

United States Senate

WASHINGTON, DC 20510-2003

February 10, 2015

The Honorable Sylvia Mathews Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue Southwest
Washington, DC 20201-0004

Dear Secretary Burwell:

I am writing to request that the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) designate Allegany County, Maryland as a rural community.

It has come to my attention that Allegany County is no longer eligible to receive funding targeted to rural communities. Based on data collected during the 2010 Decennial Census, the Office of Management and Budget (OMB) and the U.S. Department of Agriculture Office of Rural Health Policy (ORHP) designated Allegany County a Metropolitan Statistical Area with only metropolitan Rural Urban Commuting Area codes. This designation disqualifies Allegany County from receiving rural health grants through HRSA, and unjustly harms this rural community.

Rural health grants have provided Allegany County residents greater access to quality health care including direct dental care, mental health services, and connections to community health workers and educational programs. Without this federal funding, it will be difficult for many of my constituents in the County to access affordable, quality health care.

I understand that HRSA uses rural designations established by OMB and ORHP to ensure its grant program eligibility requirements are fair and objective. However, the methodology for establishing these designations is not fool-proof, and the USDA has set an example of making possible exemptions to program criteria that involve rural definitions for communities where the rural-urban boundary is difficult to precisely pinpoint.

I believe this is a very serious issue, and I look forward to hearing your recommendations on how we can work together to ensure that my constituents have access to the federal funding they need. I have enclosed my previous correspondence with HRSA and ORHP regarding this issue for your review.

Thank you for your prompt consideration of my request.

Sincerely,



Barbara A. Mikulski
United States Senator

MARYLAND RURAL HEALTH ASSOCIATION

Maryland Rural Health Association
(MRHA)
P. O. Box 5603
Baltimore, MD 21210
410-302-1650

May 19, 2014

The Honorable Barbara A. Mikulski
503 Hart Senate Office Building
Washington, DC 20510 - 2003

Dear Senator Mikulski:

We are writing to express our serious concern about significant losses in Maryland's eligibility and preference for federal rural health funding. Rural Maryland has earned grant awards from the Health Resources and Services Administration's Office of Rural Health Policy that have resulted in approximately \$2.9M for rural Maryland over the last five years, funding that is used to increase access to healthcare in our vulnerable, rural communities.

In December 2013, while writing a grant for a Rural Health Network Development, we discovered that Maryland lost 41% of its previous rural census tracts. Communities in all three rural regions of Maryland were impacted by these changes and have no recourse for appeal or waiver. Evidently, the Office of Rural Health Policy (ORHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) released new designated census tracts that are eligible for their grant programs. This rural classification is predominately used for ORHP community based funds as well as rural preference for other HRSA funds. Within Maryland significant rural geographic areas lost these designations to include the whole counties of Allegany and St. Mary's. Calvert, Worcester, Somerset, and Queen Anne counties also lost census tracts, while somehow Frederick and Baltimore County each gained a rural census tract.

ORHP designations are based first on Office of Management and Budget (OMB) Metropolitan Statistical Areas (MSAs). Any county not considered part of a MSA is rural. RUCA codes, that use American Commuting Survey (ACS) data, further delineate census tracts in micropolitan and non-metro counties.

We have worked closely over the last five months with HRSA and local rural health organizations in the losing regions to understand how census data and commuting data have impacted the elimination of these rural health designations. We have received conflicting answers and information on numerous occasions. After outreach and conversations with state and federal agencies we have discovered what we believe are the following reasons for the changes:

- Allegany County is significantly impacted by the Metropolitan Statistical Area of Cumberland that meets the MSA definition of the 50,000 population threshold. Although parts of Allegany County have lost population in the last decade the county as a whole is no longer rural under this definition.
- St. Mary's population and the Lexington Park MSA grew both in population and with additional Calvert County census tracts that have put this MSA over the 50,000 threshold and contributed to whole county no longer rural.

- Lower Shore census tracts (Worcester and Somerset counties) most likely lost eligibility based on commuting pattern changes. Differences in how commuting data is now collected as part of the American Community Survey in this area of high seasonal employment may be a factor.

Over just the last five years Allegany based funding for Western Maryland has gained over \$2M of federal funding and 4 new jobs. Medstar St. Mary's Hospital gained approximately \$500,000 and Somerset County Health Department \$375,000 in federal funding for their rural regions. All these leaders in their communities are no longer considered eligible for funding. Examples of outcomes for our communities through these successful competitively awarded grants include:

- The Garrett Allegany Health Workforce Development Network created a rural community medicine rotation for 3rd year family and community health residents; recruited a physician assistant to practice in the area; and have sustained the network of eleven partners after funding ended.
- The Mountain Health Alliance drastically increased access to oral health for the area with 183% increase in dental visits; trained the only oral health specific Community Health Worker in the state; and has helped to integrate oral health exams into the primary care setting in the five county region.
- MedStar St. Mary's Health Connections expanded access to health education and self management of chronic conditions
- Somerset Local Health Department gained funding for Worcester and Somerset counties uninsured for diabetes screening, self management education, and healthcare transportation.

We are requesting your office to follow up with HRSA and potentially request an official written explanation on how these Maryland counties and census codes lost eligibility for these types of funds. While we understand changing federal definitions is extremely unlikely, we are just trying to clarify how commuting data or population growth impacted these designations. Ultimately being able to articulate to your constituents the reasons for their lack of access to the funds, jobs, and better health the grants provided for our rural Maryland communities they have come to depend upon is crucial. We also want to turn this unfortunate situation into an opportunity to create a dialogue with your office on how to improve the health of these rural communities.

