

Actions Taken by the Administration

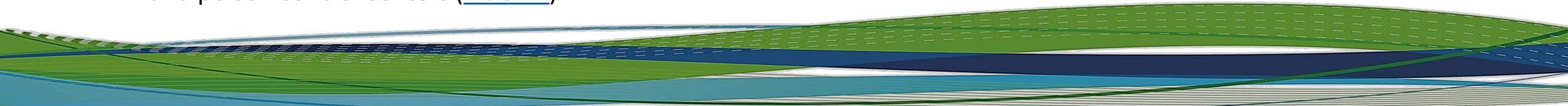


- HHS distributed of payments from [the Provider Relief Fund to rural providers \(\\$10B\)](#)
- HRSA [distributed \\$225 million from CARES Act to more than 4,500 Rural Health Clinics \(RHCs\) for COVID-19 Testing](#)

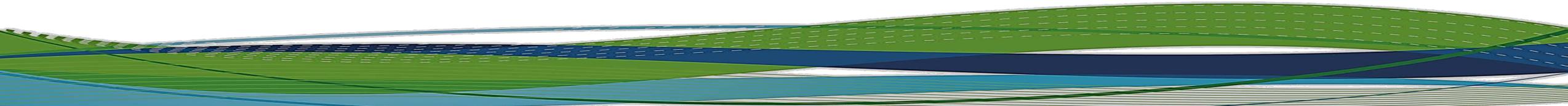
[HRSA Awards Nearly \\$165 Million to rural hospitals and rural telehealth to Combat COVID-19 in Rural Communities](#)

- HRSA \$8 million to health centers for training.
- CMS issued [another round of regulatory waivers and rule changes](#) to provide flexibility to the health care system during COVID-19
 - CMS also released additional guidance on Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) billing and providing additional flexibilities related to additional claims submission and processing instructions, information on cost-sharing related to COVID-19 testing, additional information on telehealth flexibilities, and information on provider-based RHCs exemption to the RHC payment limit.

More CARES ACT Relief

- \$1.32 billion in supplemental funding to community health centers (CHCs), including those providing care in rural areas ([Sec. 3211](#))
 - Reauthorizes HRSA grant programs that promote telehealth ([Sec. 3212](#))
 - Reauthorizes three rural health grant programs until 2025 — Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs. The reauthorization modernizes certain language ([Sec. 3213](#))
 - Establishes a Ready Reserve Corps to help ensure the nation has enough trained doctors and nurses to respond to COVID-19 and other public health emergencies ([Sec. 3214](#))
 - Allows reassignment of the NHSC to sites close to the one to which they were originally assigned, with the Corps member's voluntary agreement, in order to respond to the COVID19 public health emergency ([Sec. 3216](#))
 - Reauthorizes (until 2025) and updates Title VII of the Public Health Service Act (PHSA), which pertains to programs to support clinician training and faculty development, including the training of practitioners in family medicine, general internal medicine, geriatrics, pediatrics, and other medical specialties ([Sec. 3401](#))
 - Reauthorizes (until 2025) and updates the section of the Public Health Service Act related to education and training relating to geriatrics. ([Sec. 3403](#))
 - Reauthorizes (until 2025) and updates Title VIII of the PHSA, which pertains to **nurse workforce training programs**.
 - Extends mandatory funding for programs crucial to rural areas: Community health centers; National Health Service Corps (NHSC); and Teaching Health Center Graduate Medical Education Program (THCGME) ([Sec. 3831](#))
 - Also provides \$185 to HRSA to support rural critical access hospitals, rural tribal health and telehealth programs, and poison control centers ([Title VII](#))
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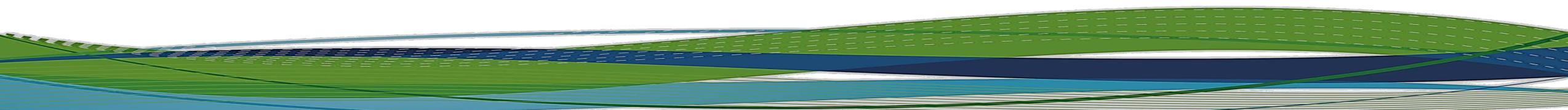
Critical (but temporary) relief: Telehealth Flexibility for Rural Health Clinics and FQHCs

