



Government & External Affairs
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March 19, 2021

Dominic J. Mancini, Acting Administrator
Office of Information and Regulatory Affairs
U.S. Office of Management and Budget
1650 Pennsylvania Avenue NW
Washington, DC 20503

James D. Fitzsimmons, Ph.D.
Chief, Population Geography Staff
Population Division
U.S. Census Bureau
4600 Silver Hill Road
Suitland, MD 20746

RE: OMB–2021–0001, Recommendations from the Metropolitan and Micropolitan Statistical Area Standards Review Committee to the Office of Management and Budget Concerning Changes to the 2010 Standards for Delineating Metropolitan and Micropolitan Statistical Areas, published in Vol. 86, No. 11 Federal Register 5263-5266 on January 19, 2021.

Submitted electronically via <http://www.regulations.gov>

Dear Acting Administrator Mancini and Chief Fitzsimmons:

UnityPoint Health appreciates the opportunity to provide input in response to the recommendation of the Metropolitan and Micropolitan Statistical Area Standards Review Committee to increase the minimum population of cities that constitute the core of Metropolitan Statistical Areas (MSAs) from 50,000 to 100,000. With more than 400 physician clinics, 40 hospitals, 16 home health locations, 7 Community Mental Health Centers and 4 accredited colleges, UPH is one of the nation's most integrated health care systems. Our more than 32,000 employees provide care throughout Iowa, western Illinois and southern Wisconsin. UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 7.9 million patient visits annually.

There are several MSAs in Iowa that would be reclassified by this recommendation, including Dubuque, Sioux City, and Waterloo. UPH operates an acute care hospital, ambulatory clinics and home health offices in these three cities. Additionally, two of these cities also house UPH health care colleges. Aside from reclassified MSAs, UPH also owns and manages other rural health care facilities and locations outside MSAs in Iowa. Like falling dominos, these existing rural areas are also impacted as previously urban areas are reclassified as rural. **UPH – our patients, providers, students and faculty – will be impacted by this recommendation, but the effect is far from certain given that 2020 Census figures are not final and there are numerous government programs that base eligibility**

and funding upon MSA classification or exclusions.

UPH respectfully urges OMB to delay acting upon this recommendation until the full range of consequences for federal funding are identified and analyzed. We disagree that the proposed change to the MSA standards is just “statistical” – it has both financial and capacity consequences for reclassified and rural areas. Federal programs often use the OMB standards to inform definitions of “rural” and “urban” that influence eligibility requirements, allocation formulas, scoring criteria, and several other dimensions of program administration. One example is the Medicare inpatient hospital prospective payment system. Payments are geographically adjusted by a wage index, which is intended to adjust payments to reflect labor cost variations between localities. The Center for Medicare and Medicaid Services (CMS) uses the MSA designations to identify labor markets and calculate and assign wage index values for providers. CMS calculates a distinct wage index for each MSA and one wage index per state for the areas that lie outside of MSAs. Therefore, a hospital that is reclassified from urban to rural, rural to urban, or from one urban MSA to another can see a significant increase or decrease in Medicare payments.

In addition, **reclassifying counties not only impacts targeted counties, but impacts counties remaining in MSAs as well as those counties currently outside MSAs and defined as rural.** It is unclear how this shifts economic resources from urban to rural areas and the impact on already depressed rural communities from increased competition from larger “rural” communities. We encourage OMB to proceed cautiously to avoid unintended consequences, such as widening economic discrepancies between urban and rural areas.

Lastly, **we are also concerned that this recommendation is premature until 2020 Census results are finalized.** It appears that this recommendation is based on theory without recognizing or acknowledging the extensive practical implications and real world effect on communities and ultimately their residents.

UPH implores OMB to delay action on this recommendation pending further study of impacted federal and public programs and involvement from stakeholders. Among interested stakeholders are hospitals and health care providers who often serve as the economic engine for their respective communities. We appreciate the opportunity to provide input on this notice and request for public comment. To discuss our comments or for additional information, please contact Cathy Simmons, Government & External Affairs at cathy.simmons@unitypoint.org or 319-361-2336.

Sincerely,



Cathy Simmons, JD, MPP
Executive Director, Government & External Affairs