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CONGRESS OF THE UNITED STATES  
HOUSE OF REPRESENTATIVES  
WASHINGTON, D.C. 20515

March 18, 2020

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
H-232, U.S. Capitol  
Washington DC 20515-0001

Dear Speaker Pelosi:

As you work on the third coronavirus package, I urge you to ensure that hospitals and health centers receive the funding and flexibility they need to address this pandemic. It is critical that we ensure that funding goes *directly* to these healthcare facilities to support infrastructure investments, guarantee access to equipment and supplies, cover hospital operations, and make sure workforce safety and needs are adequately met.

It is alarming that hospitals in my district are already reporting cash flow challenges. Therefore, I urge you to ensure that the language in any upcoming package specifies exactly which funds shall be directed to hospitals and the timing of disbursements of these funds. Specifically, I request that in the next legislative package, you include:

- **\$5 billion for hospitals to apply for staff salary reimbursements.** Hospitals must be able to send certain clinical staff home with pay so that they have medical providers on hand who can replace staff who become infected by the coronavirus.
- **\$15 billion paid directly to hospitals to cover upfront response costs.** Hospitals are facing major upfront costs, including supply price increases, new services and beds being rolled out, drive thru testing sites being set up, and even field hospitals being created. Hospitals are also losing much of their existing revenue sources due to the necessary cancellation of elective procedures.
- **\$5 billion in additional Medicaid funding for low-funded Medicaid states.** Low-funded Medicaid states are those within the bottom 20 percent nationally in per enrollee Medicaid spending. These states will incur additional losses for each additional case seen, which this fund would help offset.
- **Ensure access to medications and supplies.** Although there is no approved treatment for this disease, there is evidence that some drugs may be beneficial, and hospitals should have every resource possible at their disposal for physicians and patients who are not doing

well. Additionally, supplies are particularly necessary for physicians, nurses, and other frontline staff who come directly in contact with patients. The supplies — including N95 and surgical masks, surgical gowns, ventilators, and diagnostic tests and swabs — are essential for the safety and continuity of our healthcare workforce. Additionally, these supplies limit the spread of the disease to other patients.

Additionally, Community Health Centers around the country are strategically located and trained to serve our communities. They are a vital piece of our local emergency preparedness and response systems as well as providers of safety net care for vulnerable communities. It is critical that Congress ensures they have the resources and funding they need to serve these populations. Specifically, I urge you to:

- **Stabilize Community Health Centers, the National Health Service Corps, and Teaching Health Centers Graduate Medical Education Program with a 5-year reauthorization.** America’s largest system of care is at risk of losing 70 percent of its federal funding on May 22, 2020, which would put millions of patients at risk.
- **Provide \$4.1 billion over 5 years to expand the Community Health Center program to serve 10 million additional people.**
- **Increase Federal investment by \$5.175 billion over 5 years to grow the essential, clinical workforce** serving in underserved communities by more than 34,000 additional providers per year.
- **Ensure \$7.5 billion over 5 years in funding for infrastructure and improved access particularly for telemedicine** by allowing health centers to be included as an “eligible provider” and gain the ability to bill as “distant sites” through Medicare.
- **Provide increased funding of at least \$320 million to address current staffing, supply, and other needs related to the coronavirus pandemic.** It is also critical that health centers are provided with a stable \$1 billion annual fund to adequately prepare for emerging threats such as natural disasters, disease outbreaks, and other future crises.

Furthermore, I have heard that healthcare facilities are facing challenges with retaining staff due to child care needs, and I request that we ensure that funding includes enough flexibility to allow hospitals and health centers to address these sorts of concerns, particularly since facilities will rely on these employees to provide critical services in the face of equipment shortages (e.g. ventilators).

Moreover, it is critical that Congress acts swiftly to offset the costs of uncompensated care, bad debt, and charity care. These types of care are expected to increase significantly as uninsured and underinsured individuals seek testing and treatment for the coronavirus. It is also important that we include a suspension of the Medicare sequester cuts for, at least, the duration of the pandemic, eliminate the \$4 billion in Medicaid disproportionate share hospital (DSH) cuts scheduled to take effect on May 22, 2020, and create a trigger to continue the enhanced Federal Medical Assistance Percentages (FMAP) funding for coronavirus hot spots.

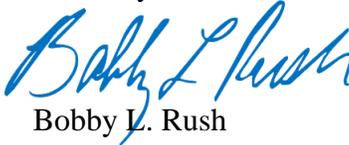
It is also critical that we act to ensure the coverage of treatment for uninsured and underinsured patients. Specifically, we must ensure triage and testing is available at no or low cost to uninsured patients, expand access to care by allowing a special enrollment period and expanded eligibility

for premium subsidies, ensure Medicare and Medicaid payments for coronavirus testing and treatment covers the full cost of care, and take additional steps to require all insurance plans to fully cover testing, treatment and post-acute care for the coronavirus. Finally, in order to encourage the use of telehealth, we must ensure all Americans, not just Medicare beneficiaries, can access care via telehealth by removing geographic, licensure and originating site restrictions, and reimbursing the same amount for telehealth as in-person care.

During this pandemic, we cannot allow our healthcare facilities to lack the resources they need, and it would be unthinkable for a hospital or community health center to be forced to close due to cuts that they simply cannot afford right now. Our healthcare facilities are on the front lines of this public health emergency and must have a direct infusion of funds to remain viable and combat the coronavirus.

As such, I look forward to working with you on these funding and policy priorities which will, in turn, go a long way toward ensuring the continued capacity of our healthcare facilities and workforce.

Sincerely,



Bobby L. Rush  
Member of Congress