

# Maximizing Federal Healthcare Shortage Designations

INCREASING ACCESS TO CARE FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN NEW YORK

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Step Two Policy Project

JANUARY 8TH, 2024

POLICY BRIEF

# Supporting Individuals with Complex Needs

*Care Delivery that Provides the  
Right Services and Supports in the  
Right Settings*

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## Step Two Policy Project

[steptwopolicy.org](http://steptwopolicy.org)

*We are a not-for-profit policy think tank that focuses on issues involving health, behavioral health, and human services in New York State. We look at policy challenges from our perspective of having worked in NYS government and our approach is to explicitly connect our insights to specific policy proposals that could be implemented by New York State government.*

This topic is part of the Complex Care policy work that we have undertaken in cooperation with the Rockefeller Institute of Government.

**Sally Dreslin**, Executive Director at the Step Two Policy Project.

Ms. Dreslin is a registered nurse who after almost 20 years of clinical practice, nursing education, and advocacy work on behalf of nurses, served in several roles over nine years in New York State government, including as the Assistant Secretary for Health for Governor Andrew Cuomo, the Executive Deputy Commissioner of the NYS Department of Health, and as the Director of Operations for the Office of the Chief Medical Officer at the NYS Office of Mental Health. She holds a B.A. in Anthropology from Emory University, a B.S. in Nursing from Columbia University, an M.A. in Social Anthropology from the University of Texas at Austin, and an M.S. in Nursing Education from Excelsior College.

Joined by **Nafin Harun**, Project Director at the Center for Health Workforce Studies at the University at Albany, where he analyzes provider shortage areas and works to develop applications, maps, and other data visualizations.

Mr. Harun specializes in research, data analysis, GIS applications, SAS, and SPSS. He previously worked as an assistant research scientist for the New York State Department of Health Bureau of Early Intervention, identifying patient risk factors through statistical mapping and database management. He holds a B.A. in Economics and Business Administration from Tel Hai College, and an M.A. in Geography from the University at Albany, SUNY.

# Background – Disabilities and Health Disparities

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On September 26<sup>th</sup>, 2023, the National Institutes of Health (NIH) designated people with disabilities as population experiencing health disparities.

NIH also released a notice of funding opportunity, “... to support novel and innovative research that examines and/or intervenes on the underlying and multilevel causes, pathways, and factors adversely impacting the health and well-being of persons with disabilities at the intersections of race and ethnicity, and socioeconomic status.”

Additionally, NIH issued a Request for Information that calls for feedback on a proposed update to the NIH Mission Statement to include the language, “... to optimize health and prevent or reduce illness for all people,” in place of, “... to enhance health, lengthen life, and reduce illness and disability.”

These actions represent a significant effort to identify, understand, and address the health disparities experienced by people with disabilities, as defined broadly, and to explicitly include them in NIH-supported research.

# Barriers and Bias

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Research reinforces the fact that people with disabilities, defined broadly, face barriers and bias when trying to access healthcare services. Specifically, Lagu et al.<sup>3</sup> describe the factors related to,

... physical inaccessibility of care settings; inadequate accommodations for communication needs; and pervasive ableism in medicine, including physicians' implicit and explicit biases, attitudes, and behavior toward people with disabilities.

<sup>3</sup> Lagu T., Haywood C., Reimold K., DeJong C., Walker Sterling R. & Iezzoni L. I. (2022) "I am not the doctor for you": Physicians' attitudes about caring for people with disabilities. *Health Affairs* 41, 1387–1395.