Thank you for your service and commitment to the rural health of Maryland. If you have any questions I can be reached at michelleclark@mdruralhealth.org or 410-302-4650.

Sincerely,



Michelle Green Clark, MSW, MPH
Executive Director
Maryland Rural Health Association



JUN 13 2014

The Honorable Barbara A. Mikulski
United States Senator
901 South Bond Street, Suite 310
Baltimore, Maryland 21231

Dear Senator Mikulski:

Thank you for sharing your concerns about the reduction of rural areas in the state of Maryland due to analysis of the 2010 Census results. The Health Resources and Services Administration's Federal Office of Rural Health Policy (ORHP) has had a long-standing concern with being able to correctly identify rural areas of the United States, particularly rural areas that may be located in metropolitan counties. The rural health grant programs administered by ORHP provide funding to increase access to health care in rural communities. To effectively serve the rural population, it is prudent to try to understand the unique demographic and geographic characteristics of rural areas.

In 1993, ORHP began its grant programs with the designation of non-metro counties as rural. In order to identify rural areas in metropolitan counties, ORHP has funded the development of Rural-Urban Commuting Area (RUCA) codes, based on census tract level data in a partnership with the U.S. Department of Agriculture's Economic Research Service (ERS). While 9 of Maryland's 24 counties were designated as non-metro in the early 1990s, only 5 are currently so designated. Of the 19 metropolitan counties in Maryland, 6 currently have rural census tracts as designated by RUCA codes.

The reduction of rural area in Maryland is primarily due to increasing population. From the 2000 Census to the 2010 Census, the state population of Maryland has increased by 9 percent. St. Mary's County, for example, has changed from non-metro to metropolitan as its population has increased by 22 percent. Other metropolitan counties that no longer have any rural census tracts (Calvert and Carroll counties) also saw increases of over 10 percent in their populations.

The only county that no longer is considered rural that did not see a large increase in population is Allegany County. I understand why both you and the Maryland Rural Health Association are concerned with the loss of eligibility for rural health grants in Allegany County. In order to better understand why Allegany County is no longer considered rural, we contacted ERS to compare census data from 2000 and 2010. Their response indicates that Allegany County is correctly considered a Metropolitan area and that the results based on the 2000 Census were caused by a misclassification of the urban population. A metropolitan area must have, at its core, an urbanized area of at least 50,000 people and Allegany County meets that criterion. ORHP has always sought objective, data-driven methods to identify the rural population. Though Allegany

County may no longer be eligible for rural health grants, 11 of the 24 counties in Maryland are designated as wholly or partially eligible.

Again, thank you for your letter and please be assured that our primary goal is to assure access to appropriate health care services to rural Americans.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Morris', is positioned above the typed name.

Tom Morris
Associate Administrator
Office of Rural Health Policy



United States Department of Agriculture

August 12, 2014

Mr. Justin Hayes
Deputy Projects Director
Office of Senator Barbara Mikulski
901 South Bond Street, Suite 310
Baltimore, MD 21231

Dear Mr. Hayes:

On July 22, 2014, Senator Mikulski sent me a letter on behalf of Michelle Green Clark, Executive Director of the Maryland Rural Health Association, about communities in Maryland that have lost eligibility and preference for rural health funding (copy attached). The Senator requested that I send the response to you.

Ms. Green expressed concern that a large number of Maryland census tracts have lost the designation as "rural" for the purposes of eligibility for programs administered by the Department of Health and Human Services Office of Rural Health Policy (OHRP). Six counties that had been classified as partly or completely rural were now classified as having no rural areas. Senator Mikulski asked me to review response from Tom Morris, Associate Administrator of OHRP (also attached), and to confirm how the relationship between ERS and OHRP bears on this issue.

The Office of Rural Health Policy uses information from the Economic Research Service's rural-urban commuting area (RUCA) codes to delineate census tracts within counties as rural. The RUCA codes are a system for delineating sub-county components of rural and urban areas. They are based on the same theoretical concepts used by the Office of Management and Budget (OMB) to define county-level metropolitan and micropolitan areas. For the Office of Rural Health Policy (ORHP) and others, the major limitation of existing county-based rural classification systems is that large portions of "rural" territory may be classified as "urban." The use of census tracts instead of counties as building blocks for RUCA codes provides a more precise and detailed geographic classification.

The RUCA codes were created through cooperative research with ORHP. Interagency agreements were used for the initial work in the 1990s and the 2000 update. For the 2010 update, ERS collaborated with Gary Hart (University of North Dakota) who, in turn, was supported by ORHP. The most recent RUCA codes are based on data from the 2010 decennial census and the 2006-10 American Community Survey. These codes are publicly available on the ERS website: <http://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

Economic Research Service
1400 Independence Avenue, SW
Mailstop 1800
Washington, DC 20250-0002

Mr. Justin Hayes
Page 2

For programs targeting rural populations, the RUCA codes provided by ERS to ORHP are used to identify census tracts within metropolitan counties as eligible for programs targeted to rural areas that would otherwise not be eligible. As indicated in the attached letter from OHRP, population changes that had taken place between the 2000 Decennial Census and the 2010 Census have changed the RUCA codes for areas of some counties in the state of Maryland, and therefore affected program eligibility. The final eligibility classifications are the decision of OHRP.

I hope you find this information helpful.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary E. Bohman", with a long horizontal line extending to the right.

Mary E. Bohman
Administrator

Enclosure