state governors. NOSORH suggests that it would be appropriate for SORHs to be the appropriate channel for review and submission of these requests to FORHP.