INTEGRATED
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October 17, 2010

Nicole Patterson
Office of Shortage Designation
Bureau of Health Professions
Health Resources and Services Administration
Room 91-18, Parkland Building
5600 Fishers Lane
Rockville, Maryland 20857

Re: 42 CFR Part 5

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

Dear Committee Members:

Insofar as your meeting on October 13-14, 2010, is to establish a comprehensive methodology and criteria for Designation of Medically Underserved Populations and Health Professional Shortage Areas, in the hope that the process will yield a new rule in accordance with Section 5602 of the Patient Protection and Affordable Care Act of 2010 (PPACA), we, the Integrated Healthcare Policy Consortium (IHPC) (see end of letter for information on IHPC) and its Partners for Health, wish to provide comments for your consideration regarding the make-up of the healthcare workforce. In particular, since you are charged with creating a comprehensive methodology, we would call your attention to other sections of the PPACA which we believe are relevant to your assignment.

As you are likely aware, Section 5101 of the PPACA establishes a National Healthcare Workforce Commission. The purposes of this commission are specified as follows:
"(1) serves as a national resource for Congress, the President, States, and localities;
(2) communicates and coordinates with the Departments of Health and Human Services, Labor, Veterans Affairs, Homeland Security, and

Education on related activities administered by one or more of such Departments;
(3) develops and commissions evaluations of education and training activities to determine whether the demand for health care workers is being met;
(4) identifies barriers to improved coordination at the Federal, State, and local levels and recommends ways to address such barriers; and
(5) encourages innovations to address population needs, constant changes in technology, and other environmental factors."

Section 5101 of the PPACA goes on to define the term healthcare workforce as specifically including "….licensed complementary and alternative medicine providers, integrative health practitioners…." (please see full definition on p. 4). While this expanded definition applies specifically to this section of the law and thus to the work of the National Healthcare Workforce Commission, we encourage you, in recognition of the fact that 40% of Americans currently use some form of complementary or alternative healthcare, and that these numbers are increasing, to adopt this definition of the healthcare workforce for your work as well. It will certainly bring greater coherence to the Federal Government's healthcare planning to have the agencies working on these related issues utilizing the same definition when considering how to identify underserved populations and professional shortage areas.

The second section of the PPACA to which we would like to draw your attention is Section 2706 entitled Non-Discrimination in Health Care, which says:
"(a) Providers- A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures."

This non-discrimination clause rightly honors the role of each state to decide which sorts of healthcare providers shall operate within that state and what will be the scope of practice of each. We believe this has implications for your work, as there are important variations across states. The state of Vermont recognizes both naturopathic physicians (NDs) and certified professional midwives (CPMs) as primary care providers. Specifically with regard to NDs, for example, Vermont health insurance law states*: "A health insurance plan shall provide coverage for medically necessary health care services covered by the plan when provided by a naturopathic physician licensed in this state for treatment within the scope of practice described in chapter 81 of Title 26. … Any amounts, limits, standards, and review shall not function to direct treatment in a manner unfairly discriminative against naturopathic care, and collectively shall be no more restrictive than those applicable under the same policy to care or services provided by other primary care physicians"* (CHAPTER 107. HEALTH INSURANCE, SUBCHAPTER 1. GENERALLY § 4088d).

In the state of Washington, the Health Personnel Resource Plan for the 1993-94 Biennium identified naturopathic doctors and midwives in its analysis of state shortages of eight primary healthcare professions (www.eric.ed.gov/PDFS/ED366817.pdf). Naturopathic doctors are

specified in Washington state law as primary care providers, as they are in a number of states, including California, Montana, New Hampshire, Utah and Vermont. Naturopaths are licensed in 15 states, the District Columbia and U.S. territories. (Please see attached: Fleming and Gutknecht, Naturopathy and the Primary Care Practice. Primary Care, 2010, 37, 119-36.) Non-nurse midwives are licensed in Washington, as in 25 other states. (Please see: Midwifery Licensure and Discipline Program in Washington State: Economic Costs and Benefits, 2007 [www.washingtonmidwives.org/assets/Midwifery_Cost_Study_10-31-07.pdf]; and Certified Professional Midwives in the United States, 2008 [http://mana.org/pdfs/CPMIssueBrief.pdf].)

