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## Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professional Shortage Areas

c/o Nicole Patterson  
Office of Shortage Designation  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

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Dear Committee Members:

The American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 pediatricians, pediatric medical subspecialists, and pediatric surgical specialists, dedicated to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults, appreciates the opportunity to provide comments to the Department of Health and Human Services' Negotiated Rulemaking Committee on Designation of Medically Underserved Populations and Health Professionals Shortage Areas. AAP maintains that the health care needs of infants, children, adolescents and young adults will be significantly affected by the decisions reached by this Committee.

As the Committee works to develop its recommendations, AAP wanted to take this opportunity to reiterate our key concerns. The following comments focus on several areas, in the definition of special population, provider measures, health status indicators, provider availability, measures of utilization and full-time equivalents, special population groups and other issues. The proper definition of these areas of MUSAs and HPSAs affects the health of many children, and thus, we appreciate greatly your consideration of our comments.

The AAP stands ready to assist the Committee in any capacity so as to insure that a pediatric perspective, information, and/or data is available to assist you in your deliberations. If the AAP may be of any further assistance, please don't hesitate to contact Dan Gage in our Washington, D.C. office at 202/347-8600 or [dgage@aap.org](mailto:dgage@aap.org). We look forward to future collaborations.

Sincerely,

A handwritten signature in blue ink that reads "O. Marion Burton MD".

O. Marion Burton, MD, FAAP  
President

OMB/djg

Comments from the American Academy of Pediatrics  
To the Department of Health and Human Services  
Negotiated Rulemaking Committee on Designation of  
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**Special Populations:** Children should be considered a special population because they are more than just little adults. Children have unique health needs and disabilities. An increasing proportion of them suffer from chronic illnesses. Additionally, the issues created by distance and other realities in rural areas have a unique impact on access to care for children, because the shortages of both primary care pediatricians and pediatric subspecialists in these communities are much more impactful. More than half of children living in less populous areas have no access to pediatricians in their primary care service area (PCSA), while more than 1/6 of children enjoy access to neither a pediatrician nor a family physician in their PCSA. Therefore, geographic barriers disproportionately impact children, and their unique needs must be represented as a special population.

**Provider Measures:** Availability of pediatricians/child population should be a specific measure rather than primary care provider/total population since internists do not provide pediatric care and the number of family physicians who provide care for a pediatric population continues to decrease.

**Health Status Indicators:** Infant mortality rate alone does not adequately address the special health care needs and access of the pediatric population. Other key measures might include preterm births, low birth weight, immunization rates, as well as childhood mortality and the number of children who have special health care needs. Additional measures that merit consideration include: insurance status (eligibility/enrollment/medical home), births to teens, race/ethnicity, out of home placement, obesity/overweight, asthma, intentional and unintentional injuries, other safety issues/risk behaviors (tobacco use, alcohol use, drug use), poverty, and education status.

**Provider Availability:** Distance to care and wait time for appointments should be considered for inclusion.

**Measures of Utilization:** In pediatrics, the best measures would be health supervision visits in accordance with those recommended in the current version of the *AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, as well as prenatal visits.

**Measures of Full-time Equivalents:** The definition of full-time equivalent (FTE) should be measured by hours of clinical patient care.

**Special Population Groups:** Children who are from racial/ethnic minorities, living in poverty, uninsured, or living in families whose primary language spoken at home is not English should be considered special population groups.

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**Other Issues:** Some areas of the country may have adequate access to health care for adults but not children. For example, in a particular area, the percent of those with access to care through Medicare may be different from those with access to care through Medicaid, as many practices limit the number of Medicaid patients they treat due to low Medicaid payments and administrative difficulties. Therefore, maintaining a singular measure for both adults and children may inappropriately distort results. It would be helpful to measure child and adult population access to care separately.