



July 15, 2025

Thomas J. Engels
HRSA Administrator
5600 Fishers Lane
Rockville, Maryland 20857

RE: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Shortage Designation Management System, OMB No. 0906-0029-Extension

Submitted via: paperwork@hrsa.gov

Dear Administrator Engels:

The Community Health Care Association of New York State (CHCANYS) appreciates the opportunity to comment on the Information Collection Request regarding the Shortage Designation Management System. CHCANYS is New York's primary care association representing the State's federally qualified health centers (FQHCs), also known as community health centers (CHCs). New York's CHCs provide care at nearly 900 sites to 2.4 million people, or 1 in 8 New Yorkers, each year.

For nearly sixty years, health centers have provided high-quality, comprehensive, affordable primary and preventive care. In addition to medical services, CHCs provide dental, behavioral health, pharmacy, vision, and other essential health services to America's most vulnerable and medically underserved communities in urban, rural, and suburban communities.

CHCs are located in Medically Underserved Areas (MUA) or serve Medically Underserved Populations (MUP), which then automatically designates these entities as Health Professional Service Areas (HPSAs). As designed, HPSAs, MUAs, and MUPs enable and inform policies and incentives to attract essential providers and resources to the most medically needy.

CHCs welcome the opportunity to partner with the federal government in expanding access to primary care and addressing chronic diseases. MUA, MUP, and HPSA designations are essential to the health center mission, guiding our resource allocation, service expansion, and funding to ensure care for the communities that need it most. CHCANYS looks forward to working closely with HRSA on these designations and associated programs.

I. Medically Underserved Areas & Medically Underserved Populations Designations

HRSA established these designations specifically to support the development of health maintenance organizations and CHCs in communities where care is limited.¹ Consequently, under Section 330 of the Public Health Service Act, health centers are explicitly defined as entities that serve medically underserved populations.² This makes MUA and MUP designations essential not only in the establishment of health

¹ <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation>.

² 42 USC § 254b (a)(1)



centers, but also foundational to the policy and operational framework of health centers. These designations can help CHCs strategically plan service area expansions and new site locations and assist staff in developing care to meet the needs of their patients.

Unfortunately, many of the communities health centers serve experience a lack of access to both essential health and **health-related** services. Communities served by CHCs are often also designated as pharmacy and food deserts. An estimated 15.8 million (4.7%) Americans reside in a pharmacy desert, spanning both urban and rural settings in all 50 states.³ One study found that pharmacy deserts exist at similar rates in both MUA and non-MUA urban areas, indicating that primary care access does not always correlate with access to pharmacy services.⁴ Additionally, in communities with limited access to affordable, healthy foods, residents have heightened risks of diet-related chronic diseases. Generally, limited access to nutritious food is more common in communities with higher rates of poverty.⁵ With food insecurity in the United States rising in recent years,⁶ health centers have stepped in to bridge the gap between food and health. Through innovative partnerships and culturally competent interventions, many CHCs now offer food prescription programs, community gardens, and connections to food assistance services.

Without the funding and support tied to MUA/MUP designations, health centers would be severely limited in their ability to address broader social risk factors of health, like pharmacy and food access. Pharmacy and food deserts would deepen, the chronic disease epidemic would rise, and patients already facing barriers to care would encounter even greater health disparities. MUAs and MUPs not only enable the existence of CHCs, but they also allow health centers to be responsive, adaptable, and effective in meeting their community's health needs, including those reflected in the traditional MUA/MUP designations and those that are not, like pharmacy and food access.

II. Health Professional Shortage Areas Designations

Health centers are the foundation of the nation's health professional shortage areas. By statute, CHCs are designed as Automatic Facility HPSAs (Auto-HPSAs) due to the nature of their work and the medically underserved populations they serve. The designation is not merely administrative; rather, it is essential to health centers' ability to operate and deliver high-quality care in areas of high need. HPSA designations recognize that health centers are integral to maintaining access to primary and preventive care in the areas that need it most. These designations provide access to federal resources that enable CHCs to continue serving their patients, and without them, many health centers would be unable to operate in their communities.

³ Wittenauer R, Shah PD, Bacci JL, Stergachis A. Locations and characteristics of pharmacy deserts in the United States: a geospatial study. *Health Aff Sch.* 2024 Mar 16;2(4):qxae035. doi: 10.1093/haschl/qxae035. PMID: 38756173; PMCID: PMC11034534.

⁴ Guadamuz JS, Wilder JR, Mouslim MC, Zenk SN, Alexander GC, Qato DM. Fewer pharmacies in Black and Hispanic/Latino neighborhoods compared with white or diverse neighborhoods, 2007–15. *Health Aff (Millwood)*. 2021;40(5):802–811. 10.1377/HLTHAFF.2020.01699.

⁵ <https://www.aecf.org/blog/food-deserts-in-america>; Zhu AY. Impact of Neighborhood Sociodemographic Characteristics on Food Store Accessibility in the United States Based on the 2020 U.S. Census Data. *Dela J Public Health*. 2022 Aug 31;8(3):94-101. doi: 10.32481/djph.2022.08.016. PMID: 36177172; PMCID: PMC9495479.; <https://www.reinvestment.com/wp-content/uploads/2024/01/RF-Limited-Supermarket-Access-Analysis-2024-1.pdf>.

⁶ <https://www.cbpp.org/blog/food-insecurity-rises-for-the-second-year-in-a-row>.



A HPSA designation also qualifies health centers to apply for and receive National Health Service Corp (NHSC) clinicians. In 2024, more than 9,000 NHSC clinicians served at CHCs and provided care to more than 21 million patients across the country.⁷ This program is a critical workforce pipeline for CHCs and has more than doubled the health center workforce between 2010 to 2021.⁸ Despite this growth, workforce shortages remain, particularly in rural and high-need areas. HPSA designations are essential to maintaining CHC eligibility for NHSC staffing and addressing provider shortages in the areas they serve. Given persistent healthcare workforce shortages, market competition, provider burnout, and early retirement, health centers heavily rely on the NHSC program to recruit and retain their workforce. Loss of their designation would compromise access to providers, reduce service availability, and ultimately harm the patients and communities that CHCs serve.

Health centers have a long-standing record of delivering high-quality care to complex, underserved populations and rely on the support tied to HPSA, MUA, and MUP designations to sustain those services. Thank you for your consideration of these comments. We look forward to working with the Administration on this topic. If you have any questions, please contact Marie Mongeon, Vice President of Policy: mmongeon@chcanys.org.

⁷ <https://data.hrsa.gov/topics/health-workforce/field-strength>.

⁸ https://nhsc.hrsa.gov/sites/default/files/nhsc/about-us/NHSC%20Field%20Strength%20Infographic%202022_remediated.pdf.