



June 10, 2010

Kathleen Sebelius
Secretary,
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Mary K. Wakefield, PhD, RN
Health Resources and Services Administration
Administrator
Headquarters
5600 Fishers Lane
Rockville, MD 20857

Dear Secretary Sebelius and Dr. Wakefield:

Re: File Code # HRSA-1

As the national association representing more than 7,500 physical medicine and rehabilitation physicians (physiatrists), the American Academy of Physical Medicine and Rehabilitation (AAPM&R) is appreciative of this opportunity to offer comments on 42 CFR Part 5 – Designation of Medically Underserved Populations and Health Professions Shortage Areas to the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

As HRSA explores plans to establish a comprehensive methodology and criteria for Designation of Medically Underserved Populations, the AAPMR which is the nation's primary organization for Physical Medicine and Rehabilitation physicians (Physiatrist) urges your agency to identify Americans with disabilities (AWDs) as a Medically Underserved Population., we strongly advocate including all AWDs as underserved, regardless of their geographic location, and to specifically include physiatrists among the healthcare professionals qualified to evaluate and care for this population.

The foci of the U.S. Department of Health and Human Services, the Health Resources and Services Administration (HRSA) include “improving access to health care services for people who are uninsured, isolated or medically vulnerable” which is an area of vital importance to the AAPM&R. Our members (Physiatrists) focus on restoring function in patients, both children

and adults, with problems ranging from mobility impairments to complex cognitive impairments by using a wide variety of assessments and interventions. We routinely diagnose and treat inpatients and outpatients with medical, musculoskeletal, neurological and neuromuscular disorders, emphasizing function, rehabilitation and quality of life. Physiatrists treat patients of all ages afflicted with function limiting and/or painful conditions involving: central and peripheral nervous system, cardiopulmonary and musculoskeletal systems. This includes but is not limited to disorders of the spine, peripheral joints, soft tissues, bone injuries, sprains/strains, disk herniations, rheumatologic conditions and athletic injuries. We also diagnose and treat degenerative, developmental, acquired, and traumatic conditions of the upper and lower limbs, spinal cord, and brain. The multidisciplinary training that all Physiatrists undergo in our specialty's 4 year-residency training programs makes a Physiatrist a well qualified specialist to lead the team of medical specialists and rehabilitation therapists involved in a patient's rehabilitative care.

The current U.S. health insurance system unfairly penalizes Americans with disabilities (AWDs). While the Patient Protection and Affordable Care Act (PPACA—H.R. 3590, also known as Pub. L. No. 111-148) made progress in the ways in which AWDs are cared for – with improvements to the flawed system of annual and lifetime caps on services for patients who require long-term care and are the most vulnerable, there remains much that needs to be done to cure the inequality in access to care by AWDs. The health insurance system continues to subject AWDs to increased premiums, co-pays and deductibles; limited qualified providers in networks; complicated coverage rules; and lengthy appeals processes. As a result, AWDs remain underserved and are often impoverished by health care expenses.

AWDs comprise a heterogeneous group with no common age, gender, or social, ethnic, religious or geographic feature. Because it is so diverse, it is an often overlooked vulnerable population. With so many different faces and voices, this group is often marginalized and its collective voice may be lost.

Moreover, AWDs are challenged by many important health issues, including access to the appropriate kind of acute and chronic disease management. Their primary care needs are unique and physical and logistical access to primary care is frequently a major problem. Because many disabling conditions are actually rare, a significant number of providers and payers are ill-equipped to understand and provide for proper medical and rehabilitation needs.

Clearly, President Obama and Congress began to better understand the needs of AWDs in the national health reform efforts. The national debate allowed a forum to draw attention to fact that the special needs of AWDs are not being met. Accommodating the health and rehabilitation needs of AWDs should be a fundamental objective. In fact, the objectives in the 2000 Healthy People 2020 as developed by HHS, included (DSC HP202-14): “reduce the proportion of people with disabilities reporting delays in receiving primary and periodic preventive care due to specific barriers.”

Americans with disabilities face unusual, complex situations, and their access to appropriate providers and services should be encouraged by our healthcare system.

Thank you and as you proceed with the Negotiated Rulemaking process, if the AAPM&R can be of any assistance to you, please contact Suzanne Butler at sbutler@aapmr.org.

Sincerely,



M. Elizabeth Sandel, MD
President