



Final Regulation Agency Background Document

Agency name	Virginia Department of Health
Virginia Administrative Code (VAC) citation	12VAC5-540
Regulation title	Rules and Regulations for the Identification of Medically Underserved Areas in Virginia
Action title	Update MUA determination process for timely accurate computations
Date this document prepared	April 30, 2013 amended October 29, 2015

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 14 (2010) and 58 (1999), and the Virginia Register Form, Style, and Procedure Manual.

Brief summary

Please provide a brief summary (no more than 2 short paragraphs) of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation. Also, please include a brief description of changes to the regulation from publication of the proposed regulation to the final regulation.

Section 32.1-122.5 of the Code of Virginia was enacted by Chapters 874 and 877 of the 1990 Virginia Acts of Assembly. Section 32.1-122.5 requires the Board of Health to establish criteria to identify medically underserved areas in the Commonwealth. The Virginia Medically Underserved Area designation is designed to encourage the appropriate distribution and expansion of health care services into areas where Virginia citizens often lack access to health care. State and private funding programs and agencies use these underserved criteria to support family centered primary health care services throughout the Commonwealth. The regulations were promulgated in July of 1991 and have not been reviewed since that time. The amended regulations would update the required data resources and specify how state facilities would be designated.

Sections 10, 20 and 40 will be finalized in this stage (6772). The agency intends to finalize section 30 in December 2015.

Statement of final agency action

Please provide a statement of the final action taken by the agency including (1) the date the action was taken, (2) the name of the agency or board taking the action, and (3) the title of the regulation.

At its meeting conducted on June 6th, 2013 the State Board of Health voted to approve final amendments to the Rules and Regulations for the Identification of Medically Underserved Areas in Virginia.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person’s overall regulatory authority.

Section 32.1-122.5 of the Code of Virginia as enacted by Chapters 874 and 877 of the 1990 Virginia Acts of Assembly mandated the Board of Health to establish criteria to identify medically underserved areas within the Commonwealth. Section 32.1-122.5 further requires these criteria to consist of quantifiable measures sensitive to the unique characteristics of urban and rural jurisdictions which may include the incidence of infant mortality, the availability of primary care resources, poverty levels, and other measures indicating the inadequacy of the primary health care system as determined by the Board. The Board of Health is also required to include criteria for the need for medical services in state facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services. The Board of Health, in accordance with the Administrative Process Act (Section 2.2-4000 et seq. of the Code of Virginia) has adopted regulations to implement the provisions of the Act which became effective on July 3rd, 1991. The regulations have not been reviewed since that time. These final amendments update the required data resources and specify how state facilities would be designated.

Purpose

Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Detail the specific reasons it is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.

The regulations became effective on July 3rd, 1991. The regulations have not been reviewed since that time. The regulations require updating because certain state programs and private funding sources depend on the accuracy of the Virginia Medically Underserved Area designation process in awarding funds to health providers and to communities. All of the changes are in response to the availability of new data sources allowing more timely designation of underserved areas.

Substance

Please identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. A more detailed discussion is required under the “All changes made in this regulatory action” section.

The recommended changes are designed to:

1. Allow state facilities to be automatically designated as Virginia Medically Underserved Areas.
2. Incorporate new state incentive programs into the Virginia Medically Underserved Program description.
3. Allow new data sources to be used in computing Virginia Medically Underserved Areas.
4. Establish a minimum five year update and renewal cycle for designation of Virginia Medically Underserved Areas.

Issues

Please identify the issues associated with the proposed regulatory action, including:

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;
 - 2) the primary advantages and disadvantages to the agency or the Commonwealth; and
 - 3) other pertinent matters of interest to the regulated community, government officials, and the public.
- If there are no disadvantages to the public or the Commonwealth, please indicate.

