

FEDERAL COVID-19 LEGISLATIVE PRIORITIES

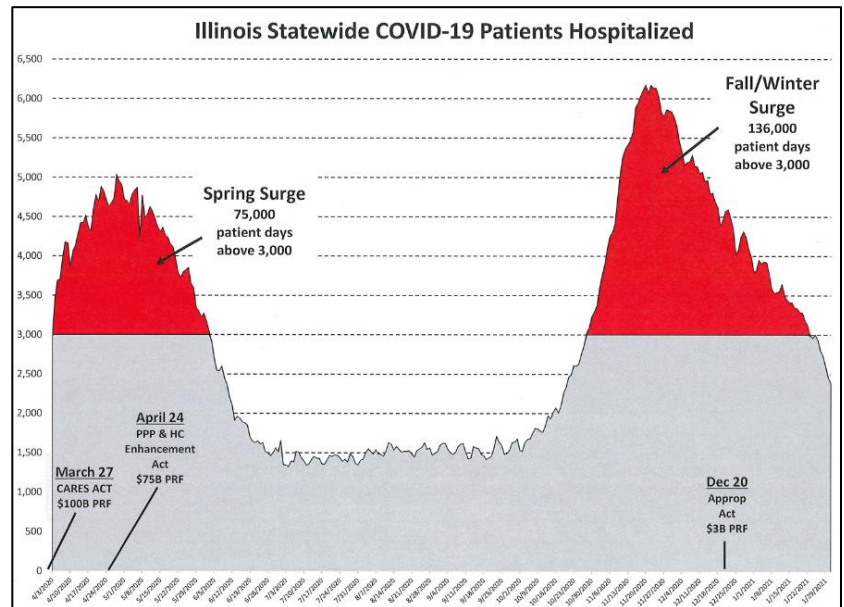
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Support Additional Funding for Hospitals

In Illinois, recent surges have been more intense and geographically widespread, and have lasted longer than anticipated—drastically depleting hospital resources. Hospitals continue to incur extraordinary expenses to provide care, support the healthcare workforce and purchase needed

supplies. As the figure shows, in Illinois, hospitalizations during the fall/winter surge were almost twice as high as during the spring surge. Additionally, treating COVID-19 patients has become more expensive, widening the gap between what hospitals spend to provide care and the reimbursement amount they receive from public payers. Yet, significant support for the Provider Relief Fund (PRF) has not been passed by Congress since April.

Congress should replenish the Provider Relief Fund (PRF) to account for recent surges and assist hospitals who are losing money as a result of treating COVID-19 patients.



Source: Illinois Health and Hospital Association

Suspend Medicare Sequestration Cuts

The Consolidated Appropriations Act suspended the 2% Medicare sequestration cuts through March 31. **Congress should extend the suspension of sequestration cuts through the public health emergency** to assist providers as they continue to respond to the pandemic and work to recover from extraordinary financial losses. IHA supports the *Medicare Sequester COVID Moratorium Act* (H.R. 315).

Provide Additional Flexibility for Medicare Accelerated and Advance Payment (MAAPP) Programs

Illinois hospitals and health systems appreciate the improved repayment conditions Congress provided. However recent surges have lasted longer and been more intense and geographically widespread than anyone expected, straining hospital resources, and for some Illinois hospitals, resulting in deep financial losses. **Congress should delay MAAPP repayment and consider loan forgiveness.**

Protect and Increase Health Insurance Coverage

Access to health care 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. **Congress**

should take action to help individuals and families maintain health benefits, while increasing coverage options for those who are already uninsured. Examples include covering COBRA costs and expanding eligibility criteria and subsidies for plans obtained on the health insurance exchanges. IHA supports the *Worker Health Coverage Protection Act*.

Provide Additional FMAP Increase

The Families First Coronavirus Response Act included a much-appreciated 6.2% temporary boost in the Federal Medical Assistance Percentage (FMAP). **Congress should extend and expand the increase to support both states and the health care delivery system during this period of extreme financial distress. Additionally, IHA urges Congress to enact a technical fix to temporarily increase the disproportionate share hospital (DSH) allotments to align with the enhanced FMAP provisions in order to hold harmless Medicaid DSH funding for safety net hospitals.**

Permanently Expand Access to Telehealth

Expanding access to telehealth beyond the public health emergency will enable more patient-centered and convenient care, increase workforce capacity, and remove barriers to accessing services. **Congress should, among other actions, permanently lift geographic and originating site restrictions; allow temporary licensing reciprocity for health care professionals to practice in all states during the remainder of the COVID-19 pandemic (TREAT Act, H.R. 708); expand the types of practitioners that may bill for telehealth; ensure care provided through telehealth is reimbursed at the same amount as in-person care; and increase investment in broadband.** (View IHA's telehealth [position paper](#) for more details.)

Support Access to Long-Term Care Services

Congress should extend eligibility of the Medicare 20% add-on payment 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. Congress should also increase the outlier payment to LTCHs and prospective payment system (PPS) hospitals treating COVID-19 patients.