

A rational service area (RSA) for the delivery of primary care shall be (a) discrete, (b) continuous, (c) interrelated, and (d) distinct. A state may petition HRSA to create a state service area plan where conditions (a) through (c) are satisfied.ⁱ

- (a) Discrete: A service area is characterized by its parts according to the following.
 - i. The base service area unit shall normally be a census tract. A minor civil division (MCD), Census County Division (CCD), or Zip Code Tabulation Area (ZCTA) may be used as an alternative base unit.
 - ii. Where applicable, the proximity of two or more population centersⁱⁱ within the service area does not create a “natural” bifurcation of care seeking within the service area.
- (b) Continuous: All service area components shall be contiguous to one another, may not overlap with other service areas of the same designation typeⁱⁱⁱ, and may not exclude interior base units.
- (c) Interrelated: When adequately resourced, a preponderance of the population^{iv} shall normally seek and can reasonably expect to receive primary care services within the service area. This may be established by one or more of the following criteria.
 - i. Preferred Justifications
 - a. The resident civilian population of a service area is reasonably characterized by its common barriers to primary care access, as described through demographic and socioeconomic characteristics.^v
 - b. The service area is a Primary Care Service Area (PCSA).
 - ii. Alternative Justifications
 - a. The service area is served by an existing, federally recognized safety net primary care clinic site.
 - b. The service area is a county or equivalent.
- (d) Distinct: The service area is differentiated from adjacent service areas^{vi} by one or more of the following criteria.
 - i. Isolation of at least 30 minutes travel time, on public roads, under travel conditions normal to the service area.^{vii}
 - ii. Insufficient provider capacity of the adjacent service area to accommodate the primary care needs of the service area.^{viii}
 - iii. Dissimilar demographic characteristics which isolate the population of the service area from contiguous areas.^{ix}

ⁱOptional state plans shall be initiated by the state Primary Care Office and shall be supported by the state Primary Care Association and State Office of Rural Health. State plans shall cover the whole state or territory and may be revised periodically under procedures implemented by HRSA. States with existing service area plans may retain them.

ⁱⁱ [What definition of a population center should be used?]

ⁱⁱⁱ Geo/Pop Primary Care HPSA to Geo/Pop Primary Care HPSA and MUA/P to MUA/P

^{iv} The population of the service area should be of sufficient size to support the federal resources to which it might be assigned. A service area population shall be the resident civilian population including full-time residents and homeless individuals. Part-time residents, migrant populations, post secondary student populations where health services are not

available in the institution, and seasonal workers shall also be included proportionally to the time spent in the service area each year. Tourist populations may be included on a proportional basis where their presence in a service area is shown to substantially impact the capacity of local primary care and where there is a high potential for the displacement of local populations who are seeking primary care.

^v [Access/Barriers and/or Subpopulations workgroup: What barrier indicators should be applied?] [Data/Technical Assistance subcommittee: What is an empirical method of describing relative population homogeneity on indicators of importance?]

^{vi} An adjacent service area shall be defined in the same manner as the proposed service area. In other words, if the RSA is a PCSA then contiguous area resources should be analyzed as PCSAs.

^{vii} Isolation shall be calculated using generally accepted Geographic Information System (GIS) tools that measure from a central location in the population center to the nearest accessible provider in the adjacent service area, adjusted for usual traffic conditions, public transit availability, available transportation routes, topography, and/or weather conditions. Public transit time may be used if it is generally available to the residents of the service area. Census data showing the proportion of the total population who uses public transit should not be required, as these data significantly under represent the transit utilization of low income populations who are the putative users of public resources to improve access to primary care.

^{viii} The threshold of over utilization should be defined as 80% of optimal provider capacity for the contiguous area.

^{ix} [Data/Technical Assistance subcommittee: What should the magnitude of difference be?]