The primary advantage of the proposed regulatory action to the public, the agency and the Commonwealth is accurate and up to date regulations. The purpose of identifying medically underserved areas within the Commonwealth is to establish geographic areas in need of additional primary health care services. These areas may be selected by trained primary care physicians and other health professionals as practice sites in fulfillment of obligations that the physicians and other health professionals accepted in return for medical training and scholarship grant assistance. These requirements are currently in place for scholarships received from the Virginia Medical Scholarship Program and the Virginia Nurse Practitioner/Nurse Midwife Scholarship Program. Therefore accurate and up to date regulations will help to increase the availability of quality primary care physicians and other health professionals in medically underserved areas. Further these areas will be better positioned to retain qualified primary care physicians and other health care professionals due to the obligation created by accepting these scholarship funds. The Virginia Department of Health sees no disadvantage to the public, the agency or the Commonwealth associated with the proposed regulatory action. The proposed regulations also bring the designations in conformity with the Code by providing for the designation of state facilities operated by the Departments of Corrections, Juvenile Justice, and Mental Health, Mental Retardation and Substance Abuse Services.

Changes made since the proposed stage

Please describe all changes made to the text of the proposed regulation since the publication of the proposed stage. For the Registrar's office, please put an asterisk next to any substantive changes.

Section number	Requirement at proposed stage	What has changed	Rationale for change
30	The following five criteria, as	The following five criteria, as	Clarity. The intent of the

<p>available, and as indicated, shall be used to evaluate and identify medically underserved areas throughout the Commonwealth of Virginia and the criteria shall be applied at a minimum five year interval using the most recent data available to update the designations:</p> <ol style="list-style-type: none"> 1. Percentage of population with income at or below 100% of the federal poverty level. The source for these data shall be the most recent available publication of the Bureau of the Census of the U.S. Department of Commerce, or appropriate intercensorial estimates of poverty accepted by the Health Resources and Services Administration Shortage Designation Branch for federal health professional shortage area and medically underserved area designations. 2. Percentage of population that is 65 years of age or older. The source for these data shall be the Bureau of the Census of the U.S. Department of Commerce, or the latest estimates from the Weldon Cooper Center for Public Service at the University of Virginia, or the Economic Services Division of the Virginia Employment Commission. 3. The primary care physician to population ratio. The source for these data shall be the Virginia Department of Health Professions, Board of Medicine physician profile database. Primary care physicians are defined as board certified or self-designated generalist practitioners who practice family medicine, pediatrics, internal medicine, or 	<p>available, and as indicated, shall be used to evaluate and identify medically underserved areas throughout the Commonwealth of Virginia and the criteria shall be <u>utilized at a minimum once every five years</u> using the most recent data available to update the designations:</p> <ol style="list-style-type: none"> 1. Percentage of population with income at or below 100% of the federal poverty level. The source for these data shall be the most recent available publication of the Bureau of the Census of the U.S. Department of Commerce or appropriate intercensorial estimates of poverty accepted by the Health Resources and Services Administration Shortage Designation Branch for federal health professional shortage area and medically underserved area designations. 2. Percentage of population that is 65 years of age or older. The source for these data shall be the Bureau of the Census of the U.S. Department of Commerce, or the latest estimates from the Weldon Cooper Center for Public Service at the University of Virginia, or the Economic Services Division of the Virginia Employment Commission. 3. The primary care physician to population ratio. The source for these data shall be the Virginia Department of Health Professions, or Board of Medicine physician profile database. Primary care physicians are defined as board certified or self-designated generalist practitioners who practice family medicine, pediatrics, internal medicine, or obstetrics/gynecology. 4. The four-year aggregate infant mortality rate. The source for these data shall be the most recent four-year infant mortality data for each jurisdiction from the Division of Health Statistics of the Virginia 	<p>proposed regulations was to ensure the medically underserved area designations were being calculated once every five years, however the language of the proposed regulations was unclear. The deemed designation of facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services as Virginia medically underserved areas was inappropriately placed in Section 40, this has been corrected in the final regulations.</p>
---	--	--

