

April 14th, 2020

The Honorable Shelley Moore Capito
Senate Subcommittee on Health & Human
Services

The Honorable Kamala Harris
Senate Committee on the Budget

The Honorable Joe Manchin, III
Senate Subcommittee on Health & Human
Services

The Honorable Diane Feinstein
Senate Subcommittee on Rural
Development

The Honorable Nancy Pelosi
House Speaker

The Honorable Cathy McMorris Rodgers
Co-Chair
House Rural Health Care Coalition

The Honorable Ron Kind
Co-Chair
House Rural Health Care Coalition

The Honorable Mark Takano
Chairman
House Veterans Affairs Committee

The Honorable James Clyburn
House Majority Whip
Congressional Black Caucus

RE: COVID-19 Response in Rural Regions

Honorable Members of the House and Senate:

We are writing to urgently request that \$5Billion be included within the framework of the forthcoming Coronavirus Aid, Relief, and Economic Security (CARES) Act to address rural healthcare access, provision, and modernization. Applicants would include all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations located in an urban or rural area that serves targeted rural communities.

As you can see from the addressees on this letter, our two very different states have voluntarily stepped forward to speak up for bipartisan support for rural America's healthcare providers and patients.

While substantial funding has been allocated to hospitals and certainly the health sectors in urban and suburban areas - something which we wholeheartedly support - rural Americans are

suffering and more threatened than ever. Congress must legislate specific rural funding to stem the loss of life and a healthcare catastrophe in rural America.

We are certain that you share our frustration that foreign cruise ship corporations have received more media sympathy and attention than front line rural healthcare providers and their patients.

In addition to the need for specifically allocated healthcare funds dedicated to rural providers, rural America is facing a dire need to rebuild, build anew, expand, and modernize its public health infrastructure. While the Small Business Administration's loan program funded in the CARES Act provide relief for rural providers and organizations in terms of covering employee costs and recouping some revenue losses, the \$5 billion in funds we are requesting will allow these organizations, providers, and hospitals to deal with the immediate crisis by developing mobile and portable telemedicine technology and health infrastructure. This also helps prepare rural America in the event of a future COVID-19 resurgence.

New funding should be made available via federal grants and should be specifically designated for use in developing the needed public health infrastructure upgrades to prevent, test, and treat the spread of COVID-19 among some of America's most vulnerable communities, as well as to fund educational efforts to help accomplish the same.

Distribution of funds via federal grants would allow for rural healthcare providers and CBOs to apply for funds specifically allocated for uses that allow them to make a quick transition from brick and mortar, on-site service provision, to off-site mobile services, enabling them to expand their reach and serve their rural patient bases where they are, rather than forcing at-risk clients to risk further health complications to travel to receive those services. This will be best accomplished by using grant monies to make short- and long-term investments in critical rural healthcare infrastructure – equipment, medical personnel, telehealth technology, mobile healthcare equipment and devices, and mobile hotspots that will allow them to provide services in areas where Internet access is sparse or nonexistent.

Both infectious disease specialists, such as Dr. Anthony Fauci, and epidemiologists have asserted that rural areas of the United States will be hit by the COVID-19 pandemic later than their urban and suburban counterparts. Dr. Fauci has also raised the point that COVID-19 is likely to see a seasonal resurgence in the later months of 2020 (September, October, November), and rural areas are likeliest to be hit harder because they will be the first areas of the country where attempts to normalize operations will occur due to low initial incidence and prevalence of the disease.

More concerning is the reality that these areas of the country will likely be hit harder as a result of several barriers to healthcare access that already make rural populations some of the most

underserved Americans in the nation. From geographic barriers in the mountains of Appalachia, where high rates of Brown and Black Lung disease have long beset residents, to the agricultural fields of California's Inland Empire and Great Central Valley, to distance barriers in counties that have neither emergency centers, nor hospitals, the need to invest in undeveloped or underdeveloped public health infrastructure in these areas is urgent.

The rural hospital infrastructure has been gutted over the past fifteen years, making telehealth services more vital than ever in order to help bridge that service gap. The CBOs who are often the onramp to care for many in rural America will need to retool their operations in order to meet increasing demand. The financial barriers that prevent smaller clinics and CBOs from providing telehealth services, and technology barriers in areas where Americans do not have access to the broadband or high-speed internet that would allow them to utilize these telehealth services are often articulated by Congress, but remain unaddressed. Rural Americans are facing a catastrophe once COVID-19 inevitably reaches its borders, and an even great one if a second wave of infections takes hold.

In addition to the myriad barriers to care that prevent access to healthcare services, rural Americans are also disproportionately impacted by the very health conditions that put them at highest risk for fatality as a result of COVID-19 – Substance Use Disorder, Black Lung and other respiratory ailments related to mining and high rates of smoking, high rates of obesity, heart conditions related to poor diet and obesity, high rates of diabetes, high rates of chronic kidney disease or failure, high rates of liver disease, and high percentages of the population who are immunocompromised as a result of cancer treatments, bone marrow or organ transplantation, immune deficiencies, uncontrolled HIV/AIDS, and prolonged use of corticosteroids to address chronic pain. We also have disproportionately high veterans and disabled veterans populations.

These preexisting barriers to accessing healthcare services, health disparities, and underlying conditions in a vast percentage of rural Americans mean that rural healthcare providers, clinics, and CBOs must quickly and decisively pivot from being on-site, brick and mortar locations, to being nimble, responsive and mobile operations.

This funding request of \$5b in federal grants would allow clinics, rural hospital systems, and local organizations to access much needed equipment that would make telehealth possible, including on-site technology upgrades (e.g., computers, video, and remote health monitoring equipment), as well as off-site technology, such as mobile hotspot devices that would allow healthcare correspondents in the field to stream telehealth services into hubs, mobile units, and even in patients' homes - in other words, exactly what Congress has given to all of this country while rural America has been largely ignored. This would also allow for the setup or rental of emergency housing for healthcare workers traveling from afar to provide services in a mobile capacity, the purchase of HIV, Viral Hepatitis, TB, and COVID-19 testing kits, harm reduction

supplies, and vehicles specifically designed to be used for mobile healthcare as well as provide funding to community based organizations and community health centers to offer mobile and telehealth services.

In addition, these funds would allow for the purchase of Personal Protective Equipment (PPE) for those healthcare workers continuing to provide harm reduction services - services which the American Medical Association has stated should be labeled essential - as well as additional PPE for distribution to clients. Continuation of harm reduction programs and services during this pandemic outbreak not only allows people who utilize those services to gain access to otherwise inaccessible PPE, it also helps to limit and prevent the spread of HIV, Viral Hepatitis, and other infectious disease within those clients' personal, social, and sexual networks.

It is imperative that funding be made available for these conversions. These are jobs which *will* disappear if not supported with implemented and expanded infrastructural support to address the growing demand for mobile and telehealth services in rural America's canyons, plains, hollers, and hills, and without adequate funding to do so, this nation faces what is certain to be a public health catastrophe unlike any we have seen in over a century. As stated, rural America's healthcare providers are simply asking that Congress provide rural America with the same opportunities that it has already provided to the rest of America. Please stand with us and other rural Americans by ensuring that funds are specifically earmarked for use in rural areas.



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