CCALAC
Community Clinic Association of Los Angeles County

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July 18, 2025

Thomas J. Engels
Administrator, Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857
(*Submitted via: paperwork@hrsa.gov*)

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

Dear Administrator Engels:

On behalf of the Community Clinic Association of Los Angeles County (CCALAC) and our 66 nonprofit community health center (CHC) member organizations, thank you for the opportunity to provide comments in response to the Information Collection Request for the Shortage Designation Management System. Health centers provide high-quality, comprehensive, affordable primary and preventive care to under-resourced and medically under-served communities. Health centers in Los Angeles County serve over two million low-income patients annually, with 74 percent of patients having income at or under 200 percent of the federal poverty level (FPL) and over half below the federal poverty level.

As highlighted in the Make America Healthy Again agenda, health centers are well-positioned to be leaders in expanding access to primary and preventive care and addressing the high burden of chronic disease in our population. Health centers are located in Medically Underserved Areas (MUA) or serve Medically Underserved Populations (MUP), these regions are also designated as Health Professional Service Areas (HPSAs). These designations – MUA, MUP, and HPSA – are essential to the health center mission, guiding resource allocation, service expansion, and funding to ensure continued care for communities that need it most.

The Health Resources and Services Administration's (HRSA) Bureau of Health Workforce engages in a process with state primary care offices to assess needs, determine eligible areas and submit designation applications for HRSA review. HRSA is seeking comments specifically on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden. CCALAC urges HRSA to maintain and employ an approach to information collection that ensures submission, receipt, and validation of sufficient, reliable data reflecting the crucial role that MUA, MUP, and HPSA designations play in ensuring access to critical resources for safety-net providers.

The following comments emphasize the importance of these designations on community health centers, their patients and their communities.

The Value of Community Health Centers

Health centers are uniquely positioned to address the nation's growing primary care gap while simultaneously delivering substantial cost savings to the healthcare system. According to the National Association of Community Health Centers (NACHC) report, "Closing the Primary Care Gap,"[1] over 100 million Americans (one-third of the nation) lack access to a usual source of primary care due to a shortage of providers in their communities. These individuals are considered medically disenfranchised and include people of all income levels, locations, ages, races, ethnicities, and insurance status. Many of these individuals have insurance but are still unable to access care in their communities due to a shortage of providers. Without health centers, 15 million more patients would be at risk of going without primary care.[2]

Health centers serve as a critical access point for comprehensive, affordable health care, particularly for low-income populations. Health centers patients are four times more likely to have incomes at or below the FPL and twice as likely to have income under 200 percent of FPL than the U.S. population. Health center patients are more than twice as likely to be uninsured as the U.S. population.[3] Health centers provide care to all patients, regardless of their ability to pay, and evaluate uninsured and underinsured patients on a sliding fee scale to help lower the cost they pay for services based on family size and income. In 2023 alone, health centers also served 1.47 million individuals experiencing homelessness, 6.55 million patients residing in public housing, 1.03 million agricultural workers and families, and 419,000 veterans.[4]

The preventive care model not only improves health outcomes but also reduces costs. The Department of Health and Human Services (HHS) estimates that health centers save $1,411 per adult and $741 per child enrolled in Medicaid, contributing to $11.4 billion in gross Medicaid savings.[5] These savings are achieved by reducing reliance on costly emergency departments and specialty care, lowering prescription drug spending, and better managing chronic diseases.[6] Costs for health center patients with Medicaid coverage have been found to be lower than costs for non-health-center Medicaid patients by 8.4[7] to 24 percent.[8]

Health centers have also shown success in reducing chronic disease burden through early detection and ongoing management. In 2023, health centers significantly increased screenings for breast cancer (52.5 percent in urban areas, 52 percent in rural areas), cervical cancer (57.2 percent urban, 48.1 percent rural), and colorectal cancer (40.2 percent urban, 42.7 percent rural),[9] demonstrating their commitment to early detection and prevention. From 2022 to 2023, as the overall patient population grew by three percent, health centers also saw notable increases in patients diagnosed with and treated for chronic conditions, including asthma (six percent), chronic