	<p>obstetrics/gynecology.</p> <p>4. The four-year aggregate infant mortality rate. The source for these data shall be the most recent four-year infant mortality data for each jurisdiction from the Division of Health Statistics of the Virginia Department of Health.</p> <p>5. The most recent seasonally adjusted quarterly civilian unemployment rate for each jurisdiction. The source for these data shall be the Information Services Division of the Virginia Employment Commission</p>	<p>Department of Health.</p> <p>5. The most recent seasonally adjusted quarterly civilian unemployment rate for each jurisdiction. The source for these data shall be the Information Services Division of the Virginia Employment Commission.</p> <p>6. <u>Medicalcareservicesinstate facilitiesoperatedbythe Departments ofCorrections, JuvenileJustice,and Behavioral Healthand DevelopmentalServices willbe deemedViriniamedically underservedareas.</u></p>	
<p>40</p>	<p>A. Determining medically underserved cities and counties. The criteria enumerated in 12VAC5-540-30 shall be used to construct a numerical index by which the relative degree of medical underservice shall be calculated for each city and county within the Commonwealth. Observations for each of the five criteria will be listed for each Virginia city and county. An interval scale will be used to assign a particular value to each observation. This will be done for each of the five criteria. Each interval scale will consist of four ranges or outcomes of observations. The ranges will be numerically equal. The four ranges will be labeled as Level 1, Level 2, Level 3, and Level 4. The numerical difference between the ranges will be established beginning with the Level 2 range.</p> <p>The Level 2 range shall have the statewide average for each respective criterion, except the population to primary care physician ratio,</p>	<p>A. Determining medically underserved cities and counties. The criteria enumerated in 12VAC5-540-30 shall be used to construct a numerical index by which the relative degree of medical underservice shall be calculated for each city and county within the Commonwealth. Observations for each of the five criteria will be listed for each Virginia city and county. An interval scale will be used to assign a particular value to each observation. This will be done for each of the five criteria. Each interval scale will consist of four ranges or outcomes of observations. The ranges will be numerically equal. The four ranges will be labeled as Level 1, Level 2, Level 3, and Level 4. The numerical difference between the ranges will be established beginning with the Level 2 range.</p> <p>The Level 2 range shall have the statewide average for each respective criterion, except the population to primary care physician ratio, as its upper limit. The Level 2 upper limit for the primary care physician to population ratio is established by dividing the difference between the Level 4 upper limit for this criterion and the</p>	<p>Clarity. The deemed designation of facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services as Virginia medically underserved areas was inappropriately placed in Section 40, this has been corrected in the final regulations.</p>

	<p>as its upper limit. The Level 2 upper limit for the primary care physician to population ratio is established by dividing the difference between the Level 4 upper limit for this criterion and the Level 1 upper limit by two. Each observation which is equal to or less than the Level 2 upper limit, but greater than the Level 1 upper limit, will be assigned a numerical value of two.</p> <p>The Level 1 range shall have an upper limit which is the quotient of the statewide average divided by two. For the ratio of population to primary care physician criterion, the upper limit of Level 1 shall be the ratio 2500:1 as recommended by the American Academy of Family Physicians. Each observation that is equal to or less than the Level 1 upper limit will be assigned a numerical value of one.</p> <p>The Level 3 range shall have an upper limit that is equal to the sum of the upper limit of the Level 1 range and the upper limit of the Level 2 range. For the ratio of population to primary care physician criterion, the upper limit of level 3 shall be established at 3500:1, the federal standard for designating health manpower shortage areas. Each observation that is equal to or less than the Level 3 upper limit will be assigned a numerical value of three.</p> <p>The Level 4 range will include any observation greater than the upper limit of Level 3 range. Each observation in the Level 4 range will be assigned a numerical value of four.</p> <p>The values for each of the</p>	<p>Level 1 upper limit by two. Each observation which is equal to or less than the Level 2 upper limit, but greater than the Level 1 upper limit, will be assigned a numerical value of two.</p> <p>The Level 1 range shall have an upper limit which is the quotient of the statewide average divided by two. For the ratio of population to primary care physician criterion, the upper limit of Level 1 shall be the ratio 2500:1 as recommended by the American Academy of Family Physicians. Each observation that is equal to or less than the Level 1 upper limit will be assigned a numerical value of one.</p> <p>The Level 3 range shall have an upper limit that is equal to the sum of the upper limit of the Level 1 range and the upper limit of the Level 2 range. For the ratio of population to primary care physician criterion, the upper limit of level 3 shall be established at 3500:1, the federal standard for designating health manpower shortage areas. Each observation that is equal to or less than the Level 3 upper limit will be assigned a numerical value of three.</p> <p>The Level 4 range will include any observation greater than the upper limit of Level 3 range. Each observation in the Level 4 range will be assigned a numerical value of four.</p> <p>The values for each of the ranges of the five criteria will be summed for each Virginia city and county. Each Virginia city and county will have an assigned value of five or greater, to a maximum of 20. A statewide average value will be determined by summing the total city and county values and dividing by the number of cities and counties. Any city or county assigned a value that is greater than the statewide average</p>	
--	---	--	--

