

Headquarters

4501 College Blvd., Suite 225
Leawood, KS 66211-1921
P: 816-756-3140
F: 816-756-3144

**Government Affairs Office**

1025 Vermont Ave. NW
Suite 1100
Washington, D.C. 20005
202-639-0550
Fax: 202-639-0559

URGENT FEDERAL ACTION NEEDED FOR RURAL HEALTH CARE WORKERS COMBATING COVID-19

The rural health care safety net was fragile before the national emergency, now rural health care is being crippled by COVID-19. Rural hospitals *are* small businesses that their communities rely upon. Health staff is becoming sick, EMS shortages are extreme, and cash-flow problems are at crisis levels. The National Rural Health Association (NRHA) is receiving on-the-ground reports from rural providers who have grave concerns about their ability to combat COVID-19. These providers, who were already struggling (48% of rural hospitals currently operate a loss) are reporting significant increases in patient volumes, workforce shortages and significant concerns about access to supplies. Rural patient populations are vulnerable; rural Americans are older, poorer and sicker per capita than their urban counterparts, and therefore are highly vulnerable populations.

Based on what is being reported, the gravest concerns facing the rural health care providers include:

- Significant cash-flow shortages necessitating cash infusions;
- Adequate number of supplies and tests;
- Emergency Medical Services shortages (many in rural communities are volunteers);
- Overall workforce shortages if rural providers get sick;
- Telehealth waivers and the need for originating site flexibility for Rural Health Clinics;
- Critical Access Hospital waivers; and
- Need for loan forbearance

THE FOLLOWING FEDERAL ACTIONS MUST BE TAKEN IMMEDIATELY:

1. **Provide Immediate access to capital to abate severe cash-flow crisis for rural providers.**
2. **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.
3. **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.
4. **A temporary adjustment in Medicare reimbursement rates for all rural providers to 120% of costs, and 130% for rural EMS.**
5. **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 the Administration 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.

6. **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.
7. **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.
8. **Removal of the physical, face-to-face requirements from the definition of a RHC visit so that we may provide and bill for telehealth.**
9. Requiring the flu and respiratory syncytial virus infection (RSV) test prior to receiving the COVID-19 test is a determinant to vulnerable populations as they have no insurance to cover these tests. **Flu and respiratory syncytial virus infection (RSV) tests need to be free exactly like the COVID-19 tests.**
10. **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.
11. **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.
12. **Ensure licensure barriers are removed** and Federal Tort Claims Act protections are temporarily in place.
13. **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.
14. **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.