[1] https://www.nachc.org/wp-content/uploads/2023/06/Closing-the-Primary-Care-Gap_Full-Report_2023_digital-final.pdf.
[2] https://www.nachc.org/wp-content/uploads/2023/06/Closing-the-Primary-Care-Gap_Full-Report_2023_digital-final.pdf.
[3] 2023 Uniform Data System, Bureau of Primary Healthcare, HRSA, DHHS.
[4] 2023 Uniform Data System, Bureau of Primary Healthcare, HRSA, DHHS.
[5] https://bphc.hrsa.gov/sites/default/files/bphc/about/dec-05-2024-today-macrae.pdf.
[6] Nocon et al., (2016).
[7] Mundt, Charles, and Sha Yuan. 2014. "An Evaluation of the Cost Efficiency of Federally Qualified Health Centers (FQHCs) and FQHC 'Look-Alikes' Operating in Michigan." The Institute for Health Policy at Michigan State University. October
[8] Nocon et al., (2016).
[9] 2023 Uniform Data System, Bureau of Primary Healthcare, HRSA, DHHS.

lower respiratory diseases (five percent), diabetes (six percent), heart disease (eight percent), hypertension (five percent), and obesity (11 percent). These efforts reflect a holistic, patient-centered approach that improves community health outcomes and mitigates long-term healthcare spending.

Despite operating on thin margins, health centers continue to demonstrate their value by delivering high-quality, cost-effective care to millions of Americans while contributing to local economies. Health centers support over 650,000 total jobs and generate more than $118 billion in total economic impact.[10] Health centers' proven ability to address unmet care needs, reduce healthcare costs, and improve community health outcomes make them an integral part of the solution to our nation's primary care crisis.

Medically Underserved Areas & Medically Underserved Populations Designations

HRSA established MUA and MUP designations specifically to support the development of health maintenance organizations and health centers in communities where care is limited.[11] Consequently, under Section 330 of the Public Health Service Act, health centers are explicitly defined as entities that serve medically under-resourced populations.[12] This makes MUA and MUP designations essential, not only in the establishment of health centers, but also foundational to the policy and operational framework of health centers. These designations help health centers strategically plan service area expansions and new site locations and assist staff in developing care models to meet the needs of their communities.

Many communities served by health centers lack access to essential services related to health and healthcare, for example access to pharmacies and affordable healthy food. Although pharmacies are often considered one of the most accessible care settings, an estimated 15.8 million (4.7 percent) Americans reside in an area with low access to pharmacies, spanning both urban and rural settings in all 50 states.[13] A 2021 study found that areas with low access to pharmacies 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. [14]

Areas served by health centers also often face challenges with access to affordable, healthy food. In these communities, residents have heightened risks of diet-related chronic diseases. With food insecurity in the U.S. rising in recent years[15], health centers have stepped in to bridge the gap between food and health. Through innovative partnerships and initiatives, many health centers now offer food programs, community gardens, nutrition and cooking classes, and connections to food assistance services.

Without funding and support tied to MUA/MUP designations, health centers would be severely limited in their ability to address broader factors impacting the health of patients and communities. These designations enable

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[10] https://www.nachc.org/wp-content/uploads/2025/01/PolicyPapers_NationalValueImpact_FINAL_Jan2025.pdf.
[11] https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation.
[12] 42 USC § 254b (a)(1)
[13] 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.
[14] 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.
[15] https://www.cbpp.org/blog/food-insecurity-rises-for-the-second-year-in-a-row.

health center expansion and support health centers in being responsive, adaptable, and innovative in meeting the unique health needs of their communities.

Health Professional Shortage Areas Designations

By statute, health centers are designed as Automatic Facility HPSAs (Auto-HPSAs) due to the nature of their work and the communities they serve. The designation is not merely administrative, but rather, it is essential to health centers' ability to operate and deliver high-quality primary and preventive care in areas of high need. These designations provide access to federal resources that enable health centers to continue serving their patients, and without them, many health centers would be unable to operate in their communities.

A HPSA designation qualifies health centers to apply for and receive National Health Service Corp (NHSC) clinicians. In 2024, more than 9,000 NHSC clinicians served at health centers, providing care to more than 21 million patients across the country.[16] This program is a critical workforce pipeline that helped more than doubled the health center workforce between 2010 to 2021.[17] Given persistent health care workforce shortages, market competition, provider burnout, and early retirement, health centers heavily rely on the NHSC program to recruit and retain their workforce. HPSA designation is crucial to health centers' continued access to NHSC providers.

Health centers have a long-standing record of delivering high-quality care to low-income, underinsured, and uninsured populations. Health centers rely on the support tied to MUA, MUP, and HPSA designations to sustain their services. Thank you for your consideration of these comments and recognition of the importance of these designations to the success of the health center program. We look forward to working with the Administration on this topic.

Sincerely,

Joanne Preece, MPH
Director of Government and External Affairs

[16] https://data.hrsa.gov/topics/health-workforce/field-strength.
[17] https://nhsc.hrsa.gov/sites/default/files/nhsc/about-us/NHSC%20Field%20Strength%20Infographic%202022_remediated.pdf.