

Support Additional Resources for Hospitals

Hospitals and health systems need direct federal funding to offset massive revenue losses from the suspension of non-urgent surgeries and procedures, at a time when hospitals continue to incur major expenses related to increasing bed capacity, purchasing personal protective equipment and hiring needed staff. The resources provided to date through the CARES Act and supplemented by the Paycheck Protection Act are an important first step. However, it is now increasingly clear that much more will be needed. **Congress should direct additional relief funds to hospitals, which are not only coping with a public health crisis, but also a financial crisis.**

Safeguard Frontline Providers from Legal Action

During this unprecedented emergency, hospitals and healthcare professionals continue to provide care in extraordinary circumstances—in many cases having to make challenging decisions about the allocation of scarce medical equipment and personal protective equipment (PPE) due to inadequate supplies. **Congress should implement a limited waiver of liability for hospitals and healthcare professionals during the nationally designated COVID-19 emergency that will allow providers to continue delivering the best possible care under less-than-ideal conditions.**

Improve the Medicare Accelerated/Advance Payment Program

Hospitals are grateful for Congress' authorization and the Centers for Medicare & Medicaid Services' swift action to implement the Medicare Accelerated/Advance Payment Program. Given the substantial financial disruptions occurring at hospitals as well as preparations for future surges of COVID-19 patients, many hospitals will simply not be able to pay these funding advances back under the current program rules and timelines. **Congress should consider loan forgiveness, and at a minimum significantly reduce the interest rate, which is currently around 10%, and extend the repayment schedule by an additional 12 months.**

Increase Health Insurance Coverage

Access to healthcare coverage is essential to ensuring patients receive the care they need to support their own individual health, as well as prevent further spread of COVID-19. As the economic stress of the pandemic persists, we expect thousands more Illinoisans to lose employer-sponsored coverage. The Medicaid program will continue to be a critical safety-net, however, it is already struggling to meet the surge in demand as the state faces dramatic declines in revenue. **Congress should take action to maintain health benefits for individuals and families and increase coverage options for those who are already uninsured by: providing employer subsidies for preserving enrollment; covering COBRA costs; opening a Special Enrollment Period for Health Insurance Marketplaces; increasing eligibility for federal marketplace subsidies; expanding the period during which insurers cannot cancel coverage for non-payment of premiums; and providing tax credits to offset COVID-19-related charity care furnished in a hospital.**

Federal Support for Health Care Heroes

Healthcare workers across the state have responded to the call of duty in unprecedented ways. Some are coming out of retirement while others are traveling to work in hospitals in other parts of the state to assist hospitals that are surging with COVID-19 patients. All hospital employees are rising to the challenge to ensure services continue to be provided to non-COVID patients and that the daily operations of the hospital continue. These frontline and essential employees put themselves at risk of exposure to COVID-19 every day. **Congress should—using the tax code—provide additional resources to front-line caregivers, such as support for child care, housing, transportation and bonus pay.**

Implement Additional FMAP Increase

The Families First Coronavirus Response Act included a much-appreciated 6.2% temporary boost in the Federal Medical Assistance Percentage (FMAP) in order to support states and the healthcare delivery system. **Congress should extend and boost this funding source while hospitals are under extreme financial duress.**

Preserve Current Hospital Eligibility and Designation Statuses

For more than a month, in response to the COVID-19 pandemic in Illinois, elective procedures have been halted and people have generally been more inclined to stay home than seek non-urgent healthcare services. As a result, Medicaid patient volume has decreased, compromising hospitals' eligibility for several designations and programs, including the 340B Drug Pricing Program, Medicare-Dependent Hospital designation, and Low-Volume designations. At the same time, changes in payer mix and bed allotment will impact each hospital's Medicare cost report, including but not limited to worksheet S-10. Altogether, the financial and volume changes that hospitals are experiencing will impact program eligibility, hospital status, and payment rates in future years unless they are held harmless for all cost report results until the end of the pandemic. **Congress should hold hospitals harmless due to altered patient volumes and bed changes in their cost reports until the COVID-19 pandemic subsides.**

Oppose Unworkable PPE Standards

As the current supply chain for PPE remains spotty at best, it is simply not feasible at this time to adhere to an even higher standard as proposed in previous legislation. Adding a provision to mandate certain PPE usage would create a scenario where hundreds of hospitals could be out of compliance each day. **Congress should avoid adding to hospitals' burden as they work to procure supplies and protect all who work in hospitals.**

Address Healthcare Workforce Shortages

Illinois faces a critical shortage of nurses and physicians. Yet thousands of nurses are stuck overseas due to the green card backlogs and bureaucratic delays—even though they have already been approved to come to the United States and could greatly assist in our response to the COVID-19 pandemic. Additionally, thousands of physicians are currently working in the U.S. on temporary visas with approved immigrations petitions, however, are stuck in the green card backlog. **Congress should pass the Healthcare Workforce Resilience Act to allow entry of**

nurses with approved immigrant visas and physicians with approved immigrant petitions to adjust their status so that they may help fight the COVID-10 pandemic.

Additionally, as we look ahead to recovery, hospitals and health systems will continue to need your support to address workforce shortages by increasing the federal investment in training the next generation of doctors. We ask Congress to pass the Resident Physician Shortage Reduction Act (S. 348/H.R. 1763) to lift outdated caps on the number of Medicare reimbursable residency slots.

Support Access to Long-Term Care Services

Congress should extend eligibility of the 20% add-on to include COVID-19 patients treated in long-term care hospitals (LTCHs) and inpatient rehabilitation facilities. Additionally, for patients with COVID-19 treated in all hospitals who also require on-site dialysis, Medicare should pay a separate add-on for such dialysis, as this particular comorbidity significantly adds to the complexity and cost of treating these patients. The outlier payment to LTCHs and PPS hospitals treating COVID-19 patients should be increased.

Address Regulatory Concerns

CMS and HHS have supported hospitals during this pandemic with tremendous regulatory flexibility, and hospitals are grateful. These important efforts will continue to be needed as the pandemic persists, even after the expiration of the national emergency declaration. Additionally, Congress should prevent implementation of the Medicaid Fiscal Accountability Rule, which would have a profound impact on Illinois' ability to finance its Medicaid program and would undermine supplemental payments to hospitals.