

The following table summarizes the fifty-one comments that HRSA received during the 60-day public comment period and HRSA's response to each comment:

Commenter Organization	Comment #	Comment Summary	HRSA Response
ADA American Dental Association	1	Suggests using the new ADA Dental Care Geographic Accessibility Dashboard instead of the current method for determining dental HPSAs.	HRSA appreciates the recommendation but needs a regulatory update to make such change.
JSI Research & Training Institute (Contractor for the NH Department of Health & Human Services)	2	Provided detailed burden reduction comments regarding SDMS. Key points include: 1) The estimated burden (8 hrs prep + 4 hrs SDMS entry) underestimates full effort, especially state-level provider updates. 2) Data acquisition, cleaning, and processing require significant level of effort; suggest BHW access Medicaid claims directly from CMS to reduce state burden. 3) Lack of standard provider status data; unclear when providers leave. 4) Matching addresses: recommend consistent location IDs for easier replication. 5) Supplemental national data (NSDUH, CDC fluoridation) should be integrated to reduce PCO acquisition efforts. 6) NPPES imports lack checks for inactive/deactivated addresses. 7) Suggest "update stamp" for	HRSA acknowledges that the current burden estimate may not fully reflect state-level data collection and processing efforts. HRSA will explore opportunities to streamline data acquisition, including potential integration of Medicaid claims and supplemental national datasets. HRSA will consider improvements to SDMS functionality, such as standardized location IDs, address verification, geocoding enhancements, provider status tracking, and audit/update logs. Guidance will be developed as needed to clarify federal data processing, NPI registry requirements, and provider reporting standards.

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		<p>editable data (who/when). 8) Address duplication causes added manual effort. 9) Geocoding tool should allow street range matches to reduce manual geocoding. 10) Contiguous SRSA areas currently required for HPSAs could be streamlined. 11) Policies needed for federal-level data processing, Medicaid claims, NPI registry updates, and provider reporting.</p>	
State of Rhode Island	3	<p>Reported that HRSA's burden estimate (8 hrs) is significantly underestimated, citing extensive effort for provider updates, data acquisition, cleaning, and SDMS uploads. Recommended that HRSA acquire and share datasets (e.g., Medicaid claims, NSDUH, CDC data) directly to reduce state burden. Requested system improvements: provider exit tracking, standardized address locator, filters on NPPES imports, metadata on edits, duplicate checks, expanded geocoding, and eliminating redundant contiguous area submissions. Noted need for federal policy</p>	<p>HRSA acknowledges that states face higher workload than reflected in current burden estimates. HRSA will continue exploring ways to improve SDMS functionality, expand federal data integration, and reduce duplication of effort. Recommendations regarding federal data acquisition, NPI update requirements, and standardized policies will be reviewed with CMS and other federal partners. HRSA will assess feasibility of system enhancements such as improved</p>

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		guidance on Medicaid claims and NPI update requirements.	geocoding, metadata tracking, and data quality controls to support PCOs.
Community Health Care Association of New York State (CHCANYS)	4	Representing nearly 900 CHC sites serving 2.4M patients, CHCANYS emphasized that MUA/MUP and HPSA designations are essential for CHC operations, funding, service expansion, and workforce recruitment. Noted CHCs' role in addressing pharmacy and food deserts, chronic disease, and social risk factors. Stressed that losing designations would harm care access, disrupt NHSC pipeline support, and worsen disparities.	HRSA acknowledges that these designations are important for sustaining access, workforce recruitment, and addressing health outcomes. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.
Wisconsin Primary Health Care Association (WPHCA)	5	Commenter submitted a clarifying question with regards to understanding the SDMS burden table.	HRSA responded directly to this individual providing an explanation of the Number of Respondents, Number of Responses per respondent, Average burden per response, and Total burden hours columns.
Dientes Community Dental Care	6	Health centers rely on the funding and support provided by MUA and MUP designations to address the wider social and environmental factors affecting patient health.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in

