

CHRISTUS HEALTH URGES SUPPORT FOR THE CHILDREN'S HOSPITAL OF SAN ANTONIO'S PRIORITIES FOR COVID-19 RESPONSE LEGISLATION



INCREASE FUNDING FOR THE PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

Congress established the Public Health and Social Services Emergency Fund (the “Provider Relief Fund”) to cover expenses for health care providers preparing for and responding to COVID-19. The Provider Relief Fund is intended to offset expenses that are otherwise not covered, such as increased expenses for personal protective equipment (PPE), increased surge capacity, additional health care providers and lost revenue. While we appreciate Congress’ efforts to allocate much-needed resources to hospitals and other health care providers, funding allocated under the Provider Relief Fund to date does not cover the projected \$202 billion in losses hospitals will sustain between March 1, 2020, and June 30, 2020.

Children’s hospitals should be recognized as proportionally impacted hospitals with access to commensurate levels of federal disaster relief received by other hospitals through recent legislative and regulatory initiatives. Children’s hospitals incurred the same COVID-19 financial impact as all hospitals — namely, Forty percent revenue losses and cost increases for screening, testing and PPE. Further, providers such as The Children’s Hospital of San Antonio, that treat a high Medicaid patient population have not received the necessary level of support from the Provider Relief Fund to address their particularly challenging financial situations. CHRISTUS strongly urges Congress and the Administration to provide much-needed distributions to children’s hospitals based on proportional patient service revenues.

ALLOW CHILDREN’S HOSPITALS ACCESS TO PROPORTIONAL LEVELS OF DAMAGE RELIEF

Hospitals participating as providers under Medicare have received billions of dollars in collective relief from the federal government. Since children’s hospitals do not care for Medicare beneficiaries, they were excluded from relief through certain Medicare-based payment streams. Going forward, it is critical for children’s hospitals to have access to comparable funding levels to offset their losses associated with the COVID-19 pandemic.

ALLOCATE AN ADDITIONAL \$10 BILLION FOR CHILDREN’S HOSPITALS’ DISASTER RELIEF IN THE NEXT COVID-19 RELIEF BILL

Children’s hospitals require disaster relief and recovery support of at least \$10 billion to meet their needs during the current, projected timeframe of the crisis (mid-March to mid-August). Children’s hospitals have received less than \$1 billion under recent federal legislation and await further agency action to allocate additional funds approved by Congress to date.

LIMIT BARRIERS TO FOREIGN HEALTH CARE WORKERS PRACTICING IN THE UNITED STATES

As the U.S. continues to face health care workforce shortages, foreign-born doctors and nurses remain critical to support our efforts to deliver quality care. In fact, foreign-born professionals represent one in six health care workers in the U.S. This is especially true in medically underserved areas. CHRISTUS supports breaking down barriers to allow foreign-born health care workers to help increase the capacity in the communities we serve.

ENSURE VIABLE FUNDING FOR MEDICAID PROVIDERS CARING FOR VULNERABLE POPULATIONS

CHRISTUS strongly supports efforts to increase the Federal Medical Assistance Percentage (FMAP) and to increase Medicaid Disproportionate Share Hospital (DSH) allotments in response to the COVID-19 crisis. As a leading safety-net provider system, The Children's Hospital of San Antonio plays a critical role in addressing the needs of patients, regardless of their ability to pay. Further, efforts to restrict states' ability to fund Medicaid under the pending Medicaid Fiscal Accountability Rule (MFAR) pose a significant threat to the continued ability of states to care for their most vulnerable populations, and the proposed regulation should be withdrawn.

MAINTAIN INCREASED ACCESS TO TELEHEALTH

During the COVID-19 public health emergency, the Centers for Medicare & Medicaid Services (CMS) has waived prior, restrictive telehealth barriers in order to assist patients in accessing necessary health care services via video and audio sessions while maintaining social distancing. Particularly during this crisis, telehealth has proven to be a critical resource for patients to receive necessary health care services. Building on this experience, CHRISTUS urges Congress to take the next step by permanently lifting restrictions to allow for continued coverage and payment for the delivery of telehealth services.

INCREASE HEALTH INSURANCE COVERAGE

Congress should take action to maintain health benefits for individuals and families and increase coverage options for those who are already uninsured. This should include providing employer subsidies for preserving enrollment; covering COBRA costs; opening a Special Enrollment Period for health insurance marketplaces; increasing eligibility for federal marketplace subsidies; expanding the period during which insurers cannot cancel coverage for non-payment of premiums; and providing charity-care tax credits for hospitals.

