Howard Brown Health

July 16, 2026

Department of Health and Human Services
Health Resources and Services Administration
5600 Fishers Lane, 10W
Rockville, MD 20857

Re: Comments in Response to Notice: Health Resources and Services Administration Uniform Data System, OMB No. 0915-0193—Revision

Dear Administrator Engels:

Howard Brown Health is one of the largest health centers in the Midwest, serving more than 40,000 patients across seven clinic locations in Chicago. Howard Brown serves adults and youth in its diverse health and social service delivery system focused around seven major programmatic divisions: primary medical care, behavioral health, research, HIV/STI prevention, youth services, elder services, and community initiatives. As a federally qualified health center (FQHC), Howard Brown provides services regardless of a patient's ability to pay or insurance status.

Howard Brown supports HRSA's goal to streamline documentation to reduce reporting burden for participating agencies. However, this must be balanced with obtaining relevant data about key clinical populations and quality metrics which demonstrate the value that HRSA grantees provide to the American taxpayer. **We recommend certain portions of the revision be rescinded to ensure that key quality metrics are captured in the Uniform Data System (UDS) to support health centers' ability to provide the highest quality standard of care without fear of retribution or retaliation – and without discrimination of patients.**

Howard Brown Health provides the following comments on the revised data collection proposals to support transparency and efficiency in the administration of HRSA's grant program:

Table 5: Staffing and Utilization and Selected Service Detail Addendum
Howard Brown opposes the removal of detailed reporting elements related to integrated mental health and substance use disorder (SUD) treatments. Integrated SUD treatments that include healthcare providers alongside behavioral health providers demonstrate increased efficacy when compared with fragmented treatment protocols.[1] Removal of these data elements will limit reporting on mental health services across the health system and make it more difficult to assess how and where patients are receiving SUD

[1] Lesley M. Harris, Erick G. Guerrero, Tenie Khachikian, Veronica Serrett, Jeanne C. Marsh, Expert providers implement integrated and coordinated care in opioid use disorder treatment, International Journal of Drug Policy, Volume 132, 2024, 104567, ISSN 0955-3959, https://doi.org/10.1016/j.drugpo.2024.104567.

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treatments.

Collection of these data elements also helps to inform targeted interventions to address health disparities and deliver SUD services where they are needed most. For example, while Chicago and Cook County have experienced three consecutive years of declining opioid overdose deaths, significant challenges remain within specific communities. Deep geographic disparities persist across the city, and Black Chicagoans continue to experience opioid overdose rates that are approximately 2.5 times higher than those of white residents. Data on SUD treatment access is essential so that providers can understand and address these types of disparities and deliver tailored and high-quality integrated SUD services.

The proposed removal of SUD staffing data is also problematic given that the nation is experiencing a behavioral health workforce shortage. National projections show estimated shortages of approximately 250,510 full-time equivalent behavioral health providers, underscoring the growing gap between need and available care.[2] Illinois specifically is experiencing a critical behavioral health workforce shortage. There are currently only 13.8 behavioral health professionals for every 10,000 Illinois residents, well below the national average of 21.4, leaving millions of residents without adequate access to behavioral health services.[3] Additionally, Illinois has seen a 215% increase in their behavioral health workforce shortage in the past years, a rate that far outpaces its neighbors.[4] Expanding the behavioral health workforce is essential to reducing avoidable hospitalizations, addressing the ongoing substance use disorder crisis, and increasing access to timely, evidence-based treatment. The removal of SUD staffing data in the UDS will make it more difficult to assess and address critical workforce shortages, especially in FQHCs which serve the most vulnerable populations.

Table 6A: Selected Diagnoses and Services Rendered

Howard Brown opposes the removal of several of the clinical measures associated with dental services. We are not aware of any other data in the UDS that captures services for oral surgery. Additionally, the "Rehabilitative services (Endo, Perio, Prostho, Ortho)" data reflect complex and important work conducted at health centers. For example, the dental program at Howard Brown offers a full range of dental services, including exams, cleanings, restorative treatments such as fillings and crowns, oral surgery, oral cancer

[2] Provider types include psychiatrists; clinical, counseling, and school psychologists; substance abuse and behavioral disorder counselors; mental health and substance abuse social workers; mental health counselors; school counselors. Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. (2015). National Projections of Supply and Demand for Behavioral Health Practitioners: 2013- 2025. Rockville, Maryland

[3] Heun-Johnson, H., Menchine, M., Goldman, D., Seabury, S. (2019). The Cost of Mental Illness: Illinois Facts and Figures.

[4] Heun-Johnson, H., Menchine, M., Goldman, D., Seabury, S. (2019). The Cost of Mental Illness: Illinois Facts and Figures.

screenings, deep cleanings, tooth extractions, and restorative dentistry with bridges, partials, and dentures. Care is provided regardless of a patient's ability to pay or insurance status, ensuring access to essential dental services for all patients. These are important services that health centers offer and contrary to HRSA's characterization, nowhere else on the UDS adequately captures the oral health of adults. Therefore, we recommend that HRSA leave the entire range of dental services on the UDS. Tracking dental services also allows HRSA grantees to support a whole-person approach to health care access. We urge HRSA to retain clinical measures for Sealants (Line 30), Oral surgery (extractions and other surgical procedures) (Line 33), and Rehabilitative services (Endo, Perio, Prostho, Ortho) (Line 34).

Inadequate dental data also worsens health outcomes by limiting our ability to identify barriers to care, monitor untreated dental disease, and assess other oral health needs among vulnerable and low-income populations. As a result, targeted outreach and resource allocation become less effective. In addition, as with the SUD staffing data, HRSA uses detailed workforce data to project the future supply and demand for dentists and dental hygienists. Incomplete or inaccurate reporting undermines these projections, making it more difficult for providers to plan for and address regional workforce shortages. For HRSA-funded health centers and programs, including the Ryan White HIV/AIDS Program, accurate data submission is also a condition of funding. Failure to meet reporting requirements can lead to compliance actions, funding restrictions, or the loss of grant support.

Appendix D: Health IT Capabilities

Howard Brown opposes the addition of the question on the "provision of sex rejecting services and procedures" in health centers. Health centers are prohibited by Section 1557 of the Affordable Care Act from discriminating against patients in the administration of HHS funded programs, including health center funding.[5] Requiring health centers to answer this question would require them to identify and potentially discriminate against transgender and intersex patients. We are intent on following federal and state law and provide care without discrimination. We recommend that HRSA rescind the proposal to add this question to Appendix D.

Conclusion

The above proposed revisions to data elements in HRSA's Uniform Data System (UDS) could reduce the ability to monitor healthcare disparities and develop targeted interventions for historically marginalized communities. Changes to or removal of key data elements also create unnecessary barriers to addressing key health workforce shortages, impacting the care the our patients receive. We appreciate the opportunity to provide feedback on HRSA's UDS requirements to capture the value of community

[5] 42 U.S. Code § 18116 – Nondiscrimination; *See also* "Another Court Vacates LGBTQ-Specific Rollbacks From New 1557 Rule," Health Affairs Forefront, September 4, 2020. DOI: 10.1377/forefront.20200904.528322

Howard Brown Health

health centers. Should you have any questions about our comments, please feel free to contact Timothy Wang, Director of Policy and Advocacy at timothyw@howardbrown.org

Sincerely,
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