# Focusing on People with IDD

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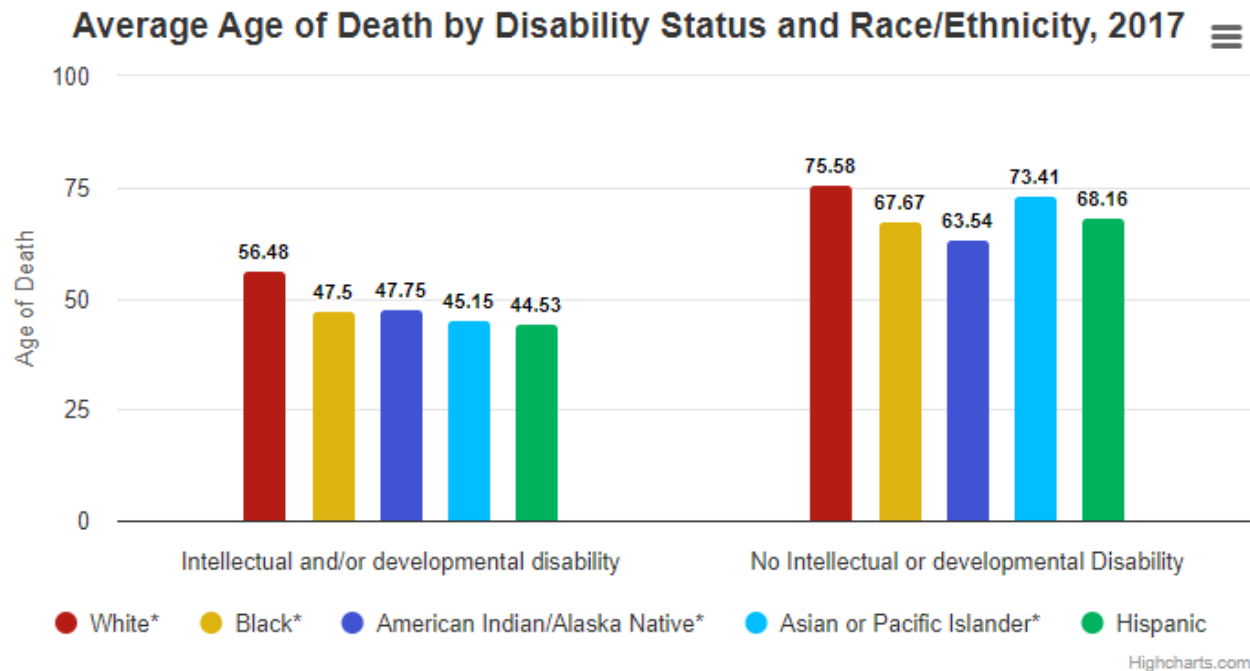
People with intellectual and developmental disabilities have disorders that may affect multiple body parts or body systems, start in childhood, and impact the arc of an individual's physical, social, and/or emotional development.<sup>1</sup>

<sup>1</sup> Iadarola S, et. al. COVID-19 Vaccine Perceptions in New York State's Intellectual and Developmental Disabilities Community. *Disabil Health J.* 2022 Jan;15(1):101178. doi: 10.1016/j.dhjo.2021.101178. Epub 2021 Jul 31. PMID: 34362712; PMCID: PMC8325377.

Multiple co-morbidities, biological issues related to syndromes, and challenges accessing healthcare services contribute to an earlier onset of chronic health conditions for individuals with IDD.<sup>2</sup>

<sup>2</sup> Videlefsky AS, Reznik JM, Nodvin JT, Heiman HJ. Addressing Health Disparities in Adults with Developmental Disabilities. *Ethn Dis.* 2019 Jun 13;29(Suppl 2):355-358. doi: 10.18865/ed.29.S2.355. PMID 31308605; PMCID: PMC6604783.

**Figure 4: White Adults With Intellectual and Developmental Disabilities Live Longer Than Their Peers in Other Racial/Ethnic Groups**



