

November 24, 2021

Acting Administrator Diana Espinosa  
Health Resources and Services Administration  
Department of Health and Human Services  
5600 Fisher Lane  
Rockville, Maryland 20857

RE: Health Resources and Services Administration (HRSA) Criteria for Determining Maternity Care Health Professional Target Areas (MCTAs).

*Submitted via email to [SDMP@hrsa.gov](mailto:SDMP@hrsa.gov)*

Dear Acting Administrator Espinosa,

UnityPoint Health appreciates this opportunity to provide comments on the proposal for determining maternity care health professional target areas. UnityPoint Health is one of the nation's most integrated health care systems. Through more than 33,000 employees and relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities, and 14 home health agencies throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. On an annual basis, UnityPoint Health hospitals, clinics, and home health agencies provide a full range of coordinated care to patients and families through more than 8.4 million patient visits.

UnityPoint Health appreciates the time and effort of HRSA in developing the proposed criteria and respectfully offers the following comments:

### **Enacting Legislation**

*The Improving Access to Maternity Care Act was enacted December 17, 2018 in Public Law 115-320. The purpose of this Act is to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services.*

**Comments:** UnityPoint Health is pleased that Congress recognized the need to insert federal resources into areas that are experiencing shortages in maternity care health professionals. In 2020, the Association of American Medical Colleges has estimated that the nation has 8,000 fewer OB/GYNs than are needed.<sup>1</sup> According to HRSA, **Iowa ranks last, or 52<sup>nd</sup> in the nation (including the District of Columbia and Puerto Rico), for the number of OB/GYNs per 10,000<sup>2</sup>.** In Iowa, this lack of OB/GYNs is paired with the continued

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<sup>1</sup>Association of American Medical Colleges (Linda Marsa), "Labor Pains: The OB-GYN Shortage", November 2018, accessed at <https://www.aamc.org/news-insights/labor-pains-ob-gyn-shortage>.

<sup>2</sup><https://data.hrsa.gov/topics/health-workforce/ahrf>. Ranking is from the Area Health Resources Files release year 2020-2021 for the health profession "M.D." with the subcategory "Obstetrics and Gynecology" and includes 2019 data.

closure of facilities offering comprehensive maternity care services. Since 2000, 40 hospitals have closed labor and delivery units<sup>3</sup> resulting in OB deserts in 52% of Iowa counties<sup>4</sup>. The need for additional maternity care health professionals in Iowa is great.

Statewide, 55 counties in Iowa have a Primary Care Health Professional Shortage Area (HPSA), additional counties have one or more facility HPSAs, and 94 designations exist for Medically Underserved Areas and Populations (MUAs/MUPs)<sup>5</sup>. Geographic areas with HPSAs and MUAs/MUPs do not necessarily align to shortages in maternity care services in Iowa – those counties without a practice presence by maternity care health professionals or facilities offering comprehensive maternity care services. **UnityPoint Health is concerned that limiting eligibility of maternity care health professional target areas to areas within pre-existing Primary Care HPSAs does not fully recognize geographic areas lacking access to maternity care services.** This embedded approach is not used for behavioral health or dental health HPSAs. UnityPoint Health would have preferred an approach whereby HRSA could recognize stand-alone maternity care HPSAs, instead of layering target areas as a secondary designation within a primary care HPSA. Congress directed HRSA to perform a data analysis of the availability and need of maternity care health services within HPSAs, and UnityPoint Health would encourage future analysis to identify whether gaps in maternity care also exist outside pre-existing Primary Care HPSAs. This may lend evidence for target areas that weight the existence of a Primary Care HPSA but do not exclude the distribution of maternity care assistance using this scoring system.

### Regulatory Framework

*HRSA was charged with establishing criteria for maternity care health professional target areas (MCTAs). HRSA is proposing the following criteria: health professional ratio, income, travel time, fertility rate, social vulnerability index as well as health indicators (pre-pregnancy obesity, diabetes, hypertension, and first trimester initiated prenatal care).*

**Comments:** Prior to addressing the proposed criteria for MCTAs, it should be reiterated that **MCTAs are embedded with Primary Care HPSAs, which subject MCTAs to two scoring criteria.** For Primary Care HPSAs, there are four scoring criteria: (1) population-to-provider ratio – 10 points; (2) percent of population below 100 percent Federal Poverty Level (FPL) – 5 points; (3) Infant Health Index (based on higher of either Infant Mortality Rate or Low Birth Weight) – 5 points; and (4) travel time to nearest point of care outside the HPSA designation area – 5 points<sup>6</sup>. Adding a MCTA under an existing HPSA creates an additional layer of criteria (some unrelated to maternity care) to obtain scarce resources in maternity care. While UnityPoint Health appreciates that maternity care should be coordinated and is supportive of

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<sup>3</sup>Iowa Department of Public Health, Division of Health Promotion & Chronic Disease Prevention – Bureau of Family Health, “Access to Obstetrical Care in Iowa: A Report to the Iowa State Legislature – Calendar year 2019”, January 2021 accessed at

[https://www.idph.iowa.gov/Portals/1/userfiles/38/MaternalHealthDataReports/OBCareinIowa\\_2021LegislativeReport\(table3corrected\).pdf](https://www.idph.iowa.gov/Portals/1/userfiles/38/MaternalHealthDataReports/OBCareinIowa_2021LegislativeReport(table3corrected).pdf)

<sup>4</sup>Iowa Department of Public Health, Bureau of Family Health, “2021 Maternal health Strategic Plan,” accessed at <https://idph.iowa.gov/Portals/1/userfiles/38/IowaMaternalHealthStrategicPlan2021.pdf>

<sup>5</sup>HRSA Shortage Areas by State/County at <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

<sup>6</sup>HRSA, Scoring Shortage Designations, accessed at <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

team-based approaches to care, dedicating specialty care resources targeting Primary Care HPSAs is misaligned as shortages in Primary Care should not necessarily trigger shortages in maternity services.