	<p>ranges of the five criteria will be summed for each Virginia city and county. Each Virginia city and county will have an assigned value of five or greater, to a maximum of 20. A statewide average value will be determined by summing the total city and county values and dividing by the number of cities and counties. Any city or county assigned a value that is greater than the statewide average value shall be considered medically underserved.</p> <p>B. Determining medically underserved areas within cities and counties. Geographic subsections of cities or counties may be designated as medically underserved areas when the entire city or county is not eligible if the subsection has: (i) a population to primary care physician ratio equal to or greater than 3500:1; and (ii) a population whose rate of poverty is greater than the statewide average poverty rate; and (iii) a minimum population of 3,500 persons residing in a contiguous, identifiable, geographic area. The Board shall from time to time, on petition of any person, or as a result of its own decision, apply criteria for determining medically underserved subareas of cities and counties. Once determined to be medically underserved, any subarea of a city or county shall appear on the next list of medically underserved areas published by the Board. Areas which qualify as medically underserved areas under 12VAC5-540-40 A and that are within Standard Metropolitan Areas as defined by the U.S. Department of Commerce, must also qualify under this</p>	<p>value shall be considered medically underserved.</p> <p>B. Determining medically underserved areas within cities and counties. Geographic subsections of cities or counties may be designated as medically underserved areas when the entire city or county is not eligible if the subsection has: (i) a population to primary care physician ratio equal to or greater than 3500:1; and (ii) a population whose rate of poverty is greater than the statewide average poverty rate; and (iii) a minimum population of 3,500 persons residing in a contiguous, identifiable, geographic area. The board shall from time to time, on petition of any person, or as a result of its own decision, apply criteria for determining medically underserved subareas of cities and counties. Once determined to be medically underserved, any subarea of a city or county shall appear on the next list of medically underserved areas published by the board. Areas which qualify as medically underserved areas under 12VAC5-540-40 A and that are within Standard Metropolitan Areas as defined by the U.S. Department of Commerce, must also qualify under this section for purposes of placement of health professionals.</p> <p>C. Medical care services in state facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services will be deemed Virginia medically underserved areas</p>	
--	--	--	--

	<p>section for purposes of placement of health professionals.</p> <p>C. Medical care services in state facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services will be deemed Virginia medically underserved areas</p>		
--	--	--	--

Public comment

Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate.

No public comments were received.

