

February 10, 2025

James Macrae

Associate Administrator

Bureau of Primary Health Care

Health Resources & Services Administration
Department of Health and Human Services
Rockville, MD 20857

**RE: Request for Comment on Scope of Project Policy Manual**

Dear Administrator Macrae,

On behalf of our member community health centers (CHCs) and the millions of patients they serve, Advocates for Community Health is pleased to share our response to the proposed changes outlined in the [Health Center Program Scope of Project Policy Manual Draft for Comment](https://bphc.hrsa.gov/sites/default/files/bphc/compliance/draft-health-center-program-scope-project-manual.pdf).

[Advocates for Community Health](https://advocatesforcommunityhealth.org/) (ACH) is a member organization focused on advocacy initiatives to affect positive change for CHCs, the patients they serve, and the entire nation’s health care system. Our 40 health center members represent 20 states, Puerto Rico, and the District of Columbia.

We appreciate this update and while overall we approve of the changes to this policy manual, we have two concerns we would like to share on behalf of our members.

**Concern 1: Restrictive Telehealth Eligibility and Language**

We believe the updated telehealth policy language imposes unnecessarily strict guidelines on how health centers can deploy telehealth services. For example, the previous policy permitted flexibility in telehealth adoption, while *Chapter Four* of the Draft Scope Manual explicitly states that telehealth “does not substitute for the delivery of in-person services” (*page 20*). In addition, the manual states that a health center must “endeavor to make services available in-person whenever possible” (*page 20*). Finally, Chapter 4, Section B (page 21) states that to be eligible for in-scope telehealth services, patients must be “physically located within a health center’s service area” or an adjacent area. However, subsection B(d) (page 23) states that eligible patients must “reside within the health center’s service area” or an adjacent area, a different standard.

ACH believes that imposing stricter compliance measures and geographic requirements for telehealth services may limit accessibility, especially for patients who rely on virtual care due to geographic, transportation, or financial barriers. Therefore, ACH recommends that BPHC:

1. **Allow up to 25% of telehealth visits for primary care medical services to be provided to patients who reside (or are physically located) outside the health center’s service area or adjacent areas, and 100% of telehealth visits for behavioral health.**
	1. As is consistent with the delivery of in-person services, ACH requests that HRSA update to allow health centers to be allowed to provide up to 25% of their telehealth visits to patients who live outside their service area or adjacent areas.
	2. Among our members, a majority of the telehealth care provided is for behavioral health care, due to extreme access issues and workforce shortages. While the situation remains in crisis, we recommend HRSA permit as many telehealth visits as is necessary to maintain patients in continuous behavioral health care.
2. **Clarify the contradictory language around patient geographic eligibility for in-scope telehealth services on residency and physical location.**
	1. We recommend using both standards (residency and physical location) to determine patient eligibility. If only one is possible, the residency standard (subject to the exceptions cited below) should receive priority, because it most clearly aligns with the 330 statute, which requires health centers to provide services “for all residents of the area served by the center.”
3. **State that residents who are temporarily absent from the service area, or reside in the service area on a part-time basis, are still eligible for in-scope telehealth services.**
	1. Adding these clarifications to the final Scope Manual will make it clear that a resident who is temporarily absent from the service area is still eligible for in-scope telehealth services. It will also ensure that seasonal workers and residents who reside in the area only part of the year are also eligible, enabling the health center to provide continuity of care for individuals who have resided in its service area and will likely return soon.

**Concern 2: Risk of Increased Administrative Burden**

The Draft Policy Manual introduces new compliance requirements and outlines enhanced criteria for new contracts and cooperative agreements. Chapter 1, Section C (p.8) states that “HRSA’s approval of a health center’s scope of project is dependent on a demonstration by the health center that the services delivered, sites operated, and activities conducted occur *on behalf of the health center*.” The Draft Manual lists seven criteria for demonstrating that activities occur “on behalf of” the health center and notes that all in-scope services must meet all seven criteria.

More specifically, the Manual states that all in-scope services must be provided: 1) “under the authority and direction of the health center’s governing board and in accordance with the health center’s policies and procedures” and 2) by “Health center employees, individual contractors, and volunteers.”

ACH members are concerned that contractors would not agree to all of the proposed criteria for cooperative agreements. Requiring contractors or CA organizations to operate “under the authority” of another organization is not appropriate. Additionally, contractors and CAs, who typically have their own staff, would not agree to have “health center employees, individual contractors, and volunteers” delivering in-scope services.

While some criteria are appropriate for services provided directly, others are appropriate only for services provided via cooperative agreements. Therefore, ACH recommends BPHC:

1. **Reconsider applying all seven “on behalf of” criteria equally to each form of care delivery (such as direct, contract, CA).**
	1. BPHC could consider making adjustments for each criteria throughout the Manual, or categorizing the “on behalf of” criteria by form of delivery. ACH recommends the addition of fallback policies in the cases where contractors who are needed to provide critical services are not able or not willing to adhere to the onerous requirements.

Advocates for Community Health appreciates the opportunity to provide feedback on the proposed changes to the Scope of Project Policy Manual for health centers. For more information or to discuss these recommendations further, please contact Stephanie Krenrich, SVP of Policy and Government Affairs, at skrenrich@advocatesforcommunityhealth.org.

Sincerely,



Amanda Pears Kelly

Chief Executive Officer