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NATIONAL RURAL HEALTH ASSOCIATION

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March 16, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-222, US Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
S-230, US Capitol
Washington, DC 20510

Dear Speaker Pelosi and Majority Leader McConnell:

The National Rural Health Association profoundly appreciates Congress' commitment to abating the spread of COVID-19. Rural Americans, who are proportionally older, poorer and sicker (with higher percentages of the six most prevalent chronic diseases), are highly vulnerable to COVID-19. Currently, there is a profound rural hospital and rural health clinic closure crisis in rural America, threatening vital access to care during this pandemic. It is imperative that federal leadership do all it can to keep rural providers' doors open to ensure that rural Americans have access to the care they need.

As you know, workforce shortages in rural America are significant. Seventy-seven percent of rural counties are deemed Health Professional Shortage Areas. Additionally, as the rural hospital closure crisis worsens, hundreds of rural communities are left without access to emergency room care. Furthermore, the closure of rural hospitals has eliminated the presence of employed primary care resources for hundreds of rural communities. Therefore, the use of telemedicine to screen, as well as provide monitoring care, is crucial. This will enable care to be provided without forcing infected patients to wait in rural emergency rooms or clinics and eliminate distance as a barrier to receiving care. This will serve to enhance the quality of care for patients and protect health care workers all at the same time.

We also applaud Congress' recognition that telemedicine is an effective, common-sense and cost-effective approach for providing screening and monitoring for potential COVID-19 patients. Recent announcements assuring usage and eliminating reimbursement barriers are greatly welcomed. To ensure telehealth diagnostic screening and care for COVID-19 is effective in rural areas, we must ensure broadband, workforce and technology needs of rural providers are met.

To effectively ensure access to care for rural patients and implement telehealth for COVID-19 patients in rural America, the following must also occur:

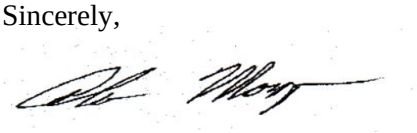
1) **Prioritize access to no-interest loans to small rural health providers**. Rural hospitals and rural health clinics are shutting their doors across rural America due to current inadequate reimbursement rates. We must do all we can to keep health care provider doors open during this pandemic. New federal dollars available in the Small Business Administration loan program should be prioritized for small rural health providers and all interest fees must be waived.
2) **Allow immediate and emergency conversion of a rural PPS hospital to a Critical Access Hospital.** Reinstating the state's ability to deem a rural hospital a Critical Access Hospital on a limited basis will provide immediate assurance that the most vulnerable rural hospitals will

be able to keep their doors open during this public health crisis. The Rural Hospital Closure Relief Act of 2019 (S.3103) accomplishes this.

3) **Suspend the Medicare sequester for at least the duration of the pandemic**. This action alone will provide immediate, significant relief across-the-board, and will signal continued support from Congress for the hard work that lies ahead for all of us. Most recently within its March Report to Congress issued last week, MedPAC documents that Medicare payments to hospitals fall far below the cost of care and have had deeply negative consequences for well over a decade. The Medicare sequester, which reduces payments for most benefits by two percent, is a major contributor to these underpayments and a significant factor in the rural hospital closure crisis.
4) **Utilize and Expand USDA Loan and Grant Programs for Rural Providers.** Significantly expand grants to rural providers through the USDA's Community Facilities Direct Loan & Grant Program and ease restrictions and requirements to be a grantee. Also, increase the funding for the Rural Hospital Technical Assistance Program that was developed following the 2018 Farm Bill.
5) **Update Evaluation and Management (E/M) office visit codes** to cover an office visit using telephonic communications (i.e. Facetime, etc.) and the originating site is the patient's location (home, nursing facility, etc.). This will provide an alternative method of screening, diagnosis and treatment for patients under suspicion of COVID-19 related disease.
6) **Ensure equitable coverage** by Medicare, Veteran Administration and Medicaid for COVID-19 reimbursements. Waivers of patient deductibles and coinsurances by regulation and insurance companies receiving COVID-19 treatment should not reduce reimbursement to the rural health provider.
7) **Ensure Federal reimbursement of Medicaid if a state does not allow such coverage.** Struggling rural hospitals Medicare reimbursement rates must be adjusted to ensure doors can remain open and access to care can continue.
8) **Ensure licensure barriers are removed** and Federal Tort Claims Act protections are temporarily in place.
9) **Instruct CMS to develop patient surge protections for Critical Access Hospitals (CAH) and Rural Health Clinics (RHC)**, providing a plan for periodic interim payments (PIP) to supplement the impact of cash flow during a high cost, high volume period of these provider's operations.
10) **Review ASPR's Strategic National Stockpile plans to ensure rural providers will have access**. Review plans and update where necessary to ensure that rural hospitals are fairly represented and adequately serviced for receiving required drugs, vaccines, and other medical products and supplies (i.e, personal protective equipment or PPE) needed for emergency operations during periods of severe shortages.

We appreciate your leadership and the ongoing work of the White House Coronavirus Task Force. We look forward to continuing to work with you during this critical time to protect the health of our nation. If you would like additional information, please contact NRHA Government Affairs and Policy Manager, Max Isaacoff at misaacoff@nrharural.org or 202-639-0550.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association