

NRHA members,

First, we hope each of you are safe and healthy. Our hearts go out to those impacted by this terrible pandemic, and we thank you all for your important efforts to care for rural communities. We want to share updates from the Administration and Capitol Hill that have been made possible through your tireless advocacy. Know that your voices are being heard:

\$100B Provider Relief Fund

Health and Human Services (HHS) Deputy Secretary Eric Hargan informed NRHA this morning that \$30 billion of the total \$100 billion appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) will be paid **today**. NRHA fought hard for a payment formula that provides equitable funds for rural providers, and we believe the funds distributed today will, actually, disproportionately aid rural providers. Details:

- HHS writes, "Recognizing the importance of delivering the provider relief funds in a fast, fair, and transparent manner, this initial broad-based distribution of the relief funds will go to hospitals and providers across the United States that are enrolled in Medicare. Facilities and providers were allotted a portion of the \$30 billion based on their share of 2019 Medicare fee-for-service (FFS) reimbursements. These are payments, not loans, to healthcare providers, and will not need to be repaid."
- Please note that Critical Access Hospitals (CAHs) will receive these payments as well.
- HHS went on to say, "HHS is partnering with UnitedHealth Group (UHG) to deliver the initial \$30 billion distribution to providers as quickly as possible. Providers will be paid via Automated Clearing House account information on file with UHG, UnitedHealthcare, or Optum Bank, or used for reimbursements from the Centers for Medicare & Medicaid Services (CMS). Providers who normally receive a paper check for reimbursement from CMS will receive a paper check in the mail for this payment as well, within the next few weeks."

Did your facility receive money in the first round of funding? NRHA would like to know if you believe it is **significant?** [NRHA is still fighting for a 20% rural set-aside within the \\$100 billion provider fund](#), and we reiterated that message to Deputy Secretary Hargan this morning.

Regulatory Relief

[CMS has now issued new, significant regulatory relief](#), including priorities fought for by NRHA. The new flexibilities include:

- **Waiving the 72-hour qualifying hospital stay requirement for patients transferred to a CAH Swing Bed from an acute care hospital.** This waiver is effective from March 1, 2020 until the declared end of the current Public Health Emergency (PHE).
- Doctors can now directly care for patients at rural hospitals, across state lines if necessary, via phone, radio, or online communication, without having to be physically present. Remotely located physicians, coordinating with nurse practitioners at rural facilities, will provide staffs at such facilities additional flexibility to meet the needs of their patients.

- Nurse practitioners, in addition to physicians, may now perform some medical exams on Medicare patients at skilled nursing facilities so that patient needs, whether COVID-19 related or not, continue to be met in the face of increased care demands.
- Occupational therapists from home health agencies can now perform initial assessments on certain homebound patients, allowing home health services to start sooner and freeing home-health nurses to do more direct patient care.
- Hospice nurses will be relieved of hospice aide in-service training tasks so they can spend more time with patients.

Capitol Hill

NHRA worked on and supported a series of letters aimed at addressing rural health legislative priorities that were circulated in the House of Representatives and the Senate. A brief synopsis of each of these letters is included below:

- Senators Barrasso (R-WY) and Bennet (D-CO) led a bipartisan letter urging HHS to help rural health providers. Representatives Schrier (D-WA-8) and Roe (R-TN-1) led the companion letter in the House of Representatives; [over 40 senators and 80 representatives cosigned this letter](#).
- Senators Hyde-Smith (R-MS) and Manchin (D-WV) led [a bipartisan letter](#) to HHS to ensure that the \$100 billion allocated to the PHSSEF via the CARES Act is distributed equitably to rural providers; [19 senators cosigned this letter](#).
- Representatives Cleaver (D-MO-5), Latta (R-OH-5), Cox (D-CA-21), and Bergman (R-MI-1) led [a bipartisan letter](#) urging HHS to ensure that the \$100 billion allocated to the PHSSEF via the CARES Act is distributed equitably to rural providers; [over 35 representatives cosigned this letter](#).
- Senators Capito (R-WV) and Manchin (D-WV) led [a bipartisan letter](#) urging Senate leadership to allow small publicly owned health care facilities to qualify for the Small Business Administration's (SBA) Paycheck Protection Program; [nine senators cosigned this letter](#).
- Representatives Smith (D-NE-3) and Arrington (R-TX-17) led [a bipartisan letter](#) urging Secretary of Treasury Steven Mnuchin and SBA Administrator Jovita Carranza to allow small publicly owned health care facilities to qualify for the SBA's Paycheck Protection Program; [over 80 representatives cosigned this letter](#).
- The entire Colorado delegation banded together to send [a bipartisan letter](#) to SBA Administrator Carranza to allow small publicly owned health care facilities to qualify for SBA's Paycheck Protection Program.

COVID-19 Rural Health Resources

- NRHA's COVID 19 resources page can be [found here](#).
- The Federal Office of Rural Health Policy (FORHP) has released several tools to help rural leaders respond to the coronavirus pandemic, including a [COVID-19 Frequently Asked Questions site](#). [FORHP's Find Funding site is linked here](#).
- The Centers for Disease Control and Prevention (CDC) is also providing updates and guidance on COVID-19; you can find [rural-specific information and updates here](#).

- The [Rural Health Information Hub has created a guide](#) to help you learn about activities underway to address COVID-19. The [RUPRI Center for Rural Health Policy Analysis is providing up-to-date data and maps](#) on confirmed COVID-19 cases in rural and urban areas.

While NRHA is pleased with the steps the Administration and Congress have taken to provide legislative and regulatory relief in the wake of the COVID-19 virus pandemic, there is much more that must be done **quickly** to address the needs of rural health care providers. **So, our work continues.** NRHA is strongly advocating for Medicare accelerated payments to be converted to grants for rural providers, and for publicly/county owned rural hospitals to be included in the Paycheck Protection Program.

Your voices are incredibly valuable, and rural America needs them now more than ever. Please continue to share your stories through this valuable forum, and educate your Members of Congress on [how they can protect rural health](#). Sample language to [send to your Members of Congress can be found here](#). If you have any questions, please do not hesitate to reach out.

Sincerely,

Maggie Elehwany
National Rural Health Association
Government Affairs and Policy Vice President
Washington DC