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# NATIONAL RURAL HEALTH ASSOCIATION

July 19, 2021

James Frederick  
Acting Assistant Secretary of Labor for  
Occupational Safety and Health  
Occupational Safety and Health Administration  
200 Constitution Avenue, NW  
Washington, D.C. 20210

Dear Acting Assistant Secretary Frederick:

The National Rural Health Association (NRHA) shares the commitment of the Occupational Safety and Health Administration (OSHA) to protect health care workers from COVID-19 and appreciates the sentiments OSHA has put forward to ensure COVID-19 workforce protections for employees and patients. However, **NRHA believes the Occupational Exposure to COVID-19 Emergency Temporary Standard (ETS) posted by OSHA on June 21, 2021, is not consistent with current COVID-19 guidelines and is overly burdensome, especially for rural providers.**

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

NRHA feels the timeline for compliance with this regulation is overly onerous. Because the ETS was posted on June 21, 2021, there simply has not been enough time for providers to comprehend and implement the various provisions of the rule. Ensuring compliance with sections by July 6, 2021, or July 21, 2021, respectively is too quick of turnaround and has been burdensome for our members. **Thus, NRHA requests that OSHA allow additional time for providers to comment on this detailed, overly complex, rule.**

**Further, NRHA requests OSHA remove, or at a minimum delay implementation of, the rule from the regulatory docket.** Not only does NRHA believe the timeline for implementing this regulation is overly onerous, but we believe the 916-page ETS is unnecessary at this point in the public health emergency (PHE). The rule requires health care employers to extensively exceed what many have already put in place following Centers for Disease Control and Prevention (CDC) guidelines, such as social distancing barriers, patient screening, and implementing a wholistic COVID-19 plan. Health care providers have done an outstanding job of keeping their patients and employees safe throughout the COVID-19 pandemic. Adding a burdensome regulation like the ETS proposes will not protect patients

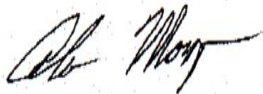
or employees. Rather it will pull limited staff and financial resources in directions that could be better used providing health care to patients, especially in rural areas.

**Additionally, NRHA requests OSHA update the ETS to reflect current science and CDC guidelines pertaining to COVID-19.** Many of the guidelines presented by OSHA feel out of date. This ETS would have made sense 15 months ago, but with many areas of the country are experiencing low community infection rate and with vaccines widely available, it seems illogical to implement this rule as currently written. For example, screening *every* person entering a facility, regardless of vaccination status, is a burden to already limited staff. NRHA has heard from members that they believe the facemask and social distancing requirements run contrary to both science and current state and Federal guidelines for individuals who have been vaccinated. Additionally, implementing overly burdensome cleaning guidelines, installing physical barriers, and ensuring proper ventilation will be particularly difficult and financially challenging for rural providers operating on slim margins, especially at this point in the pandemic.

**Finally, it is concerning providers are being faced with implementation of this new rule following the June 30, 2021, reporting deadline for Period One recipients of the Provider Relief Fund (PRF).** Funding that could have been used for compliance with this onerous rule had to be allocated by the end of June, before compliance of this rule, but has now been returned in most circumstances. As you may know, rural America is experiencing an ongoing hospital closure crisis. Since 2010, rural America has seen 138 hospitals close, 19 of which closed in 2020 at the height of the COVID-19 pandemic. Currently 453 rural providers are operating on margins similar to those that closed in 2020. Even though many are operating on tight, and sometime negative, margins, providers have gone above and beyond to put in place COVID-19 protocols, in line with CDC recommendations, since the beginning of the pandemic 15 months ago. NRHA believes adding new regulations from OSHA at this state of the pandemic is not needed for patients and employees to feel safe in the health care setting.

Based on the significant concerns NRHA detailed above, we request that OSHA remove, or at a minimum delay, implementation of this onerous rule. OSHA should update the ETS to reflect current science and CDC guidelines pertaining to COVID 19. We also request that OSHA provide additional time for providers to read, analyze, and respond to this complex rule. Given the immense pressures rural providers have been faced with over the past 15 months, it is impossible to expect compliance with a 916-page rule just 15, or 30 for some sections, days after the announcement. If you have additional questions, please contact Josh Jorgensen at [jjjorgensen@nrharural.org](mailto:jjjorgensen@nrharural.org).

Sincerely,



Alan Morgan  
Chief Executive Officer  
National Rural Health Association