- The CARES Act [authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE](#) RHCs and FQHCs with this capability can immediately provide and be paid for telehealth services to patients covered by Medicare for the duration of the COVID-19 PHE.
 - Distant site telehealth services can be furnished by any health care practitioner working for the RHC or the FQHC within their scope of practice. Practitioners can furnish distant site telehealth services from any location, including their home, during the time that they are working for the RHC or FQHC, and can furnish any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule (PFS).
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More Critical (but temporary) Relief

The Trump Administration issued [an unprecedented array of temporary regulatory waivers and new rules](#) to assist with ability to respond to the pandemic.

- Critical Access Hospital Length of Stay: CMS is waiving the Medicare requirements that Critical Access Hospitals (CAHs) limit the number of beds to 25, and that the length of stay be limited to 96 hours under the Medicare conditions of participation regarding number of beds and length of stay at 42 CFR §485.620
- Telemedicine: CMS waived CAH telehealth provision to make it easier for telemedicine services to be furnished to the hospital's patients through an agreement with an off-site hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care.
- **Temporary end of sequestration**



And what happens when the funding runs out?

“We saved rural hospitals from COVID-19, but will we now let them die of neglect?”

Dallas Morning News, June 6, 2020

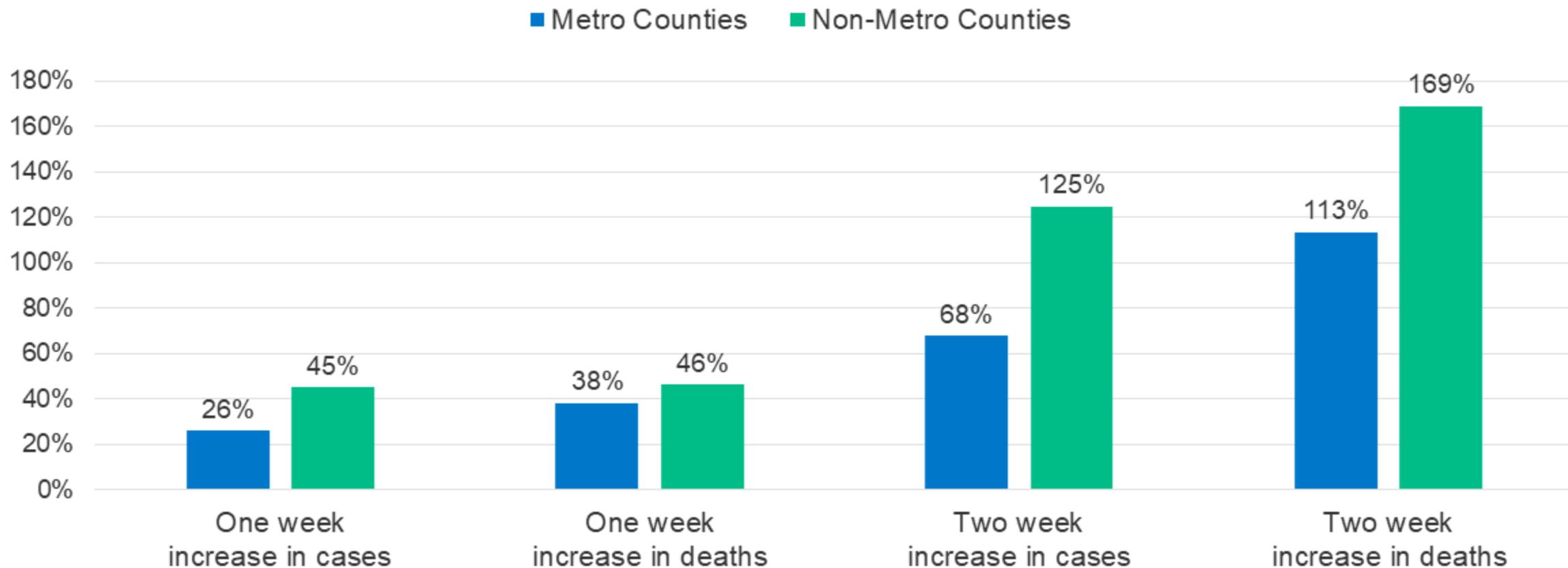
“Coronavirus is killing rural hospitals. But they were already terminally ill”

Yahoo News, May 2, 2020



Figure 2

Rate of Increase in Coronavirus Cases and Deaths



NOTE: Data are as of April 27, 2020. Coronavirus cases and deaths not assigned to a county are excluded.

