



May 20, 2021

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U.S. Census Bureau
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Dear Mr. Osier:

On behalf of the National Association of Rural Health Clinics (NARHC) and the over 4,800 federally certified Rural Health Clinics (RHC) in the United States, we thank you for considering our comments on the Census Bureau's proposed criteria on Urban Areas for the 2020 Census.

By proposing to eliminate their definition of "urbanized area" and instead just identify any area with 10,000 or more persons as an "urban area," the Census Bureau is creating significant problems for the Rural Health Clinic program that the Centers for Medicare and Medicaid Services (CMS) cannot fix.

Since 1950 "Urbanized Area" has been defined as any area with 50,000+ people. In 1977, when Congress created the Rural Health Clinics program, they used the following definition to identify areas where RHCs can and cannot be located:

For the purposes of this title, such term includes only a facility which (i) is located in an area that is not an urbanized area (as defined by the Bureau of the Census)...

The proposed rule notes that:

"The agencies that use the classification and data for such nonstatistical uses should be aware that the changes to the urban area criteria also might affect the implementation of their programs. In addition, the Census Bureau is not responsible for the use of its urban area classification in nonstatistical programs. If a federal, tribal, state, or local agency uses the urban area classification for nonstatistical purposes, it is that agency's responsibility to ensure that the classification is appropriate for such use."

However, CMS does not have the authority to use a different classification as "urbanized area" is explicitly referenced in the RHC statute. If the Census Bureau no longer defines any areas as an "urbanized area" the location requirements for RHCs are no longer linked to any operable definition.

In the absence of a formally defined "urbanized area" what happens to the RHC program?

1-CMS uses areas that are not in "urban areas" as the new standard.

This would dramatically reduce the number of towns eligible for the RHC program. Every town between 10,000 and 50,000 would no longer be eligible for RHCs. This drops the number of “rural” residents nationwide from roughly 60 million to 33 million.

2-Since no area is considered an “urbanized area” RHCs can open anywhere.

Theoretically an entity could make a legal push to open an RHC in a large city as the city would be an “urban area” but not an “urbanized area.”

Neither of these options are attractive. We believe strongly that areas of 50,000 people or less must continue to be eligible for the RHC program. This has always been the standard, from creation of the program in 1977 to present day, and it should remain the standard.

Recommendation

NARHC recommends that the Census Bureau continue to define urbanized areas of 50,000 or more because, as we note above, eliminating this delineation would cause major issues for the Rural Health Clinic program that cannot be fixed by CMS.

Conclusion

Your consideration of these comments/questions is appreciated. Should you have any questions or need any additional information, please do not hesitate to contact Nathan Baugh at (202) 544-1880.

Sincerely,

Nathan Baugh

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