All changes made in this regulatory action

Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change, rationale, and consequences
12 VAC5-540-10		<p>Part I General Information Authority. In accordance with the provisions of § 32.1-122.5 of the Code of Virginia, the State Board of Health is required to establish criteria for determining medically underserved areas within the Commonwealth. The criteria are required to be quantifiable measures, sensitive to the unique characteristics of urban and rural jurisdictions.</p>	<p>Part I General Information Authority. In accordance with the provisions of § 32.1-122.5 of the Code of Virginia, the State Board of Health is required to establish criteria for determining medically underserved areas within the Commonwealth and include in these criteria the need for medical care services in the state facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services. The criteria are required to be quantifiable measures, sensitive to the unique characteristics of urban</p>

			and rural jurisdictions. (Rationale: To conform with the Code requirements)
12VAC5-540-20		<p>Purpose. The purpose of identifying medically underserved areas within the Commonwealth is to establish geographic areas in need of additional primary health care services. These areas may be selected by trained primary care physicians and other health professionals as practice sites in fulfillment of obligations that the physicians and other health professionals accepted in return for medical training and scholarship grant assistance. Each year of practice in a medically underserved area satisfies the repayment requirement of a year of scholarship support from the Virginia Medical Scholarship Program. Additionally, these medically underserved areas will be eligible locations for practicing primary care physicians and other health professionals participating in the state or federal physician loan repayment programs. Further, these medically underserved areas may become eligible for assistance, state or federal, to establish primary care medical centers.</p>	<p>Purpose. The purpose of identifying medically underserved areas within the Commonwealth is to establish geographic areas in need of additional primary health care services. These areas may be selected by trained primary care physicians and other health professionals as practice sites in fulfillment of obligations that the physicians and other health professionals accepted in return for medical training and scholarship grant assistance. Each year of practice in a medically underserved area satisfies the repayment requirement of a year of scholarship support from the Virginia Medical Scholarship Program and the Virginia Nurse Practitioner/Nurse Midwife Scholarship Program. Additionally, these Virginia medically underserved areas (VMUA) will be eligible locations for practicing primary care physicians and other health professionals participating in the state physician loan repayment program. Further, these medically underserved areas may become eligible for assistance, state or federal, to establish primary care medical centers.</p> <p>Rationale: Eliminates specific programs from the regulations</p>
12VAC5-540-30		<p>Part II Designating Medically Underserved Areas 12VAC5-540-30. Criteria for determining medically underserved areas. The following five criteria, as available, and as indicated, shall be used to evaluate and identify</p>	<p>Part II Designating <u>Virginia</u> Medically Underserved Areas The following five criteria, as available, and as indicated, shall be used to evaluate and identify medically underserved areas throughout the Commonwealth of Virginia <u>and the criteria shall</u></p>

		<p>medically underserved areas throughout the Commonwealth of Virginia:</p> <ol style="list-style-type: none"> 1. Percentage of population with income at or below 100% of the federal poverty level. The source for these data shall be the most recent available publication of the Bureau of the Census of the U.S. Department of Commerce. 2. Percentage of population that is 65 years of age or older. The source for these data shall be the Economic Services Division of the Virginia Employment Commission. 3. The primary care physician to population ratio. The source for these data shall be the Department of Family Practice of the Medical College of Virginia of Virginia Commonwealth University. 4. The four-year aggregate infant mortality rate. The source for these data shall be the Center of Health Statistics of the Virginia Department of Health. 5. The most recent annual civilian unemployment rate. The source for these data shall be Information Services Division of the Virginia Employment Commission. 	<p><u>beutilizedataminimumonce every five years using the most recent data available to update the designations:</u></p> <ol style="list-style-type: none"> 1. Percentage of population with income at or below 100% of the federal poverty level. The source for these data shall be the most recent available publication of the Bureau of the Census of the U.S. Department of Commerce <u>or appropriate intercensoriale estimates of poverty accepted by the Health Resources and Services Administration Shortage Designation Branch for federal health professional shortage area and medically underserved area designations.</u> 2. Percentage of population that is 65 years of age or older. The source for these data shall be the <u>Bureau of the Census of the U.S. Department of Commerce, or the latest estimates from the Weldon Cooper Center for Public Service at the University of Virginia, or the Economic Services Division of the Virginia Employment Commission.</u> 3. The primary care physician to population ratio. The source for these data shall be the Department of Family Practice of the Medical College of Virginia of Virginia Commonwealth University <u>Virginia Department of Health Professions, or Board of Medicine physician profile database. Primary care physicians are defined as board certified or self-designated generalist practitioners who practice family medicine, pediatrics, internal medicine, or obstetrics/gynecology.</u> 4. The four-year aggregate infant mortality rate. The source for these data shall be the Center <u>most recent four-year infant mortality data for each jurisdiction from the Division of</u>
--	--	---	---