**Note:** \* Non-Hispanic.

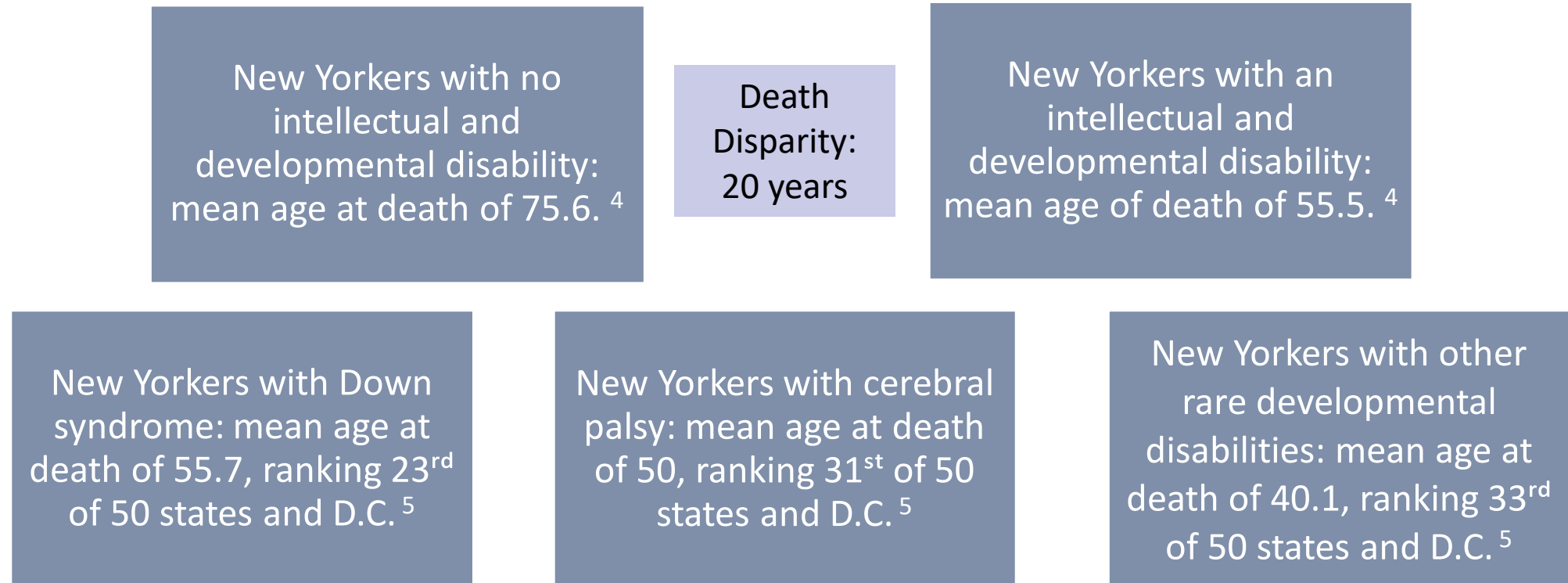
**Source:** [2017 U.S. Multiple Cause-of-Death Mortality Files, National Vital Statistics System.](#)

Population Reference Bureau, [U.S. Adults With Intellectual and Developmental Disabilities Are Living Longer, But COVID Threatens to Erase Recent Gains.](#) April 5, 2022.

Disparities in Health Outcomes Among People with IDD and by Racial/Ethnic Groups, Nationally

# New York (2008 – 2017), Adults Aged 18 and Older, Age at Death Based on ICD-10 Diagnosis Codes

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<sup>4</sup> Population Reference Bureau, [U.S. Adults With Intellectual and Developmental Disabilities Are Living Longer, But COVID Threatens to Erase Recent Gains](#). April 5, 2022.

<sup>5</sup> [IDD Age at Death Data Tracker](#) at Syracuse University.



# American Academy of Developmental Medicine and Dentistry

Individuals with intellectual and developmental disabilities, “... have some of the poorest health outcomes in the nation. The level of neglect that we see, clinically, is unbelievable.”

Recognizing disparities in health outcomes that result from the inaccessibility and availability of healthcare services, the Health Resources and Services Administration (HRSA) developed a process to formalize various shortage designations.

# Federally-Designated Shortage Designations

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Shortage designations identify an area, population, or facility with a shortage of healthcare providers.

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Designations identified by HRSA include Health Professional Shortage Areas (HPSAs) that are stratified as Geographic, Population, and Facility HPSAs and for Primary, Dental, and Mental Health Care; Maternity Care Target Areas (MCTA); Medically Underserved Areas (MUA); Medically Underserved Populations (MUP); and Governor's-Designated Secretary-Certified Shortage Areas for Rural Health Clinics.

