The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C.  20201

The Honorable Eric D. Hargan  
Deputy Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C.  20201

Dear Secretary Azar and Deputy Secretary Hargan:

We write to you to thank you for your efforts to distribute funding from the Provider Relief Fund to healthcare providers affected by COVID-19. However, we remain concerned about the economic impact of the pandemic on rural hospitals. Without further intervention, COVID-19 could close hundreds of rural hospitals across the country, which means tens of thousands of rural patients could lose access to their nearest emergency room. The loss of revenue over the last few months, due to the inability to provide non-emergency care, has destabilized core health services in rural America. Prior to the pandemic, nearly half of all rural hospitals were operating at a loss and rural closure rates were escalating dramatically. Today, these already financially fragile hospitals face catastrophic cash shortages. Many have furloughed staff, instituted massive cuts, or are shuttering their doors.

As states have begun to reopen and rates of COVID-19 infections have eased in urban centers like New York, new hot spots are appearing in rural communities across the nation. Much of the growth in new coronavirus cases is appearing in “counties with fewer than 60,000 people”[1]. While we applaud the allocation of $10 billion specifically for rural providers, more relief is needed as the virus spreads in rural America.

We share significant concerns that sufficient amounts of the remaining Provider Relief Fund money may not be distributed to rural providers who are in grave need of help. We, therefore, ask that future allocations from this fund seek to meet the following metrics:

• A 20 percent Rural Benchmark in the Provider Relief Fund
• Priority should be granted to facilities that have been significantly affected by COVID-19 preparation
• Priority should be granted for facilities that provide care for a disproportionally high percentage of Medicare and Medicaid patients
• Priority should be granted for facilities that provide care for populations with above average senior populations or co-morbidities that are particularly vulnerable to complications from COVID-19 and for populations in areas:
  ○ With limited access to health infrastructure;
  ○ With high uninsured patients.

Rural health care was already in crisis prior to the COVID-19 pandemic, and the situation is only getting worse. Last year rural hospital closures hit a record high, and 2020 is on pace to be even higher. So far this year twelve rural hospitals have closed, with hundreds more on the brink. Given both the cancellation of elective procedures because of the pandemic and the recent spread of COVID-19 in rural America, rural providers have a desperate and immediate need for more funding.

Therefore, we request you make this funding available quickly to provide relief to struggling rural healthcare providers. We would also like to request a briefing both on how each allocation so far has benefitted rural providers, as well as on your plans for distributing the remaining funds.

Thank you for your attention to ensuring the health and well-being of patients in rural America. We welcome the opportunity to discuss your efforts addressing our concerns.

Sincerely,

Joe Manchin III
United States Senator

Cindy Hyde-Smith
United States Senator

Xochitl Torres Small
Member of Congress

Jim Hagedorn
Member of Congress
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