

From: [Jaime Seltzer](#)
To: [HRSA Paperwork](#)
Subject: [EXTERNAL] Comment on HRSA Uniform Data System (UDS), OMB No. 0915-0193 — proposed removal of Long COVID reporting (Table 6A)
Date: Thursday, December 11, 2025 11:46:22 AM

To the HRSA Information Collection Clearance Officer:

On behalf of #MEAction, a patient-led organization representing people with myalgic encephalomyelitis (ME/CFS) and Long COVID, I write regarding the proposed revisions to the Health Resources and Services Administration (HRSA) Uniform Data System (UDS), OMB No. 0915-0193 (Revision).

We are particularly concerned about the proposed removal of several COVID-related measures from Table 6A: Selected Diagnoses and Services Rendered, including:

- Novel coronavirus (SARS-CoV-2) disease (Line 4c),
- Long COVID (Line 4d),
- Respiratory conditions related to COVID-19 (Line 6a), and
- COVID-19 diagnostic and antibody testing (Lines 21c and 21d).

Long COVID remains a major driver of disability, health care use, and loss of work in the United States, especially among communities that already face structural barriers to care. Community health centers are often the primary or only source of care for many patients with Long COVID.

Eliminating a discrete reporting line for Long COVID in UDS will make it significantly more difficult to:

- quantify how many patients with Long COVID are being seen in safety-net settings;
- track trends over time and across regions and populations; and
- identify disparities in access, diagnosis, and treatment.

While we recognize HRSA's goal of streamlining reporting and reducing burden, the ongoing scale and impact of Long COVID warrant continued, dedicated tracking in UDS. Weakening federal surveillance of Long COVID at this stage risks obscuring needs in underserved communities and undermining efforts to allocate appropriate resources, workforce, and clinical support.

We respectfully recommend that HRSA:

1. Maintain Long COVID as a separate reporting line in Table 6A, rather than eliminating it; and
2. If changes to the structure of Table 6A are necessary, ensure that Long COVID and other post-acute sequelae of SARS-CoV-2 infection continue to be captured in a way that allows distinct analysis (for example, through a consolidated but clearly labeled COVID/post-COVID category).

Keeping Long COVID visible within UDS will strengthen HRSA's ability to monitor emerging needs in medically underserved populations and to ensure that federal investments in community health centers align with the real-world burden of post-COVID conditions. Thank you for the opportunity to comment and for HRSA's ongoing support of health centers that care for people living with Long COVID, ME/CFS, and related conditions.

Sincerely,

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