

Negotiated Rulemaking Committee: DRAFT EMUP (October 12, 2011)

DEFINITION Exceptional Medically Underserved Population (EMUP)

The original Exceptional Medically Underserved Population designation authority was established in Public Law 99-280 (1986) and remains in force at Section 330 _____ of the PHS Act. This provision is intended to allow designation of a population group that does not meet the established MUA and/ or MUP criteria but has an “unusual local conditions which are a barrier to access to or the availability of personal health services” for the population. The EMUP designation would be used only if a community could not be designated under the general MUA and/ or MUP criteria, normally because the access barrier or other unusual local condition involved is not covered by the standard MUA/P criteria . The EMUP must allow for detailing unusual local conditions, access barriers, and availability indicators that would indicate a need for an exceptional designation.

The request for EMUP needs to include a written recommendation for the designation from the Governor or other CEO of the State, and may include recommendations of other local officials.

This process also allows for experts to weigh in with opinions on the proposed exceptional designation of an appropriately needy population in a locality.

DEFINITION EMUP SERVICE AREA

The EMUP service area does not need to be an existing RSA or PCSA as defined for geographic designations. The EMUP may have its own unique service area boundaries, if the unusual local conditions which are a barrier to access to or the availability of personal health services cross or the boundaries of or are a subset within an existing RSA or PCSA. The EMUP’s service area boundaries must be an area in which the population can both reasonably access the services provided and support the state and or federal resources assigned or allocated to serve that population.

GUIDANCE FOR EMUP DESIGNATIONS

[Redundant with first sentence above] Designation requested by Governor; should address all factors:

- An area or population group that does not meet the regular MUP and/ or MUA criteria
- Unusual local conditions which show:
 - A barrier to accessing primary medical care or indication of medical under-service not covered by the regular MUA/P criteria is present;
 - documented data showing high disease or mortality rates for the requested population group; and/or
 - Significant negative changes in a community profile; such as but not limited to high unemployment, high increase in school lunch program enrollment, high increase in WIC program, major employer closings or other community distress.
- Compare to national or state norms, include data and source of data; should be a minimum of two examples of unique high morbidity/mortality and or significant changes in community profile.
- Focus on why this area or population group is “exceptional”; what makes it stand out from other similar areas, the surrounding areas, the county, and the state. provide a comparison of the local, regional, state, and/or national data for whatever factors are involved to show they are worse than the rest of the state and/or nation.

UPDATES TO EMUP

No designation will be held in perpetuity. Updates to the EMUPs will occur at least one to two years post availability of the decennial census data. The first EMUP re-designation or update will be upon availability of the complete 2010 decennial census; another shall be made following the 2020 census. (there was not consensus on this...a compromise could be every 5 years).

Governor’s Designation Secretary Certified (GDSC) (added at the pleasure of a Committee member who wanted to make sure we were not making changes to this...)

A GDSC was created in the Omnibus Budget Reconciliation Act of 1989 under section 6213(c). “areas designated by the Governor of a State and certified by the Secretary as having a shortage of personal health services.” The Negotiated Rule Making Committee will not make any regulatory or guidance recommendations on said Act.