

Congress of the United States
Washington, DC 20515

March 26, 2020

The Honorable Mike Pence
Vice President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington D.C. 20500

Dear Vice President Pence,

We write to express concerns regarding the ability of rural medical providers to cope with a potential surge of positive Coronavirus (COVID-19) cases and to ask what actions the White House Coronavirus Taskforce (the Taskforce) has planned to take under such circumstances. It is essential for our rural hospitals and all rural medical facilities to have certainty that in the case of an overflow of patients, the federal government will be ready to provide immediate assistance.

Before the COVID-19 pandemic, rural America already had challenges with healthcare access and workforce capacity. On average, rural Americans seeking health care travel twice as far as those in urban areas,¹ with many traveling over an hour for specialty care.² Since 2005, 168 rural hospitals have had to close their doors, a trend that has only intensified in recent years.³ 2019 saw a record number of rural hospital closures in one year, with a total of 19 closures.⁴ As rural Americans prepare for the worst of the COVID-19 pandemic, we must work to keep rural hospitals open to face this challenge.

Today, experts estimate that in the case of a surge in the number of COVID-19 cases within individuals 60 and older, only eight states would have sufficient hospital beds to provide care, and several states would need as much as 20 times their current hospital bed capacity to meet demand.⁵ Even in a scenario where there are enough beds available to treat patients during the

¹ Pew Research Center, “How far Americans live from the closest hospital differs by community type.” <https://www.pewresearch.org/fact-tank/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-type/>

² CNN, “Millions of Americans live nowhere near a hospital, jeopardizing their lives.” <https://www.cnn.com/2017/08/03/health/hospital-deserts/index.html>

³ Center for Health Services Research, The University of North Carolina at Chapel Hill, “168 Rural Hospital Closures: January 2005 – Present (126 since 2010).” <https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/>.

⁴ Ibid.

⁵ USA Today, “US hospitals will run out of beds if coronavirus cases spike.” <https://www.usatoday.com/in-depth/news/investigations/2020/03/13/us-hospitals-overwhelmed-coronavirus-cases-result-in-too-few-beds/5002942002/>

epidemiological peak of this pandemic, rural areas already grappling with provider shortages may not have enough health care professionals to treat a significant increase in patients.

Rural areas are already struggling to efficiently manage the current public health crisis as it unfolds. As a result of distance to testing laboratories, residents in some rural areas face wait times of several days for results of COVID-19 tests.⁶ Additionally, physicians at rural clinics – already operating on low resources – are reporting shortages of personal protective equipment such as masks and gloves.⁷

During the limited time we have to prepare for a surge in COVID-19 cases in the United States, we urge you to develop a contingency plan to assist rural communities. Such a plan must take a whole-government approach and stand ready to use all available federal resources such as medical personnel and facilities of the Department of Veteran Affairs, transportation and logistical resources of the Department of Defense, and the intra-agency coordination and temporary medical facility construction experience of the Federal Emergency Management Agency (FEMA).

To ensure rural areas nationwide and their vulnerable populations are not left behind at the peak of this public health crisis, we ask that you provide a response to the following questions no later than April 6.

- Does the Taskforce have a contingency plan for when rural hospitals become overwhelmed with COVID-19 patients? If so, please describe an overview of the plan. If not, why not?
- Will the Administration instruct the Centers for Medicare and Medicaid Services to develop patient surge protections, such as a plan for periodic interim payments, specifically for Critical Access Hospitals and Rural Health Clinics?
- As rural hospitals stretch their resources and increase bed capacity, how can the Taskforce support necessary increases in medical professionals to staff additional beds?
- As the Administration utilizes the Defense Production Act to quickly increase critical medical supplies, how will the Taskforce ensure supplies are appropriately delivered to both urban centers rural areas?
- The Army Corps of Engineers stated its intent to use dormitories, hotels, and convention centers as emergency treatment centers. Is there a plan for rural areas that do not have these facilities?

⁶ The Washington Post, “‘We’ll improvise’: A resource-starved rural hospital steels itself for coronavirus’s arrival.” https://www.washingtonpost.com/national/well-improvise-a-resource-starved-rural-hospital-steels-itself-for-coronaviruss-arrival/2020/03/14/a724d1ac-6604-11ea-acc8-80c22bbee96f_story.html

⁷ AP News, “Coronavirus tests rural health networks in New Mexico.” <https://apnews.com/504a1f4ee38fd84782f0c8a1ce91d9a2>

- Understanding that FEMA is now taking the lead in the national COVID-19 response, what is FEMA doing to ensure its resources are easily accessible to rural hospitals, which often have less administrative staff and resources?
- Is FEMA actively working to help states procure needed hospital supplies? If so, please detail the steps that are being taken. If not, why not?
- Given that Medicaid serves as an indispensable revenue source for rural hospitals, how is the Task Force ensuring stable Medicaid funding for rural communities during the COVID-19 pandemic?

Sincerely,



Xochitl Torres Small
Member of Congress



Ann McLane Kuster
Member of Congress



Jared Huffman
Members of Congress

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