

Headquarters

7015 College Blvd.; Suite 150
Overland Park, KS 66211
Telephone: [816] 756.3140
FAX: [816] 756.3144



Government Affairs Office

50 F St., N.W. Suite 520
Washington, DC 20001
Telephone: [202] 639.0550
FAX: [816] 756.3144

NATIONAL RURAL HEALTH ASSOCIATION

2021 Requests for the Biden Administration

The National Rural Health Association (NRHA) applauds the Biden Administration for identifying rural health as a critical priority. NRHA stands ready to provide information and assistance to the Administration as they begin their efforts. We provide the Administration with the following programmatic and regulatory actions that should be taken to further stabilize and support rural health care.

1. **Remove the burdensome, onerous price transparency regulation.** On January 1, 2021, CMS implemented the price transparency regulation requiring all hospitals, including CAHs, to develop a list of shoppable services to help patients better understand the cost of non-emergent services. While this tool may be somewhat useful to patients, CMS also included a much more onerous requirement that hospitals, including CAHs, disclose all prices, as well as the reimbursement rates negotiated with third-party payers. Disclosing these rates is an extreme burden and will put rural hospitals in jeopardy of losing substantial revenues as large third-party payers mandate contract changes based on these rate disclosures. Throughout 2020, rural hospitals on the front lines of the COVID-19 pandemic have been impacted disproportionately. These hospitals did not have the time nor the resources they needed to comply with this onerous regulation.

It is imperative that CMS remove this burdensome regulation from its agenda as soon as possible so that rural hospitals are not subject to unfair regulations and penalties.

2. **Protect the 340B Drug Pricing Program from ongoing attacks by pharmaceutical manufacturers.** The 340B Drug Pricing Program is pivotal to the financial success of many health care safety-net providers, especially in rural America. Unfortunately, during the last half of 2020 and at the height of the COVID-19 pandemic in rural America, this critical lifeline program is being attacked by large pharmaceutical manufacturers who are trying to undercut the program through limiting distribution of drugs to contract pharmacies and requesting data through third party databases.

NRHA asks the Biden Administration to stand up to these bad actors and protect this critical lifeline program for safety-net providers in rural America.

3. **Ensure reporting requirements for the Provider Relief Fund remain provider friendly.** NRHA continues to advocate that the CARES Act Provider Relief Funds (PRF) are fully able to aid rural hospitals and other providers combatting the COVID-19 pandemic. Absent changes to the existing policies laid out in HHS PRF FAQs, many rural providers serving low-income, elderly, and severely ill patients, may be required to return much-needed PRF funds to HHS, instead of them being used to support providers on the front lines of the coronavirus response.

NRHA asks the Biden Administration to allow for flexible use of the provider relief fund dollars so rural providers can utilize the funds in the ways they need to adequately address the COVID-19 pandemic.

4. **Continue to refine the Community Health Access and Rural Transformation (CHART) model:** NRHA would like to see the Biden Administration test and implement sustainable payment models for

rural providers, including making improvements to the CHART model before the demonstration begins. Additionally, pandemic surge utilization and its related workforce challenges, has created challenges to the application process.

NRHA recommends CMS create an October 2021 application deadline for the community transformation track to give rural providers time to apply for this critical program.

5. **Ensure equitable COVID-19 Vaccine Distribution.** NRHA is excited by the prospect of COVID-19 vaccine distribution in the coming months. As COVID-19 continues to ravage rural America, it is imperative that all Americans have access to vaccinations. NRHA calls for the Biden Administration to create consistency of vaccine management and distribution across states in a manner that is equitable for rural areas. Broadly, NRHA supports the CDC Advisory Committee on Immunization Practice's recommendation on COVID-19 vaccine distribution.

NRHA urges HHS to ensure vaccine delivery is equitable between rural and urban localities. To do this, NRHA urges HHS to ensure rural providers have the infrastructure, resources, and training needed to adequately distribute the vaccine to rural patients.
6. **Stop Cuts to Rural Medicare Payments:** Many rural hospitals operate on slim-to-negative margins and struggle to continue providing access to care to their communities. NRHA encourages HHS to stop Medicare cuts to rural providers and address administrative barriers on a range of issues, including swing bed flexibility in rural prospective payment system (PPS) hospitals with distinct part units (DPU) and support for the low-wage Medicare wage index adjustments.

NRHA encourages HHS to work with Congress to continue providing sequestration relief, which is slated to expire March 31, 2021, for providers at least through the end of PHE and optimally, indefinitely.
7. **COVID-related Regulatory Relief:** NRHA asks CMS to continue flexibilities provided under the COVID-19 public health emergency. Critical flexibilities include: 1) Continuation of waivers related to COVID-Medicare, Telehealth, COP/bed limits, 96 hour CAH condition of participation; 2) Provide flexibility to rural providers who participated in the Medicare Accelerate and Advance Payment (MAAP) Program; 3) Modify or waive productivity guidelines in the cost reporting year(s) during which the COVID-19 crisis is declared; 4) Clarify that decreased inpatient volume as a result of the pandemic is can serve as the basis for an allowable volume-decreased request for Medicare-Dependent Hospitals (MDH) and SCHs.

NRHA urges CMS to continue PHE flexibilities for rural safety-net providers.
8. **Health Care Workforce in Rural Areas:** The ongoing COVID-19 pandemic has greatly exacerbated health care workforce shortages in rural America. NRHA urges HHS to implement innovative strategies to help rural providers recruit, train, and obtain health care professionals.

NRHA encourages HHS to remove barriers that limit rural resident training and grow training opportunities through vehicles like rural training tracks.

NRHA asks the Biden Administration to implement the National Healthcare Workforce Commission, which was authorized in the Affordable Care Act but never funded.
9. **Establish rural representation within the Executive Branch:** The White House Rural Council created within the Obama Administration was effective in building a rural strategy throughout his presidency, especially for rural health care.

NRHA asks the Biden Administration to ensure rural representation within the Executive branch by reinstating this invaluable asset to rural America through Executive Order to strengthen the focus on rural within the administration.