NOSORH
National Organization of State Offices of Rural Health

NOSORH HEALTH POLICY BRIEF

Date: 3/21/2022

Reference Title: Support for Primary Care Offices (PCO)

Background: One of the core functions of the PCOs is federal shortage designations. Although there has been improvements to the Shortage Designation Management System (SDMS) the workload on the PCO side has continued to grow. The data needed for the provider validation portion of the process has increased in size and complexity. And the timelines have been changed so that all of the designations need to be re-designated during the same year. In addition, new tasks were added to the PCO expectations without an increase in funding to support them. These tasks are:

1. Primary Care Needs Assessment once every five years to be updated annually that includes analysis of data at a county and sub-county level, a description of barriers to accessing care and the plan to overcome them, and a plan to collaborate with stakeholders.

2. Creation of State Rational Service Areas that cover the entire state and will be used for all future health professional shortage designations.

3. Developing a statewide, long-term strategic plan to reduce health provider shortages and shortage designations.

Issue: The PCO cooperative agreement funding has not increased to account for the increased workload necessary for timely submission of shortage designations. Nor does it cover the cost of performing the additional functions now required by the overall project. There has been significant turnover in the PCO staff across the country (a quarter have been in their roles for less than a year, 50% for less than 3 years) and even those seasoned staff need additional support both in the form of resources and technical assistance. The work is so complex that there is rarely a time when PCO don't need consistent learning opportunities and support to increase data collection or analysis capacity. For this the PCOs need an organization funded by HRSA to provide technical assistance. This year a new type of designation, Maternity Care Health Professional Target Areas, is being added and will require PCOs to collect data from providers they don't currently have to collect data on. Because shortage designations are the foundation upon which many HRSA and CMS programs rely it is vitally important that PCOs be able to do the work in a timely fashion and also be implementing processes to refine data collection and build permanent structures to support the work going forward.

Request for Consideration: The PCO National Committee which is made up of PCO representatives from each region is in support of this request. We intend to ask other organizations to support NOSORH if you decide to approve this call for action. We have also been speaking with ASTHO about how they can support the effort. In HRSA's *Fiscal Year 2022 Justification of Estimates for Appropriations Committees*, medically underserved communities are mentioned 52 times and Health Professional Shortage Areas are mentioned eight times, all in reference to programs in HRSA that rely on them for eligibility or performance measures. Any organizations whose members benefit from these programs could be approached for support as well (health centers, AHECs, Association of Clinicians for the Underserved, rural health clinics, hospitals, healthcare training programs, and provider associations). We are asking for an appropriation for two specific grant awards. Under the PCO cooperative agreement we recommend an increase of $100,000/PCO base funding for all 54 current PCO awardees. That means the base would be $250,000 and then the work units additional funding on top of that per current PCO allocation. For the PCO TA appropriation we recommend $300,000. We are asking for NOSORH to make supporting the PCOs a part of their strategic plan and engage your policy resources in this effort. The benefit to NOSORH is that rural communities and SORHs will be able to continue to rely on shortage designations for program that support access and sustainability to healthcare but also strengthen our partnerships between PCO and SORH for longer term healthcare workforce initiatives.

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