			<p>Health Statistics of the Virginia Department of Health.</p> <p>5. <u>The most recent annual seasonally adjusted quarterly civilian unemployment rate for each jurisdiction.</u> The source for these data shall be the Information Services Division of the Virginia Employment Commission.</p> <p>6. <u>Medical care services in state facilities operated by the Departments of Corrections, Juvenile Justice, and Behavioral Health and Developmental Services will be deemed Virginia medically underserved areas.</u></p> <p>Rationale: Provides flexibility in using databases which did not exist when the regulations for VMUA were initially promulgated and it establishes a review cycle for the designation process and to conform with the Code requirements that provisions be made for certain state facilities.</p>
12VAC5-540-40		<p>Application of the Criteria</p> <p>A. Determining medically underserved cities and counties. The criteria enumerated in 12VAC5-540-30 shall be used to construct a numerical index by which the relative degree of medical underservice shall be calculated for each city and county within the Commonwealth. Observations for each of the five criteria will be listed for each Virginia city and county. An interval scale will be used to assign a particular value to each observation. This will be done for each of the five criteria. Each interval scale will consist of four ranges or outcomes of observations. The ranges will be numerically equal. The four ranges will be labeled as Level 1, Level 2, Level 3, and Level 4. The numerical difference between the ranges will be established beginning with the</p>	<p>Application of the Criteria</p> <p>A. Determining medically underserved cities and counties. The criteria enumerated in 12VAC5-540-30 shall be used to construct a numerical index by which the relative degree of medical underservice shall be calculated for each city and county within the Commonwealth. Observations for each of the five criteria will be listed for each Virginia city and county. An interval scale will be used to assign a particular value to each observation. This will be done for each of the five criteria. Each interval scale will consist of four ranges or outcomes of observations. The ranges will be numerically equal. The four ranges will be labeled as Level 1, Level 2, Level 3, and Level 4. The numerical difference between the ranges will be established beginning with the</p>

		<p>Level 2 range.</p> <p>The Level 2 range shall have the statewide average for each respective criterion, except the population to primary care physician ratio, as its upper limit. The Level 2 upper limit for the primary care physician to population ratio is established by dividing the difference between the Level 4 upper limit for this criterion and the Level 1 upper limit by two. Each observation which is equal to or less than the Level 2 upper limit, but greater than the Level 1 upper limit, will be assigned a numerical value of two.</p> <p>The Level 1 range shall have an upper limit which is the quotient of the statewide average divided by two. For the ratio of population to primary care physician criterion, the upper limit of Level 1 shall be the ratio 2500:1 as recommended by the American Academy of Family Physicians. Each observation that is equal to or less than the Level 1 upper limit will be assigned a numerical value of one.</p> <p>The Level 3 range shall have an upper limit that is equal to the sum of the upper limit of the Level 1 range and the upper limit of the Level 2 range. For the ratio of population to primary care physician criterion, the upper limit of level 3 shall be established at 3500:1, the federal standard for designating health manpower shortage areas. Each observation that is equal to or less than the Level 3 upper limit will be assigned a numerical value of three.</p> <p>The Level 4 range will include any observation greater than the upper limit of Level 3 range. Each observation in the Level 4 range will be assigned a numerical value of four.</p> <p>The values for each of the ranges of the five criteria will be</p>	<p>Level 2 range.</p> <p>The Level 2 range shall have the statewide average for each respective criterion, except the population to primary care physician ratio, as its upper limit. The Level 2 upper limit for the primary care physician to population ratio is established by dividing the difference between the Level 4 upper limit for this criterion and the Level 1 upper limit by two. Each observation which is equal to or less than the Level 2 upper limit, but greater than the Level 1 upper limit, will be assigned a numerical value of two.</p> <p>The Level 1 range shall have an upper limit which is the quotient of the statewide average divided by two. For the ratio of population to primary care physician criterion, the upper limit of Level 1 shall be the ratio 2500:1 as recommended by the American Academy of Family Physicians. Each observation that is equal to or less than the Level 1 upper limit will be assigned a numerical value of one.</p> <p>The Level 3 range shall have an upper limit that is equal to the sum of the upper limit of the Level 1 range and the upper limit of the Level 2 range. For the ratio of population to primary care physician criterion, the upper limit of level 3 shall be established at 3500:1, the federal standard for designating health manpower shortage areas. Each observation that is equal to or less than the Level 3 upper limit will be assigned a numerical value of three.</p> <p>The Level 4 range will include any observation greater than the upper limit of Level 3 range. Each observation in the Level 4 range will be assigned a numerical value of four.</p> <p>The values for each of the ranges of the five criteria will be</p>
--	--	--	--

