



May 28, 2024

The Honorable Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: Proposed Inclusion of Terrain Factors in the Definition of Rural Area for Federal Office of Rural Health Policy Grants

On behalf of the National Association of Rural Health Clinics (NARHC) and the over 5,400 federally certified Rural Health Clinics (RHC), we are pleased to provide the following brief comments in response to the Federal Office of Rural Health Policy's Request for Information on *Proposed Inclusion of Terrain Factors in the Definition of Rural Area for Federal Office of Rural Health Policy Grants*.

RHCs nationwide provide care to 38.7 million rural Americans, and as a result these providers are faced with the unique challenges that come with treating patients in rural settings—this includes the role that our country's roads play in the accessibility of health services.

First, we thank the Administrator and the FORHP team for their ongoing work on behalf of rural providers and the communities they serve. The various definitions of "rural" used throughout the federal government and beyond can lead to confusion across programs and we appreciate FORHP's monitoring of research and consistent efforts to better understand the numerous layers and factors that determine a rural area.

NARHC is pleased to see FORHP's interest in expanding upon its existing rural definition—which would classify an additional 300,000 Americans as living in a rural area—by integrating data from the Economic Research Service's (ERS) Road Ruggedness Scale (RRS). Doing so would represent an important step in the process of better understanding what it means to live in a rural area and support FORHP's grant programs better reaching these areas of need.

In short, being in a rural area goes above and beyond community size and/or population density; numerous other factors can impact the remoteness of an area. The quality and ruggedness of roads is a key component, as this can greatly impact how quickly individuals who must use these roads can access vital services such as health care. The RRS represents an important tool in understanding the overall difficulty of traversing roads and has helped show that some communities that appear urban based on their location should in fact be classified a rural due to the time it takes to travel the rugged terrain.

Further, NARHC is supportive of the technical clarification that modifies FORHP’s rural definition based on the 2020 Census Bureau terminology change that removed the use of “urbanized area” and “urban clusters.”

The RHC program was placed in a state of uncertainty following the 2020 Census, as the program’s governing statute ties location requirements to the Census Bureau’s “urbanized area” definition. While temporary CMS guidance has served as a mostly effective placeholder, the RHC statute continues to use outdated language and leaves the RHC program in a precarious position, should the CMS guidance be reinterpreted at any point.

NARHC understands that this technical clarification is for FORHP grants and has no impact on the RHC program’s statutory location requirements, and are pursuing a legislative fix, but we are pleased to see FORHP—a leading voice on rural health issues—acknowledge the importance of considering urban areas based on population size, rather than the very restrictive, new “urban area” definition from the Census Bureau.

We look forward to our continued collaboration with FORHP and all of HRSA. With any questions, please contact Sarah.Hohman@narhc.org.

Sincerely,

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