

**Support Additional Funding for Hospitals**

Hospitals and health systems need a rapid injection of federal funding to offset massive revenue losses from the suspension of non-urgent surgeries and procedures at a time when they continue to incur extraordinary costs related to increased capacity, purchasing supplies and equipment, and hiring needed staff. **Congress should provide increased financial support through the Provider Relief Fund (PRF). Additionally, Congress should require the Department of Health and Human Services (HHS) to fully reinstate the PRF June Reporting Requirements and allow targeted distributions to be transferred within health systems.**

**Suspend Medicare Sequestration Cuts**

The CARES Act suspended the 2% Medicare sequestration cuts through December 31. **Congress should extend the suspension of sequestration cuts through the public health emergency.** Extending this relief will assist providers as they continue to respond to the pandemic and work to recover from extraordinary financial losses.

**Provide Direct Federal Support for Health Care Heroes**

Health care workers across the state have responded to the call of duty in unprecedented ways. **Using the tax code, Congress should provide additional resources to frontline caregivers, such as support for child care, housing, transportation and bonus pay.**

**Enact Targeted Liability Protections for Frontline Providers**

During this unprecedented emergency, hospitals and health care professionals continue to provide care in extraordinary circumstances. **Congress should implement a limited waiver of liability for hospitals and front-line health care professionals that will allow providers to continue delivering the best possible care under these challenging conditions.**

**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 the increase to support both states and the health care delivery system during this period of extreme financial distress.**

**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 permanently lift geographic and originating site restrictions and expand the types practitioners that may bill for telehealth. IHA urges lawmakers to ensure care provided through telehealth is reimbursed at the same amount as in-person care. In addition, Congress should increase investment in Broadband.** (View IHA's telehealth [position paper](#) for more details.)

### **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 maintain health benefits for individuals and families and increase coverage options for those who are already uninsured. Examples include covering COBRA costs; opening a Special Enrollment Period for Health Insurance Marketplaces; and increasing eligibility for federal marketplace subsidies. Federal support is also needed to assist states with the surge in demand for Medicaid coverage, which comes as the state faces a dramatic decline in revenue.**

### **Address Workforce Shortages**

Illinois faces a critical shortage of nurses and physicians. As we look ahead to recovery, **Congress should increase the federal investment in training the next generation of doctors by passing the Resident Physician Shortage Reduction Act (S. 348/H.R. 1763) to lift outdated caps on the number of Medicare reimbursable residency slots. Additionally, Congress should pass the Healthcare Workforce Resilience Act (S. 3599/H.R. 6788) to allow entry into the U.S. of nurses with approved immigrant visas and to allow physicians with approved immigrant petitions to adjust their status so that they may help fight the COVID-10 pandemic.**

### **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.

### **Preserve Current Hospital Eligibility and Designation Statuses**

The financial and volume changes that hospitals are experiencing during the pandemic may impact program eligibility, hospital status, and payment rates in future years unless hospitals are held harmless for all cost report results until one full cost report year after the end of the pandemic. **Congress or the Administration should hold hospitals harmless due to altered patient volumes and bed changes in their cost reports until the COVID-19 pandemic subsides.**

### **Address Regulatory Concerns**

CMS and HHS have supported hospitals during this pandemic with tremendous regulatory flexibility, and hospitals are grateful. **IHA urges Congress and/or the Administration to make permanent many of the flexibilities provided during the pandemic.** (For a complete list, please see the American Hospital Association's letter [here](#).)