



January 21, 2025

Department of Health and Human Services
Health Resources and Services Administration
Attention: (HRSA- OMB No. 0915-0193)
HRSA Information Collection Clearance Officer, Room 14NWH04
5600 Fishers Lane
Rockville, Maryland 20857

RE: Health Resources and Services Administration (HRSA) Uniform Data System (UDS), (OMB No. 0915-0193)—Revision.

To Whom It May Concern:

The Iowa Primary Care Association (Iowa PCA) appreciates the opportunity to provide input on the CY 2025 Uniform Data System Changes. The Iowa Primary Care Association supports our fourteen community health centers (CHCs or Federally Qualified Health Centers (FQHCs)) members. Collectively, our members provide healthcare to over 240,000 Iowans annually through over 810,000 visits. Iowa's CHCs are a vital part of the high-quality healthcare received by rural and underserved Iowans, including comprehensive, affordable primary and preventive care, dental, behavioral health, pharmacy, vision, and other essential health services.

The Iowa PCA and our fourteen member CHCs welcome the opportunity to provide comments on the proposed NPRM. In brief, we support the proposed changes to Table 6A: Selected Diagnoses and Services and would appreciate HRSA giving further guidance and clarity on specific measures below:

Tobacco Use Cessation Pharmacotherapies

The Iowa PCA recommends this proposed measure align with the current Tobacco Use Screening and Cessation measure, Table 6B, Line 14a. We believe aligning with the current measure will improve clinical workflow and reduce administrative burden while still tracking the information needed to improve health outcomes in this area. Additionally, we ask HRSA to provide further guidance on the following.

- Does HRSA consider over the counter (OTC) medications to be included in pharmacotherapy services? Our CHCs take every opportunity when updating patient records to ensure that all medications, prescription or OTC, are noted in the chart. However, language barriers and other factors in our patient populations can make it more difficult to ensure an accurate record of OTC medications. Additionally, even if an OTC medication is prescribed, there is no record to confirm the patient adhered to filling the prescription.
- If the measure includes OTC medications, will a master list of which OTC medications would count under this new measure be issued? We would encourage HRSA to align this list with the

FDA approved nicotine replacement therapy list. Finally, we would recommend HRSA outline the specific set of CPT codes for services such as “tobacco cessation counseling with medication” that HRSA would like CHCs to use as this will ensure continuity between providers and reduce administrative burden when implementing this requirement into electronic health records.

Medications for Opioid Use Disorder (MOUD)

The Iowa PCA applauds HRSA’s continued focus on opioid use disorder. We encourage HRSA to provide additional clarity in the following areas to assist CHCs in operationalizing this measure:

- As we see an increase in long term MOUD treatments, will HRSA want to see all related visits during this time counted, for example including medication list reviews or only initial prescription visits?
- We would encourage HRSA to define a list of eligible medications for MOUD treatment.

Alzheimer’s Disease and Related Dementias (ADRD) Screening

The Iowa PCA is supportive of the changes relating to ADRD screening. We would encourage HRSA to provide additional guidance in the following areas:

- Will HRSA have any requirements relating to questions that must be asked in an assessment or a type of evaluation tool? CHCs are often asking questions which screen for cognitive issues currently. If these assessments are adequate, we want to ensure our CHCs are capturing this data.
- Will HRSA have any requirements as to which staff can administer the ADRD screenings? These screenings can be typically time-intensive, and we want to ensure we use our providers and staff in the most efficient manner possible.

Initiation and Engagement of Substance Use Disorder Treatment

The Iowa PCA is generally supportive of the Substance Use Disorder (SUD) changes. One on-going difficulty for health centers providing SUD services has been a lack of clear definition. WE would encourage HRSA to clarify the definition of SUD treatment for this measure and to ensure reporting for MOUD will not overlap SUD treatment reporting.

Thank you for your consideration of these comments on the FQHC portion of the CY25 Uniform Data System Changes. If you have any questions, please contact Erica Shannon, Director of Legal and Regulatory Affairs, at eshannon@iowapca.org.

Sincerely,

A handwritten signature in black ink that reads "Aaron Todd". The signature is fluid and cursive, with the first name "Aaron" and last name "Todd" clearly distinguishable.

Aaron Todd, CEO
Iowa Primary Care Association