A geographic area receives *a single* medically underserved designation and/or *a single* health professional shortage designation –geographic areas **do not** have multiple types of overlapping MUA/P or HPSA designations.

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Each shortage designation is based on a score calculated from a set of [specific criteria](#), and the designation facilitates access to various Federal programs that guide the distribution of resources meant to address accessibility and availability of healthcare services.

- *Federal resources include the National Health Service Corps, Nurse Corps, HRSA Health Center Program, IHS Loan Repayment Program, CMS HPSA Bonus Payment Program, CMS Rural Health Clinic Program, and the J-1 Visa Waiver program.*

# Primary Care HPSA Scoring

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Primary Care HPSAs can receive a score between 0-25.

### What goes into the score?

- Population-to-Provider Ratio [10 points max]
- Percent of population below 100% Federal Poverty Level (FPL) [5 points max]
- Infant Health Index (based on Infant Mortality Rate (IMR) or Low Birth Weight (LBW) Rate)\* [5 points max]
- Travel time to Nearest Source of Care (NSC) outside the HPSA designation area [5 points max]



*\*The Infant Health Index evaluates both IMR and LBW rate. It awards points based on whichever has the higher score.*

# Medically Underserved Area and Medically Underserved Population (MUA/P) Scoring

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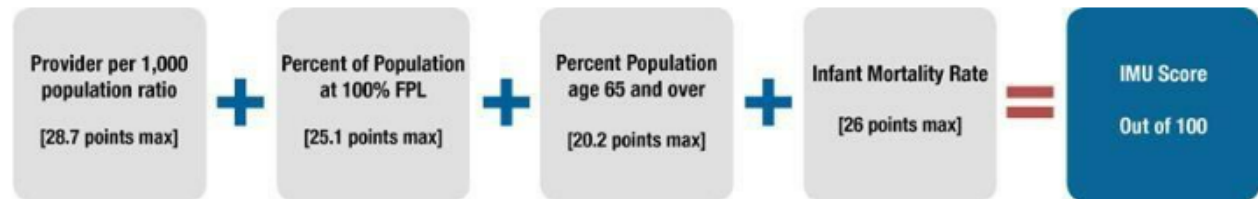
MUA/P scores depend on the Index of Medical Underservice (IMU) calculated for the area or population proposed for designation.

Under the established criteria, an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P.

An area or population can receive an IMU score between 0-100.

### What goes into the score?

- Provider per 1,000 population ratio [28.7 points max]
- Percent of population at 100% of the Federal Poverty Level (FPL) [25.1 points max]
- Percent of population age 65 and over [20.2 points max]
- Infant Mortality Rate [26 points max]



## Exceptional Medically Underserved Populations (MUP) and Governor-Designated Secretary Certified Areas for Rural Health Clinics

We must approve the state-developed criteria for Exceptional MUPs and Governors Designated Secretary Certified Shortage Areas for Rural Health Clinics.

# Medically Underserved Areas/Populations

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MUAs, as with all shortage designations, have a shortage of healthcare services within a specific area that is constituted by an entire county, a grouping of neighboring counties, a group of urban census tracts, or a group of county or civil divisions.

MUPs are specific population subsets *within a geographic area*, that have a shortage of primary care services due to circumstances such as economic, cultural, or language barriers.

The geographic area that can be shortage designated, though, cannot include greater than 250,000 individuals.

Areas or populations designated as medically underserved cannot overlap, so any existing medically underserved designations must be considered as new ones are contemplated.



# Exceptional Medically Underserved Area/Population Designation

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An Exceptional MUA/P identifies a specific population within a defined geographic area that does not qualify as an MUA/P due to “unusual circumstances” that are not captured by the standard, federal criteria and that may prevent the population from having access to primary care services.



**Examples:** an “MUP Other Population Governor’s Exception” designation was established for low-income individuals in Mount Kisco, Westchester County, NY and an “MUA – Governor’s Exception” was established for the “Homebound Population – Schenectady.”