SOURCE: Center for Systems Science and Engineering (CSSE) at Johns Hopkins University; US Census Bureau; Federal Office of Rural Health Policy.

RURAL counties with highest reported COVID-19 cases (cumulative)

- Navajo – Arizona 3,904
- McKinley - New Mexico 3,514
- Marion – Ohio 2,734
- Apache – Arizona 2,441
- Walker – Texas 2,095
- Ford – Kansas 2,016
- Santa Cruz – Arizona 2,002
- Marshall – Alabama 1,732
- Buena Vista – Iowa 1,712
- Nobles – Minnesota 1,669

COVID-19 Cases in Rural Hotspots

County, State	# of COVID-19 Cases	# of county hospital beds	# of hospitals
McKinley, New Mexico	2,746	148	4
Marion, Ohio	2694	174	1
Ford, Kansas	1856	60	1
Buena Vista, Iowa	1184	25	1

Arkansas reaches 25,000 virus cases; increases noted in rural counties

LITTLE ROCK (KATV) — Arkansas reported 734 new cases of COVID-19 on Wednesday, pushing the state past 25,000 total cases.

Four more people had died from the virus bringing the state's death toll to 305.

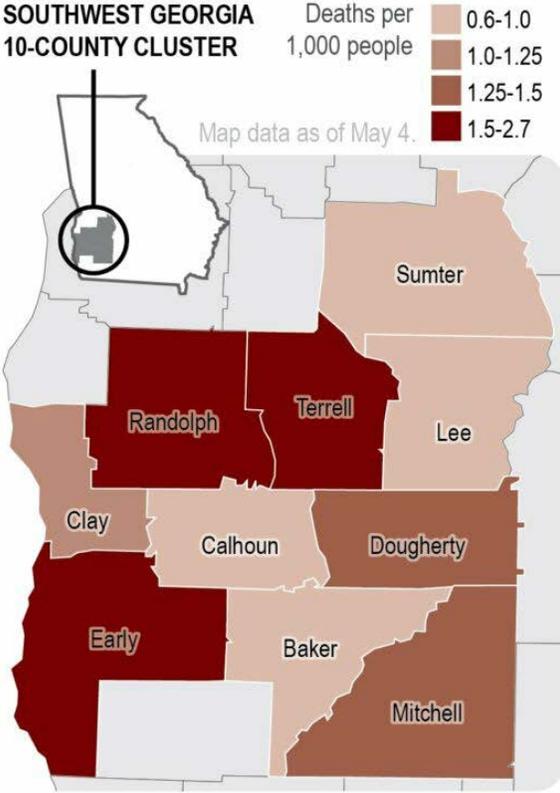
There were 5,545 active cases in Arkansas, up from 5,486 reported Tuesday. There were fewer people hospitalized for the virus on Wednesday after Arkansas reported record high hospitalizations the previous day; 358 people are hospitalized for the virus and 79 patients are on ventilators.

Of the new cases, 72 came from Washington County, 87 came from Pulaski County, 60 came from Benton County.

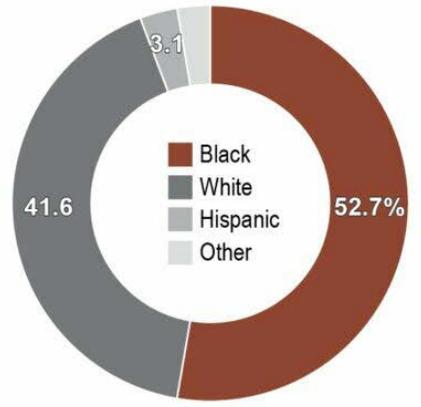


COVID-19 devastates rural Georgia

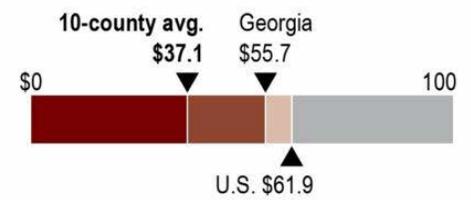
Of the 10 counties with the highest death rate per capita in America, half are in the impoverished corner of rural southwest Georgia, where experts say long-standing inequalities made the pandemic particularly dire.



