

The Save Our Rural Health Providers Act

Across the United States, our rural health providers are functioning on shoestring budgets while caring for Americans during the COVID-19 pandemic. These providers are in desperate need of help to stay afloat. Twelve rural hospitals have already closed this year, and hundreds more are vulnerable to closure.

The Save Our Rural Health Providers Act would create a rural set-aside for the remaining money in the Provider Relief Fund. While the Department of Health and Human Services (HHS) has allocated \$10 billion specifically for rural providers, this is far below the amount needed to make up for projected revenue loss.

Rural health providers offer critical services to often our most vulnerable populations. Roughly 20% of the United States population live in a rural area, where they often have to drive hours to reach the nearest hospital. This year is on pace to have the most rural hospital closures of any year to date.

What is the existing HHS policy?

The U.S. Department of Health and Human Services (HHS) released \$10 billion to rural healthcare providers from the Provider Relief Fund, and while stipulated that every hospital would receive at least \$1 million, and every health center \$100,000, the funding allocated has varied wildly throughout the country. Most states received approximately \$1 million per rural health provider, but some states, like West Virginia, received approximately \$500,000 per provider. West Virginia has the 6th most rural providers in the country, but received the 29th highest allocation.

The Manchin Formula:

- 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 disproportionately 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 Definition:

The Save Our Rural Health Providers Act also addresses the problematic rural definition used by the Health Resources and Services Administration (HRSA) to clarify that all Critical Access Hospital, Rural Health Clinics, and dual eligible Rural Referral Centers and Sole Community Hospitals should be considered rural. HRSA utilizes outdated census tract information to determine rural areas, this data is over a decade old and often leaves out critical rural facilities.

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Senator Manchin's staff will return
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