New York could request an Exceptional MUA/P designation, as an alternate method, if necessary, to expand access to primary care providers and Health Center services for this population in areas of the State who are not already in a designated MUA/P.



**Process:** NYS DOH would utilize its contract with the Center for Health Workforce Studies at the University at Albany. The CHWS would submit Exceptional MUA/P Designation Applications with explanations and supporting data, along with a supporting letter from the Governor’s Office, to HRSA for review and approval.

# Impact of MUA/P Designation

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The Health Center program, as explained in [§254b\(3\)\(c\)](#) of Title 42, Chapter 6A of the [Public Health Service Act](#), provides planning and service delivery grant awards to federally-defined health centers that serve an area or population designated as Medically Underserved, dependent on federal funding.

The J-1 Visa Waiver program – non-U.S.-based physicians with J-1 Visa waivers agree to provide services for three years in or with designated shortage areas or populations and receive a waiver of the two-year, home-country physical presence requirement that would otherwise require that they return home for at least two years after they complete their training in the U.S.

Doctors Across New York Physician Loan Repayment and Physician Practice Support Program (DANY) provides individual loan repayment or practice support for physicians who provide primary care or mental health services for three years in a HRSA-designated HPSA or MUA/P, or in rural areas.

Nurses Across New York Loan Repayment Program (NANY) provides individual loan repayment for direct care registered and licensed practical nurses who commit to work for three years in a HRSA-designated HPSA or MUA/P designated area.



# Federal HEADS-UP bill

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**H**ealthcare **E**xtension and **A**ccessibility for **D**evelopmentally disabled and **U**nderserved **P**opulation Act of 2023 – [HEADS-UP](#)

The bill authorizes the Department of Health and Human Services (HHS) to award grants to support health centers that provide services for individuals with developmental disabilities, including dental care. Grant recipients must provide specialized treatment to individuals with developmental disabilities, as necessary.

The bill also provides statutory authority for HHS to designate individuals with developmental disabilities as health professional shortage population groups for the purposes of the National Health Service Corps (NHSC). The NHSC provides scholarships and student loan repayment awards to eligible providers who agree to work with designated populations or in areas that face shortages of primary care, dental care, and mental health care providers.

Currently has six, bipartisan NYS cosponsors.