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		Without these resources, their ability to meet community needs would be severely limited.	high-need areas.
Via Care Community Health Center (VCCHC)	7	<ul style="list-style-type: none"> - Full-service FQHC serving East LA, providing comprehensive, culturally appropriate care. - CHCs fill the nation's primary care gap, reduce costs, and serve high-need populations (low-income, uninsured, homeless, agricultural workers, veterans). - MUA/MUP and HPSA designations are essential for CHC establishment, expansion, and sustainability, especially in pharmacy and food deserts. - Auto-HPSA status enables CHCs to access NHSC clinicians, a critical workforce pipeline given ongoing shortages. - Loss of designations would reduce access, worsen disparities, and undermine CHC capacity. 	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
MPCA	8	<ul style="list-style-type: none"> - CHCs provide comprehensive, affordable care to vulnerable populations across Michigan, including primary, dental, behavioral, and pharmacy services. - MUAs/MUPs and Automatic Facility HPSA designations are essential 	HRSA acknowledges that these designations are essential for CHC operations, workforce recruitment, resource allocation, and maintaining access to care in underserved communities.

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		<p>for CHC establishment, funding, workforce recruitment, and strategic service expansion.</p> <ul style="list-style-type: none"> - These designations allow CHCs to address social determinants, chronic disease, and health disparities, ensuring access in underserved areas. 	
West County Health Centers (WCHC)	9	<ul style="list-style-type: none"> - FQHC serving rural Sonoma County, sole provider for Medi-Cal patients. - Strongly supports maintaining MUA/MUP and HPSA designations as essential for CHC establishment, funding, and workforce recruitment. - Notes CHCs save costs, improve outcomes, and address pharmacy/food deserts through community programs. - Loss of designations would worsen chronic disease, inequities, and provider shortages. - HPSA designations critical to NHSC pipeline; over 9,000 NHSC clinicians served CHCs in 2024. 	<p>HRSA acknowledges the essential role of CHCs in underserved and rural areas. HRSA acknowledges that these designations are critical for CHC operations, workforce recruitment, and maintaining access to care. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.</p>
Watts Healthcare Corporation (WCHC)	10	<ul style="list-style-type: none"> - CHCs provide comprehensive, affordable care for vulnerable populations and have a long record of addressing health 	<p>HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and</p>

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		<p>disparities.</p> <ul style="list-style-type: none"> - MUA/MUP and Auto-HPSA designations are essential for CHC establishment, funding, workforce recruitment, and service expansion. - These designations support NHSC staffing, address provider shortages, and enable CHCs to respond to community health needs, including pharmacy and food deserts. - Loss of designation would compromise access, workforce capacity, and services. 	<p>maintaining access in high-need areas.</p>
Ohio Association of Community Health Centers (OACHC)	11	<p>Emphasized the vital role of CHCs in Ohio, serving nearly 1 million patients across 550+ sites in 76 counties. Highlighted that MUA/MUP/HPSA designations are critical for CHC operations, funding, service expansion, and NHSC clinician recruitment. Noted the link between designations and addressing pharmacy and food deserts, as well as chronic disease management and preventive care. Urged continued support for designations to maintain care access and workforce stability.</p>	<p>HRSA acknowledges that these designations are critical for CHC operations, workforce recruitment, and maintaining access to care. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.</p>
Gardner Health	12	Highlights that MUA/MUP	HRSA acknowledges

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Services		funding and support are essential for health centers to address broader social health risks.	the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Pennsylvania Association of Community Health Centers (PACHC)	13	Emphasized the essential role of CHCs in providing care to over 1 million patients at 475+ sites across Pennsylvania. Highlighted that MUA/MUP/HPSA designations are critical for CHC operations, funding, service expansion, and NHSC clinician recruitment. Noted potential “yo-yo effect” if designations are lost, which could disrupt care and federal funding. Urged recognition of CHCs’ preventive care, chronic disease management, and cost-savings contributions.	HRSA acknowledges the critical role of CHCs and the importance of designations for federal funding and workforce support. HRSA will consider the implications of designation changes, the potential for service disruption, and the importance of preventing adverse effects like the “yo-yo effect.” HRSA will continue to support CHCs through designation guidance, NHSC loan repayment and scholarship programs, and other resources.
Clinicas del Camino Real, Inc.	14	Notes that the MUA and MUP designations play a pivotal role in equipping health centers to tackle broader social and community health challenges, helping them provide comprehensive services where they are most needed.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Friends of Family Health Center	15	Health centers rely on the funding and support	HRSA acknowledges the importance of