Population-to-Provider Ratio: Turning to the proposed MCTA criteria, **UnityPoint Health supports the proposed “females ages 15-44 to full time equivalent maternity care health professional ratio” criteria.** UnityPoint Health believes this is the most accurate indicator of access needs for maternity specialty care and this criteria most closely aligns to maternity deserts across the nation. This criteria is paramount, as population characteristics and health indicators are co-dependent upon the presence of health professionals. **UnityPoint Health recommends that HRSA most heavily weight this indicator within MCTA scoring.** Similar to the Primary Care HPSA weighting, UnityPoint Health is supportive of a weight of 40 percent or even more for this indicator.

Time and Distance Requirement: Access is also defined from a regional care delivery lens. **UnityPoint Health supports the criteria for travel time and distance to the nearest provider location with access to comprehensive maternity care services.** Comprehensive maternity services mainly reside in urban areas where specialty providers, OB/GYNs included, typically practice. For a rural state, pure distance and travel time to comprehensive maternity care services are often a barrier to care. While many prenatal and post-partum services can be performed through tele-services, delivery cannot. **As a function of access, time and distance criteria should be weighted second only to the health professional ratio.**

Income Level and Social Vulnerability Index: MCTA criteria also include indicators intended to promote access for vulnerable populations. First, a heightened income criteria of below 200 percent federal poverty level (FPL) is proposed, which is different from the Primary Care HSPA criteria. Second, the Social Vulnerability Index combines social risk factors including income. Incorporating three indicators with different income variables is confusing and overemphasizes this criteria. **UnityPoint Health would suggest that HRSA revisit its treatment of income level in MCTA criteria.** As social risk factors influence access and support health equity goals, weighting should reflect this role. In comparison to HPSA designations, the addition of social risk factors outside income is a significant change in determining the distribution of federal resources.

Fertility Rate: This criteria may be influenced by many factors. **UnityPoint Health does not support inclusion of fertility rate within the MCTA criteria.** If retained, this criteria should be minimally weighted.

Health Indicators: Ultimately, UnityPoint Health would like to see maternal mortality included, but understands that data sensitivity precludes its use. For the Primacy Care HPSA, the Infant Health Index is included as 20 percent of that score, which is arguably related to the proposed maternal health indicators. In terms of a composite MCTA score for pre-pregnancy obesity, diabetes, hypertension, and first trimester initiated prenatal care outcomes, **UnityPoint Health supports their inclusion as factors that contribute to maternal mortality and poor birth outcomes.** Because these indicators supplement the infant health indicators, their relative weight should reflect this.

#### **Additional Considerations**

*The scope of the enacting legislation and regulations address health professionals. While access to “full scope maternity care health services” is recognized, the preservation of facilities offering labor and delivery*


*services is not directly addressed.*

**There is an urgent need to support regional labor and delivery (L&D) facilities in order to sustain a successful maternity care health professionals' program.** This is exacerbated in rural areas which account for approximately one-third of Iowa births<sup>7</sup>, yet many rural communities struggle to keep the labor and delivery doors open. It is highly unlikely that OB/GYNs will practice in a rural community where they cannot deliver babies. A program model addressing maternity care health professional shortages without a L&D facility is solely an outreach solution, only fixing one side of the problem. The facility side of the equation points out that maternity care is more complex, comprehensive, and costly than primary care. It involves coordinated care with clinic, surgery, and L&D services and requires 24/7 emergency room coverage. "It takes a lot of staff and hospital resources to be ready to deliver a baby at any time" and often times that results in hospitals "abandon(ing) OB to keep your hospital open."<sup>8</sup> While HRSA's proposal is a needed first step in terms of identifying shortages of professionals, this approach lacks a facility strategy. UnityPoint Health would encourage a thoughtful, comprehensive approach to maternity care, including local facilities and L&D services, to ensure sustainability of maternity care health professionals and their practices.

We are pleased to provide input on the proposed criteria and its impact on our health system, our patients, and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Stephanie Collingwood, government relations specialist at (319) 538-6852 or [stephanie.collingwood2@unitypoint.org](mailto:stephanie.collingwood2@unitypoint.org).

Sincerely,

  
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<sup>7</sup>Iowa Medical Society (Marygrace Elson), "Maternity Workforce in Iowa" accessed at [https://idph.iowa.gov/Portals/1/userfiles/38/OBSummit/Elson\\_MaternityWorkforceIDPH.pdf](https://idph.iowa.gov/Portals/1/userfiles/38/OBSummit/Elson_MaternityWorkforceIDPH.pdf).

<sup>8</sup>Iowa Senate Democrats, "Rural Iowa's Maternal Health Crisis: A Doctor's Perspective," accessed at <https://www.senate.iowa.gov/democrats/2020/02/rural-iowas-maternal-health-crisis-a-doctors-perspective>.