10-COUNTY AVERAGE RACIAL MAKEUP



MEDIAN HOUSEHOLD INCOME, in thousands



HIGHEST COUNTY DEATH RATES PER CAPITA*, as of May 4

RANK	LOCATION	DEATHS PER 100,000	RANK	LOCATION	DEATHS PER 100,000
1	Randolph, Ga.	268.1	6	Essex, N.J.	161.55
2	New York	224.13	7	Rockland, N.Y.	160.34
3	Terrell, Ga.	214.47	8	Mitchell, Ga.	138.2
4	Earlv. Ga.	193.27	9	Dougherty, Ga.	137.29

More than a quarter of people in Terrell County live in poverty, the local hospital shuttered decades ago, and businesses have been closing for years, sending many young and able fleeing for cities. Those left behind are sicker and more vulnerable; even before the virus arrived, the life expectancy for men here was six years shorter than the American

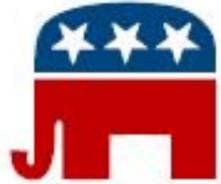


- Rural communities are opening.
- Agriculture season is upon us.
- These next few months will be challenging for you.
- NRHA and SRHA must continue the fight so that you will be there for your community.
- Next few weeks in Congress are critical.



NRHA

Your voice. Louder.



REPUBLICAN



DEMOCRAT



**RURAL
ADVOCATE**



Use Advocacy to Make Your Association Stronger - - let us help!

- Key reason for membership growth
- Utilize NRHA materials and make them your own: alerts, victories, what you are fighting for
- Utilize Connect
- Utilize Social Media



The Next Relief
Package

I. Provide Relief Payment Equity for Rural Providers Support

- A. Include S. 3823, the *Save Our Rural Health Providers Act*.** Rural providers care for 20% of the population. This important bill establishes a 20% rural carveout of funds in the Provider Relief Fund. Priority would be granted to rural facilities who provide care for patient populations especially vulnerable to COVID-19.
- B. Include S. 3559, the *Immediate Relief for Rural Facilities and Providers Act*,** which establishes an emergency loan and grant program for rural health providers.

I. Provide Stabilizing Relief for Rural Providers to Abate Rural Hospital Closure Crisis

- A. Include S. 3103, the *Rural Hospital Closure Relief Act*.** This important bill will allow a limited number of the most financially vulnerable rural hospitals (rural PPS hospitals) to convert to a Critical Access hospital should they choose. This is the quickest, most cost-effective way to keep rural hospitals doors open.
- B. Extend and Expand the Rural Hospital Community Demonstration Program.** This successful program has literally kept rural 28 rural hospitals doors open in 11 states (IA, CO, KS, SD, MS, AK, OK, WY, ME, NE and NM) but is set to expire at the end of the calendar year. Congress must build on this success by continuing the program and allowing more rural hospitals to participate.
- C. Make Telehealth Improvements Permanent for Rural Providers.** Rural Health Clinic and FQHC telehealth distant site designations have critically improved access to care for rural patients. These changes and other improvements for rural providers must continue to help battle this pandemic and alleviate systemic access issues for rural patients across the nation.
- D. Protect Struggling Rural Providers from Harsh Provisions of the Medicare Accelerated and Advance Payment (AAP) Program.** Prior to the pandemic, nearly half of rural hospitals operated at a financial loss, and most others operated in the narrowest of financial margins. Many rural providers, who care for a higher
- E. Enact a new and sustainable rural payment model.**

NRHA July Grassroots Advocacy Request

[Send this letter](#) to urge *your* Members of Congress support
NRHA's Rural Health Requests

HLA Contact Information for the
[House of Representatives](#) and the [Senate](#)