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		provided by MUA and MUP designations to address the wider social and environmental factors affecting patient health. Without these resources, their ability to meet community needs would be severely limited.	these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Life Long Medical Services	16	Highlights that MUA/MUP designations provide essential support for health centers to meet broader social determinants impacting patient health.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
University of Hawai'i Rural Health Research and Policy Center (RHRPC)	17	<ul style="list-style-type: none"> - Supports necessity of PCO data collection for shortage designations. - Burden estimate (8 hrs) is too low; full-state provider updates and extensive data processing not accounted for. - No reliable dataset to track provider status; duplications common. - Recommends integrating federal supplemental data (NSDUH, CDC), CMS Medicaid claims, and improving SDMS tools (update stamps, geocoding, duplicate checks, address matching). - Opposes combining non-contiguous areas; highlights importance of local adjustments for 	HRSA acknowledges underestimation of state burden and importance of comprehensive provider data. HRSA will explore integration of supplemental federal data and CMS claims to reduce state level of effort and will consider improvements to SDMS. HRSA recognizes challenges of provider status tracking and non-contiguous area designations and reaffirms the critical role of PCOs in workforce, oral health, and rural health

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		<p>disadvantaged populations.</p> <ul style="list-style-type: none"> - Notes critical role of PCOs in workforce promotion, oral health coalition, RHC support, and rural health partnerships. - Emphasizes SDMS is vital for rural/remote access and sustaining federal workforce/funding programs 	access.
Vista Community Clinic (VCC)	18	<ul style="list-style-type: none"> - VCC operates 14 clinics and 4 mobile units, serving 65,000 patients annually, many low-income, uninsured, and priority populations. - CHCs are critical access points providing affordable, comprehensive care, addressing disparities, and generating cost savings. - MUA/MUP and HPSA designations are essential for CHC establishment, funding, planning, and workforce recruitment (NHSC clinicians). - Loss of designations would harm access, exacerbate workforce shortages, and worsen health disparities, particularly in pharmacy and food deserts. 	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Anderson Valley Health Center	19	Notes the critical need for funding and support tied to MUA/MUP	HRSA acknowledges the importance of these designations for

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		designations; without them, health centers would be severely limited in addressing broader social risk factors of health.	CHC operations, workforce recruitment, and maintaining access in high-need areas.
Health Center Partners	20	Emphasizes that MUA/MUP resources are vital for health centers to manage broader social determinants of health.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Maine Primary Care Association (MPCA-ME)	21	<ul style="list-style-type: none"> - CHCs provide comprehensive care, including medical, dental, behavioral, pharmacy, and other services, to over 200,000 Maine residents at 100+ sites. - MUAs/MUPs and Auto-HPSA designations are essential for CHC establishment, funding, workforce recruitment, and strategic planning. - CHCs help address pharmacy and food deserts, social determinants of health, and chronic disease management. - Loss of designation would compromise provider access, recruitment, and service availability in Maine. 	HRSA acknowledges that these designations are critical for CHC operations, workforce recruitment, and maintaining access to care in underserved Maine communities.
TrueCare	22	- Serves ~70,000 patients across 21 sites in North San Diego and Riverside counties, providing	HRSA acknowledges the importance of these designations for CHC operations,

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		<p>integrated medical, dental, behavioral health, and wellness services.</p> <ul style="list-style-type: none"> - CHCs' location in MUA/MUP areas automatically creates HPSA designation, essential for accessing resources and recruiting providers. - Pharmacy and food deserts create barriers; MUA/MUP support allows CHCs to address social determinants of health. - Auto-HPSA status enables access to NHSC clinicians, critical amid workforce shortages. - Loss of these designations would reduce care access, worsen disparities, and limit preventive/chronic disease management. 	<p>workforce recruitment, and maintaining access in high-need areas.</p>
Northeast Valley Health Corporation	23	<p>MUA and MUP designations provide essential funding and support that enable health centers to address broader social determinants of health. These resources allow centers to effectively manage community health challenges, respond to social risk factors, and deliver comprehensive care to underserved populations. Without the backing tied to MUA/MUP</p>	<p>HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>

