Policy Statement December 2007
National Organization for State Offices of Rural Health (NOSORH)

Reference Title: Frontier Definition Challenges

Background: For many years individuals, state agencies and community organizations have struggled with defining populations and land mass areas for programs and resources designated as "frontier". Many characteristics have been debated, and eventually, through the National Center for Frontier Communities (formerly the Frontier Education Center), a consensus definition utilizing a weighted matrix of values involving density, distance and travel time to health care services was completed. The consensus process took more than a year and involved a multi-disciplinary group of distinguished experts which included 3 SORHs. (Participant list attached.) This matrix was put into place and agreed to in consultation with SORHs, who have reviewed it twice across the 1990 and the 2000 US census figures. See: http://www.frontierus.org/documents/consensus1.htm

This consensus definition has been formally adopted by both the National Rural Health Association and the Western Governors' Association and most recently has been used by the National Institute of Mental Health to develop a frontier mental health research initiative. A frontier area definition, developed by an expert panel to address programs implemented through the Office for the Advancement of Telehealth (OAT), was finished in 2006. This panel was charged with a federal directive in public law to recommend to the Secretary of HHS, a definition of "*...the term 'Frontier Area.' The definition shall be based on factors that include population density, travel distance in miles to the nearest medical facility, travel time in minutes to the nearest medical facility, and such other factors as the Secretary determines to be appropriate...*"

This Panel also concluded that among the guiding principles for defining frontier, that the aforementioned factors are part of the distinguishing features. One of the significant OAT expert panel findings was a "reconsideration process for determining legitimate exceptions is reflected in the definition". Since each state will usually have an area that falls in or out of a definition, the ability to work through a reconsideration process is essential.

Issue: A recent piece of proposed CMS legislation would authorize $800,000 for each of 3 fiscal years (09, 10 and 11) to ORHP for a "Demonstration Project on Community Health Integration Models in Frontier Counties." This bill uses a definition of a frontier county as one defined as "...a county with 6 or less residents per square mile..." and worsens this by then mandating eligibility to only those states where 65% of the counties meet this limited, single element frontier definition.

The use of this singular attribute for the definition **eliminates greater than 76% of the frontier population** as defined under the SORH collaborative process using the consensus definition. When you are this isolated, a singular "cut-off" population number makes no sense, which amplifies the use of other weighted criteria to define frontier.

This proposal utilizes a definition reference that was abandoned years ago and hurts frontier areas and our authority as state offices of rural health, in several significant ways. Pertaining to the definition: the restricted density definition coupled with the lack of factors for distance/isolation and time thereby eliminates >76% (or almost 8 million people) throughout the country.

Pertaining to our state authority: there is not a provision for state participation, appeal or reconsideration of the eligibility criteria. Some of the top states with frontier populations (Texas, Arizona, New Mexico, Minnesota and California) would be rendered ineligible to apply to this program due to a proposed criteria of "...at least 65% of the counties in the state are designated frontier counties...". This criterion eliminates a large number of states with large frontier populations from even applying to the program by eliminating 51% of the SORH designated counties from being considered frontier.

Actions in support of this NOSORH policy statement: 1) NOSORH take an immediate position to endorse the consensus matrix definition of the National Center for Frontier Communities as the definition to be inserted into the proposed demonstration project; 2) NOSORH acknowledge this position to CMS, ORHP, NRHA and the authors of the legislation; and 3) NOSORH work closely with the National Center for Frontier Communities on an impact analysis of frontier definitions that do not provide the essential features of population density, time and distance to health care services and a reconsideration process provided to SORHs and tribal entities for review, appeal and waiver.

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NOTE: Many of the participants have changed jobs, retired, or their organizations have changed names. However, participants are listed with their titles and employers of the time the Consensus Process was occurring in 1997-98.