



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

Louise Cohen, MPH
Deputy Commissioner
Division of Health Care Access
and Improvement
lcohen@health.nyc.gov

225 Broadway
23rd Floor
New York, NY 10007

+1 212 341-2268 tel

January 14, 2011

Negotiated Rulemaking Committee on the Designation of Medically
Underserved Populations (MUPs) and Health Professions Shortage Areas
(HPSAs)

c/o Nicole Patterson
Office of Shortage Designation
Bureau of Health Professions
Health Resources and Services Administration
Room 9A-18
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

RE: Shortage Designations and Correctional Facilities

Dear Committee Members:

In light of the appointment of the Negotiated Rulemaking Committee on the Designation of Medically Underserved Populations and Health Professions Shortage Areas, we appreciate the opportunity to submit comments for consideration by the Committee. Our comments focus on the eligibility of correctional facilities and inmate populations for shortage designations.

The Code of Federal Regulations, Title 42, Part 5 (Designation of Health Professional(s) Shortage Areas), explicitly addresses correctional facilities and inmates of such facilities in Appendices A, B, and C for primary medical care, dental care, and mental health care respectively. The current regulations provide for designation of certain *federal* and *state* correctional facilities, but otherwise exclude inmates from population counts. The regulations also restrict such designation to medium to maximum security facilities.

Local correctional facilities cannot be designated as shortage area facilities nor can inmates be included in the population per provider ratio for shortage designations that are not correctional facility specific. Thus, the inmates of local correctional facilities are excluded from shortage designations by regulation despite experiencing significant demographic and socio-economic barriers to health care and having significant health issues.¹ We request that the Committee draft revisions of the regulations to permit consideration of *all* correctional facilities and correctional populations for designation as shortage areas, facilities and populations if need-based criteria are met. There is no reason to include federal or state facilities but exclude local facilities; similarly, there is no reason to include medium or maximum security facilities but exclude

¹ For example, in NYC, inmates have significantly higher rates of smoking, current drug use, HIV+ status, and history of asthma than does the general population).

minimum security facilities or to exclude consideration of inmates as members of the population who need health care.

For illustration, New York City has eleven local jails with a total average daily census of over 13,000. For inmates overall (detained or sentenced), the average length of stay is 48 days. The current criteria for designation of federal and state correctional facilities already provide a specific formula for adjusting the number of internees for lengths of stay of less than one year, so this could readily be applied to inmates of local correctional facilities which typically have shorter average lengths of stay.

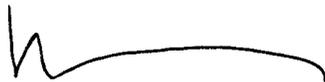
Providing care to this high need population is a considerable undertaking. Obtaining shortage designation status for facilities meeting the need-based criteria would be helpful in assisting in recruiting health care professionals for these very demanding positions.²

In summary, we request the following specific changes:

- Revise references to federal and state correctional institutions and youth detention facilities to include all correctional institutions and youth detention facilities
- Remove specification of medium to maximum security facilities
- Revise definitions of population to permit consideration of inmate populations

Thank you for the opportunity to comment on this important issue and we appreciate your consideration.

Sincerely,



Louise Cohen, MPH
Deputy Commissioner

² For example, facility HPSA status would allow placement of National Health Service Corps participants and access to the J-1 Visa program.