



May 15, 2008

The Honorable Michael O. Leavitt  
Secretary  
Department of Health and Human Services  
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Washington, DC 20201

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Darrell G. Kirch, M.D.  
President and Chief Executive Officer

Dear Secretary Leavitt:

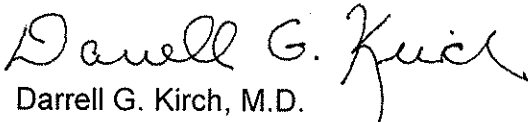
On behalf of the Association of American Medical Colleges (AAMC), I write in regard to the Department of Health and Human Services (HHS) proposed rule, "Designation of Medically Underserved Populations and Health Professional Shortage Areas" (73 FR 11232). I urge you to extend the comment period for this rule by at least six months to allow for an active dialogue between the Health Resources and Services Administration (HRSA), representatives of the medical community, and experts on the health professions workforce. The AAMC is a not-for-profit association representing all 129 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and 94 academic and scientific societies. Through these institutions and organizations, the AAMC represents 109,000 faculty members, 67,000 medical students, and 104,000 resident physicians.

While we appreciate the significant effort made to develop the proposed rule, many basic questions remain regarding its implementation and the potential impact on many safety net providers. The Health Professions Shortage Area (HPSA) and Medically Underserved Area (MUA) and Population (MUP) designations determine eligibility for more than 30 federal programs. Changes to the qualifying methodology will have significant impact on these wide-ranging programs, the health care providers and institutions they assist, and the millions of Americans that live in underserved communities.

Limited federal funding requires HHS to allocate its resources to the neediest areas. A pending workforce shortage and the increasing health care needs of an aging baby-boomer generation will further strain existing federal resources and heightens the need for careful targeting of assets. As such, a careful examination of the current designation methodology is warranted. However, the AAMC is concerned that a narrow comment period with one opportunity for community input does not allow for a constructive dialogue between involved parties. Given the conceptual and statistical difficulties of defining and measuring under-service and the large amount of federal resources at stake, additional time and meticulous analysis is necessary to ensure that our nation's underserved areas are appropriately designated.

Given the importance of the issue and the potential impact of the proposed rule, I urge you to extend the comment period for at least six months and convene a panel of affected stakeholders and community experts for a public discussion of proposed new methodology.

Sincerely,

  
Darrell G. Kirch, M.D.