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		designations, health centers would struggle to meet the complex health and social needs of the communities they serve.	
State of Alaska (SoA) Department of Health, Division of Public Health, Primary Care Office	24	<p>Notes HPSA applications require varying levels of effort: ~8 hours for general prep, ~4 hours for SDMS entry, and up to 16 hours for complex facilities (e.g., prisons, state mental health hospitals). Requests that burden estimates also reflect work for SRSA plan updates (24 hours annually) and manual provider data verification (72 hours annually). Suggests including mid-level practitioners and Core Mental Health providers in designations, and raising concern that small, isolated populations often do not qualify under current population thresholds despite extreme access barriers.</p>	<p>HRSA acknowledges the burden described and agrees that accurate data and system performance are critical. HRSA will review burden estimates, pursue improvements in automation and SDMS functionality as resources allow, and consider refinements to ensure equity and consistency.</p> <p>Regarding Core Mental Health Providers, HRSA notes that designation of these providers is already an option within the SDMS for Mental Health HPSA applications.</p> <p>Regarding the Population-to-Provider ratio and minimum population thresholds, HRSA recognizes that isolated populations with limited access to care may face unique challenges. However, revising the minimum population threshold</p>

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			would require a formal regulatory change, which would follow the standard rulemaking process.
Coalition of Orange County CHCs	25	Support from MUA and MUP designations allows health centers to go beyond basic medical care, addressing social risks and improving health outcomes for vulnerable communities.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Colorado Community Health Network (CCHN)	26	<ul style="list-style-type: none"> - Supports NACHC comments. - Health centers provide care to 850k+ Coloradans, serving many low-income, uninsured, homeless, public housing, migrant, and veteran populations. - MUA/MUP and HPSA designations are essential for establishing health centers, guiding resources, expanding services, and addressing social drivers like food/pharmacy deserts. - HPSA status critical for Auto-HPSAs and NHSC workforce pipeline; loss would severely limit care in high-need areas. - Health centers deliver major cost savings, improve chronic disease outcomes, and strengthen local economies despite thin margins. 	HRSA recognizes the critical role of health centers in serving underserved populations and supporting workforce recruitment. HRSA acknowledges that these designations are critical for CHC operations, workforce recruitment, and maintaining access to care. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.
Primary Care Office National Committee	27	- HPSA data from SDMS is widely used for federal	HRSA acknowledges the critical role of

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		<p>and state programs (grants, workforce, policy, recruitment, planning).</p> <ul style="list-style-type: none"> - PCNAs provide high value for state policy, funding, and planning but are resource-intensive. - Data integrity issues persist (NPPES inaccuracies, multiple sources needed, high manual validation burden). - Burden hours for applications have grown, especially for new staff and complex designations (RSA, SRSA, PCNA). - Recommended improvements: prepopulate federal data (e.g., SAMHSA, CDC, Medicaid), improve provider data accuracy, enhance SDMS functions (mapping, geocoding, provider updates), reduce duplications and delays, include PCOs in user testing, reconsider comment wait periods, and support clinician data collection. - PCOs emphasize community engagement and need for technology support, while cautioning against automation that increases errors. 	<p>PCOs in shortage designation, policy development, and workforce planning. HRSA will review recommendations on data integration, reducing burden, and SDMS improvements (e.g., provider accuracy, geocoding, auto-population). HRSA supports ongoing collaboration with PCOs to improve efficiency while maintaining data integrity and community input in designation processes.</p>
Triad Adult and Pediatric Medicine (TAPM)	28	-CHCs provide essential primary, preventive, and specialty care to	HRSA acknowledges the importance of these designations for

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		<p>underserved populations.</p> <ul style="list-style-type: none"> - MUA/MUP and automatic Facility HPSA designations are critical for planning, site expansion, NHSC staffing, and addressing workforce shortages. - Losing these designations would reduce access and worsen health disparities. 	<p>CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>
Shasta CHC	29	<p>Underscores the importance of MUA/MUP assistance in enabling health centers to address wider social health needs.</p>	<p>HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>
Iowa Primary Care Association	30	<p>Represents 14 CHCs serving 253,000+ Iowans annually.</p> <ul style="list-style-type: none"> - Strongly supports HPSA, MUA, and MUP designations, which are essential for CHC establishment, expansion, funding, and workforce recruitment (including NHSC clinicians). - CHCs provide comprehensive, cost-effective care to underserved populations, improving health outcomes and saving Medicaid dollars. - Notes barriers such as pharmacy and food deserts, which deepen health disparities. 	<p>HRSA acknowledges that these designations are essential for CHC operations, workforce recruitment, resource allocation, and maintaining access to care in underserved communities. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.</p>