# Maximizing Existing Shortage Designations in New York

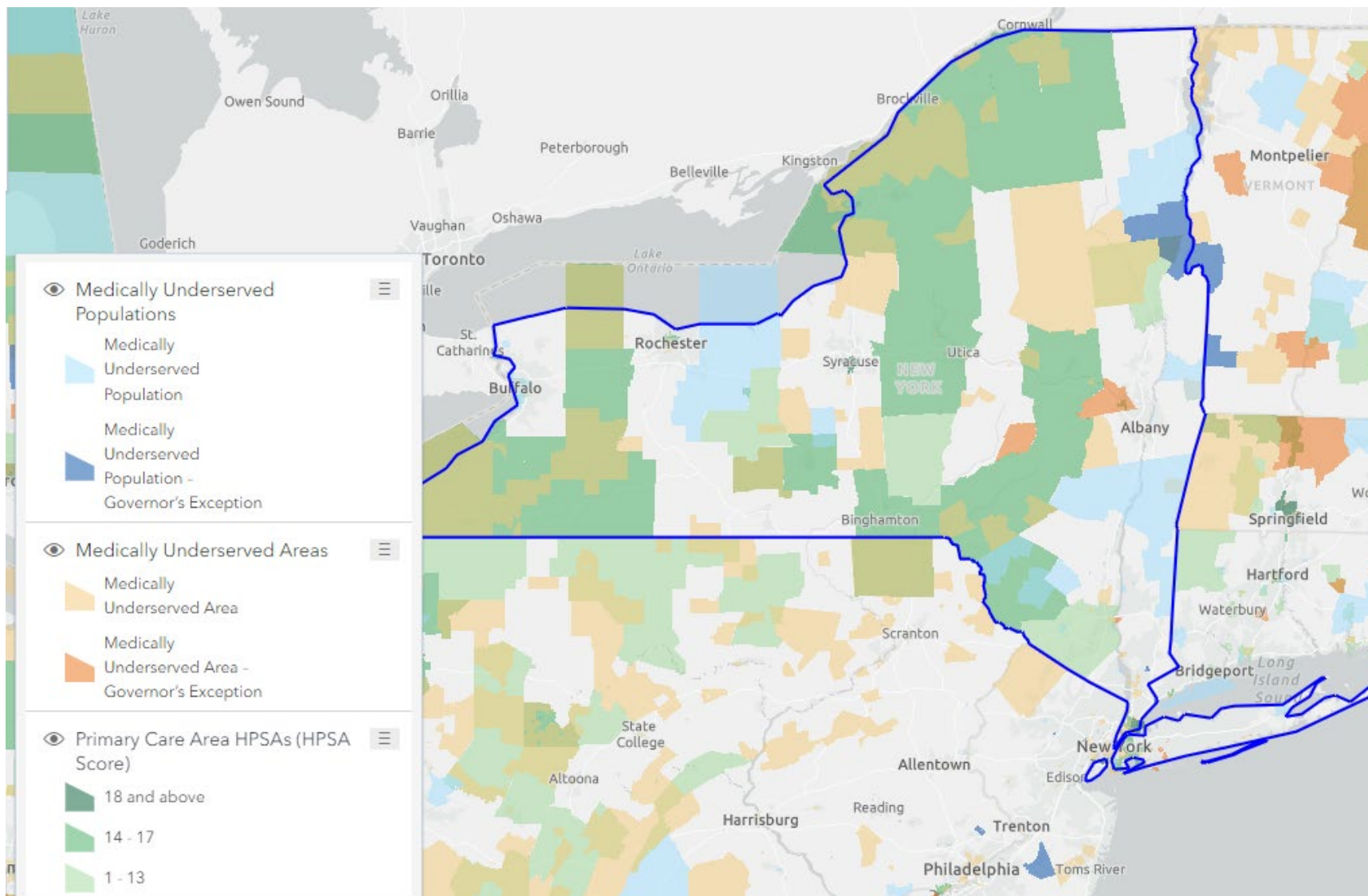
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In New York, there are:

- 901 Health Center/Health Center look-alike sites,
- [2,266](#) Active National Health Service Corps & Nurse Corps approved sites,
- [571](#) Health Professional Shortage Areas (divided by primary care (204), mental health (211), and dental services (156)), and
- [133](#) designated medically underserved areas/populations.

All the Federal programs, including the NYS-service-obligated programs, that use these designations can be accessed by healthcare providers serving any population, including individuals with IDD, within the designated areas.

# HRSA Map Tool



Healthcare providers can access these tools to help them identify whether they are practicing in an area that has been designated by HRSA as a shortage area, and how to access the different Federal programs associated with the shortage designation.

# Tools

[HRSA Map Tool](#)

[Find Shortage Areas by Address](#)

[The Hub for Health Workforce Shortages](#)

[HPSA Find](#)

[HPSA-Primary Care Map](#)

[MUA Find](#)

[MUA/P Map](#)

[Become a NHSC Site](#)

[NHSC – Comparing Programs](#)

[HRSA Health Workforce Connector](#)

# Recommendations

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- New York primary care, mental health, and dental clinical providers who serve individuals with intellectual and developmental disabilities should maximize utilization of the currently designated shortage areas and populations within the State, which offer access to Federal and State programs in the designated geography for all clinicians and health centers, regardless of the designated population.
- Until Congress passes the HEADS-UP bill, New York should pursue shortage designations from HRSA for areas of the State that are not currently designated, but that include a significant population of individuals with IDD who have difficulty accessing care. These designations can be pursued using the standard criteria, or if the circumstances in the geographic area do not support that approach, the Governor should request an Exceptional designation.

Thank You

