

3rd Congressional Coronavirus Supplemental Financial / Policy Recommendations Federation of American Hospitals

Immediate Financial Support to Sustain Hospital Operations:

- Provide \$90 billion in bi-weekly hospital supplemental payments to offset significant cashflow concerns, including the purchase of necessary equipment, increased labor costs, and loss of revenue from elective procedures
- Create a \$100 billion hospital loan backstop program to supplement hospital funding efforts and ensure hospitals remain operational, with flexibility and forgiveness provisions for certain hospitals that have little or no financial ability to repay the loan
- Place a moratorium on the 2 percent Medicare sequester for at least the duration of the emergency
- Help ensure that Medicare and Medicaid payment covers the full cost of care for COVID-19, including a 25 percent add-on payment to COVID-19-related Medicare DRGs
- Address uncompensated care costs for the treatment of uninsured and underinsured patients
- Ensure all Medicare-participating hospitals have access to federal financial resources for the duration of the COVID-19 pandemic, including providing temporary eligibility for emergency assistance under the Stafford Act
- Place a moratorium on CMS' recently proposed Medicaid Fiscal Responsibility Regulation (MFAR), which threatens state Medicaid programs and would undermine the FMAP increase enacted in the last COVID-19 package
- Eliminate Medicaid DSH cuts for 2020 and 2021

Protecting Our Health Care Workforce and Providing Care for Patients:

- Ensure that health care providers have access to stockpiled equipment (including N95 respirators, ventilators and respiratory therapy drugs) and facilitate the expanded domestic production of personal protective equipment (PPE)
- Increase access to COVID-19 testing and timely results and other necessary medical equipment and supplies
- Financially support our health care workforce and unprecedented costs associated with:
 - Enhanced staffing needs for the triaging, testing, and treatment of COVID-19 patients
 - Furloughed staff, overtime pay, and hazardous duty pay
 - Childcare (pending school and daycare closures) and transportation (pending limitation of public transportation)
- Include the Title VIII *Nursing Workforce Reauthorization Act of 2019* in order to ensure a robust nursing workforce and prevent shortages in high need areas of the country

Patient Access and Coverage:

- Ensure no cost or low-cost triage, testing, and treatment for uninsured patients, in conjunction with enhanced eligibility for premium subsidies through a Marketplace Special Enrollment Period
- Require all health plans to provide coverage for COVID-19 related testing, treatment, and post-acute treatment without prior-authorization requirements or inappropriate denials
- Prevent denials of coverage, require in-network cost sharing for all patients in all settings, and require prompt, direct, and appropriate provider payment for care received out of network
- Ensure post-acute care providers can promptly and efficiently take patients from acute-care hospitals by ensuring that all patients admitted to an LTCH or IRF during the COVID-19 emergency are reimbursed at the full LTCH or IRF payment rate

Telehealth:

- Ensure all Americans can access care via telehealth, not just those within the Medicare program, by removing originating site, geographic, and licensure restrictions
- Enable the establishment of a new Medicare provider-patient relationship via telehealth (thus removing the requirement of an existing service within the prior three years)

Drug Supply Chain:

- Enact measures, such as *H.R. 6080, Preventing Drug Shortages Act*, which enhances transparency throughout the drug supply chain through improved reporting requirements and empowering the Food and Drug Administration (FDA)
- Focus on ensuring access to IV fluids, respiratory therapy drugs, and any drugs needed for COVID-19 treatment