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		- Emphasizes that losing these designations would severely limit CHCs' ability to address access gaps, chronic disease, and workforce shortages.	
Celebrating Life Community Health Center	31	Notes the critical need for funding and support tied to MUA/MUP designations; without them, health centers would be limited in addressing broader social risk factors of health.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Wesley Health Centers – JWCG Institute	32	Stresses that funding and support through MUA/MUP designations are crucial for health centers to tackle community health challenges.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Northeast Medical Services	33	Health centers depend on the backing tied to MUA/MUP designations to meet the complex needs of their patients, enabling them to address social factors that influence overall community health.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
El Proyecto del Barrio, Inc.	34	The financial and operational support linked to MUA/MUP designations is critical for health centers to respond to social determinants of health, ensuring access to care for underserved populations.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
NACHC	35	- CHCs provide	HRSA acknowledges

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		<p>comprehensive, affordable care to vulnerable populations, including primary, dental, behavioral, and pharmacy services.</p> <ul style="list-style-type: none"> - MUAs/MUPs and Automatic Facility HPSA designations are critical for CHC establishment, funding, and workforce recruitment, including NHSC clinicians. - These designations help CHCs address social determinants, chronic disease, and health disparities, ensuring access in underserved areas. 	<p>that these designations are essential for CHC operations, workforce recruitment, resource allocation, and maintaining access to care in underserved communities.</p>
Universal Community Health Center (UCHC)	36	<ul style="list-style-type: none"> - Serving South Los Angeles with integrated medical, dental, behavioral health, and social determinant programs. - Over 90% of patients are low-income; 70%+ Hispanic/Latino. - MUA/MUP designations are foundational for CHC operations and planning. - Pharmacy and food deserts increase barriers; MUAs/MUPs allow CHCs to address these social risks. - Auto-HPSA status is critical for NHSC clinician staffing amid workforce shortages. - Loss of designations 	<p>HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>

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		would reduce access, worsen disparities, and limit preventive care and chronic disease management.	
CA Primary Care Association	37	Recommends HRSA consider grandfathering existing MUA/MUP designations to preserve continuity and stability for affected communities and providers.	HRSA is exploring options for ways to establish a process to update the Medically Underserved Area and Medically Served Population designations to ensure that health centers grantees are continuing to serve as a safety net for low-income and medically underserved communities. There is no exact timeline for when this will be implemented.
Wisconsin Primary Health Care Association (WPHCA)	38	Highlights the importance of accurate data, especially provider FTE, for fair designations. Stated HRSA's burden estimate is too low, citing Wisconsin's higher workload. Noted challenges with reconciling data sources and system performance. Recommended use of national averages for equity, improved automation, and better SDMS responsiveness. Raised concerns about potential policy changes increasing burden	HRSA acknowledges the burden described and agrees accurate data and system performance are critical. HRSA will review burden estimates, pursue improvements in automation and SDMS functionality as resources allow, and consider refinements to ensure equity and consistency. Any future policy changes will account for workload, resources, and stakeholder input.

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		without added resources and urged that MUA/Ps be used to expand—not reduce—access. Suggested stakeholder engagement such as Negotiated Rulemaking.	
Community Clinic Association of Los Angeles County	39	Requests HRSA maintain and use an information collection approach that ensures submission, receipt, and validation of reliable data showing the role of MUA, MUP, and HPSA designations in supporting safety-net providers.	HRSA agrees that accurate and reliable data are essential and will continue to refine data collection processes to ensure designations reflect community needs and provider capacity.
Washington Association for Community Health	40	Stressed the importance of CHCs in serving underserved populations and the foundational role of MUA/MUP and HPSA designations in supporting access, workforce recruitment, and community health needs.	HRSA acknowledges that these designations are critical for CHC operations, workforce recruitment, and maintaining access to care. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.
Share Ourselves	41	Highlights that MUA/MUP designations provide essential support for health centers to meet broader social determinants impacting patient health.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
South Central Family Health Center	41	- Serves South and Southeast Los Angeles	HRSA acknowledges the importance of