Other states have varying levels of recognition of licensed complementary and alternative medicine providers as contributors in meeting their state needs. This certainly should be brought into calculations that determine whether and to what extent regions of such states have a primary care provider shortage. As an example of this kind of analysis, please see the attached: Albert and Butar, Estimating the De-designation of Single-County HPSAs in the United States by Counting Naturopathic Physicians as Medical Doctors (Applied Geography 25, 2005, 271–285). Thus we bring this issue to your attention and look forward to seeing your suggestions about methodology and criteria that accommodate such differences across states.

The central focus of the PPACA was, of course, threefold – to increase access to affordable health care, to improve the quality of our healthcare system as indicated by standard morbidity and mortality outcomes, and to contain the cost of health care which is currently on an unsustainable upward trajectory. In seeking to meet these goals, legislators included in the law enhanced focus on disease prevention, not just treatment, in part through the use of integrated care. The Integrated Healthcare Policy Consortium, the Academic Consortium for Complementary and Alternative Health Care (a 501(c)3 charitable organization which began within IHPC), and The Institute for Integrative Health would like to make ourselves available to you as resources on these issues related to integrated healthcare, which we have been studying for many years. We can be reached through IHPC at the contact information on the letterhead.

I thank you for the opportunity to offer these comments, and for your attention to this expanded understanding of the healthcare workforce of the United States.

Sincerely,

Janet R. Kahn, PhD
Executive Director

Attachments:

Albert, D.P., Butar, F.B. Estimating the de-designation of single-county HPSAs in the United States by counting naturopathic physicians as medical doctors. Applied Geography, 2005, 25: 271–285.

Fleming SA, Gutknecht NC. Naturopathy and the primary care practice. Primary Care, 2010, 37(1):119-36

Information on IHPC, ACCAHC and TIIH, and on the PPACA Section 5101 Definition of the Healthcare Workforce provided on next page.

Definition of the Health Care Workforce from Section 5101 of PPACA on the National Health Care Workforce Commission:

"Heath Care Workforce – The term 'health care workforce' includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental hygienists, and other oral healthcare professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct care workers, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the United States determines appropriate."

Information on the Integrated Healthcare Policy Consortium:

The Integrated Healthcare Policy Consortium (IHPC) is a broad coalition whose Partners for Health represent over 300,000 clinicians, and healthcare educators committed to public policy that supports a health-oriented, integrated system, ensuring all people access to the full range of safe and regulated conventional, complementary, and alternative healthcare professionals. Our Partners for Health are organizations central to the licensed and/or nationally certified professions of acupuncture and Oriental medicine, certified professional midwifery, chiropractic medicine, homeopathy, naturopathic medicine and therapeutic massage.

Information on the Academic Consortium for Complementary and Alternative Health Care:

The Academic Consortium for Complementary and Alternative Health Care (ACCAHC-www.accahc.org) is a 501c3 organization dedicated to bettering patient care through enhancing mutual respect and understanding among all healthcare disciplines. ACCAHC's core members are the councils of colleges, accrediting agencies and certification/testing organizations associated with the licensed complementary and alternative healthcare field that have a U.S. Department of Education-recognized accrediting agency. ACCAHC's central focus is on developing resources, programs and projects that will support our institutions, educators, students and clinicians in gaining competencies for optimal practices in integrated environments.

Information on The Institute for Integrative Health:

The Institute for Integrative Health seeks to catalyze new ideas in healthcare. We are committed to advancing science with expanded research methods, linking experts across disciplines to generate new ideas, mentoring the leaders of today and tomorrow, exploring new models of health, and discovering fresh ways to engage the public in its pursuit of health.