		<p>summed for each Virginia city and county. Each Virginia city and county will have an assigned value of five or greater, to a maximum of 20. A statewide average value will be determined by summing the total city and county values and dividing by the number of cities and counties. Any city or county assigned a value that is greater than the statewide average value shall be considered medically underserved. The application of criteria for determining medically underserved cities and counties shall be performed annually and published by the board.</p> <p>B. Determining medically underserved areas within cities and counties. Geographic subsections of cities or counties may be designated as medically underserved areas when the entire city or county is not eligible if the subsection has: (i) a population to primary care physician ratio equal to or greater than 3500:1; and (ii) a population whose rate of poverty is greater than the statewide average poverty rate; and (iii) a minimum population of 3,500 persons residing in a contiguous, identifiable, geographic area. The board shall from time to time, on petition of any person, or as a result of its own decision, apply criteria for determining medically underserved subareas of cities and counties. Once determined to be medically underserved, any subarea of a city or county shall appear on the next list of medically underserved areas published by the board. Areas which qualify as medically underserved areas under 12VAC5-540-40 A and that are within Standard Metropolitan Areas as defined by the U.S. Department of Commerce, must also qualify under this section for purposes</p>	<p>summed for each Virginia city and county. Each Virginia city and county will have an assigned value of five or greater, to a maximum of 20. A statewide average value will be determined by summing the total city and county values and dividing by the number of cities and counties. Any city or county assigned a value that is greater than the statewide average value shall be considered medically underserved. The application of criteria for determining medically underserved cities and counties shall be performed annually and published by the board.</p> <p>B. Determining medically underserved areas within cities and counties. Geographic subsections of cities or counties may be designated as medically underserved areas when the entire city or county is not eligible if the subsection has: (i) a population to primary care physician ratio equal to or greater than 3500:1; and (ii) a population whose rate of poverty is greater than the statewide average poverty rate; and (iii) a minimum population of 3,500 persons residing in a contiguous, identifiable, geographic area. The Board shall from time to time, on petition of any person, or as a result of its own decision, apply criteria for determining medically underserved sub-areas of cities and counties. Once determined to be medically underserved, any subarea of a city or county shall appear on the next list of medically underserved areas published by the Board. Areas which qualify as medically underserved areas under 12VAC5-540-40 A and that are within Standard Metropolitan Areas as defined by the U.S. Department of Commerce, must also qualify under this section for purposes of placement of health</p>
--	--	---	--

		of placement of health professionals.	professionals. Rationale: To conform to the requirements of 12VAC5-540-30 that designations be performed on at a minimum once every five years.
--	--	---------------------------------------	--