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		<p>County and the San Gabriel Valley since 1981; ~28,241 unique patients in 2024 with 126,206 visits.</p> <ul style="list-style-type: none"> - Patients are primarily low-income: 73% below FPL; 59% Medi-Cal, 5% Medicare, 36% uninsured. - Offers medical, dental, behavioral health (mental health & SUD), vision, and chronic disease management programs. - Located in MUAs/MUPs, which automatically qualify as Auto-HPSAs, essential for accessing NHSC clinicians and federal resources. - Highlights the impact of pharmacy and food deserts, social determinants of health, and importance of federal designations to address these gaps. - Loss of designations would compromise provider access, care availability, and worsen disparities. 	<p>these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>
Alameda Health Consortium (AHC)	43	<p>Emphasizes the critical need for funding and support tied to MUA/MUP designations. Without them, health centers would be severely limited in addressing broader social risk factors impacting health.</p>	<p>HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>
Family Health Centers	44	<p>Health centers depend on</p>	<p>HRSA acknowledges</p>

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of San Diego		the backing tied to MUA/MUP designations to meet the complex needs of their patients, enabling them to address social factors that influence overall community health.	the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Salud Para La Gente	45	Emphasizes the importance of MUA/MUP funding to address social determinants of health and suggests HRSA incorporate broader, context-based indicators —beyond infant mortality —to better reflect maternal health and program eligibility.	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
Valley Community Healthcare (VCH)	46	<ul style="list-style-type: none"> - Serving San Fernando Valley for 55+ years, now 21,000+ patients annually. - CHCs provide comprehensive care (medical, dental, behavioral health, pharmacy, vision, food assistance). - MUA/MUP designations are foundational for CHCs' establishment, planning, and ability to address broader social risks (pharmacy/food deserts). - Auto-HPSA status ensures access to NHSC workforce, critical amid national shortages. - Loss of designations would reduce access, worsen disparities, and undermine prevention, 	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.

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		chronic disease management, and cost savings.	
Venice Family Clinic (VFC)	47	<ul style="list-style-type: none"> - FQHC serving 45,000 patients annually across 21 clinics, mobile units, and street medicine programs in Los Angeles County. - 87% of patients live at/below FPL; highly diverse population with significant language needs. - CHCs provide comprehensive care (medical, dental, behavioral, pharmacy, food distribution, etc.), filling the primary care gap for 100M+ medically disenfranchised Americans. - MUA/MUP designations foundational for CHC establishment, expansion, and addressing social determinants (pharmacy deserts, food insecurity). - Auto-HPSA status is critical to accessing NHSC clinicians and sustaining the CHC workforce amid national shortages. - Loss of designations would reduce access, worsen disparities, and undermine prevention, chronic disease management, and cost savings. 	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
AltaMed Health	48	Stresses the critical need	HRSA acknowledges

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Services		for funding and support tied to MUA/MUP designations; without them, health centers would be severely limited in addressing broader social risk factors of health.	the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.
South Carolina Primary Care Association (SCPHCA)	49	Emphasized the vital role of CHCs in providing affordable, comprehensive care to underserved populations. Stressed that MUA/MUP and HPSA designations are foundational to CHC operations, workforce recruitment, and addressing broader community health challenges such as pharmacy and food deserts. Urged HRSA to maintain and strengthen these designations to ensure CHCs can continue meeting community needs.	HRSA acknowledges that these designations are critical for CHC operations, workforce recruitment, and maintaining access to care. HRSA will continue supporting these designations and collaborating with CHCs to address health access challenges.
St. Jude Neighborhood Health Centers	50	<ul style="list-style-type: none"> - Serves ~15,000 low-income patients in central and north Orange County, CA, providing medical, dental, mental health, and SUD care. - CHCs' location in MUA/MUP areas automatically generates HPSA designation, crucial for accessing resources and recruiting providers. - Pharmacy and food deserts exacerbate 	HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.

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		<p>barriers; MUA/MUP designations allow CHCs to address social determinants of health through interventions like food prescription programs and community gardens.</p> <ul style="list-style-type: none"> - Auto-HPSA status enables access to NHSC clinicians, critical amid workforce shortages and high-cost service areas. - Loss of these designations would reduce care access, worsen disparities, and limit preventive/chronic disease management. 	
Rural Health Group	51	<p>CHCs provide essential primary, preventive, and specialty care to underserved populations.</p> <ul style="list-style-type: none"> - MUA/MUP and automatic Facility HPSA designations are critical for planning, site expansion, NHSC staffing, and addressing workforce shortages. - Losing these designations would reduce access and worsen health disparities. 	<p>HRSA acknowledges the importance of these designations for CHC operations, workforce recruitment, and maintaining access in high-need areas.</p>