

# United States Senate

WASHINGTON, DC 20510

March 27, 2020

Dear Illinois Hospitals:

In the midst of this unprecedented public health crisis, we wanted to take a moment to thank each and every one of you for the heroic efforts that you, and your staff, have undertaken in recent weeks to prepare for, and respond to, the COVID-19 pandemic ravaging our country. Never has it been clearer how essential a role our hospitals and health care providers play in keeping our nation safe and healthy. We want you to know that we are doing everything within our power to provide your institutions with the federal resources and funding you need to help our state weather this storm.

Over the past few weeks, we have heard from so many of you about the challenges your hospitals are facing—from dangerous shortages of testing kits, personal protective equipment, and ventilators, to significant revenue losses resulting from cancellations of elective surgeries and outpatient care. Not to mention the dramatic increase in staffing needs and trying to find ways to accommodate your health care workers, such as providing important services like child care. These strains are occurring across the board—from small rural hospitals in central and southern Illinois, to large academic medical centers in Chicagoland. Your invaluable insights and information have helped guide our efforts in the United States Senate to secure the federal assistance you so desperately need.

This week, the Congress was able to put together and pass a third bipartisan coronavirus bill that includes important provisions that will help Illinois hospitals respond to the ongoing coronavirus pandemic. This bill is not perfect, and our work is far from done, but the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* does represent another vital step forward in helping our hospitals deal with the unprecedented challenge of this virus.

In particular, we fought to ensure that this legislation does the following:

- Creates a new \$100 billion program that will provide direct, emergency funding to meet the immediate needs of front-line hospitals and health providers who have been strained by the coronavirus response. This grant funding is available on a rolling basis for non-reimbursable COVID-19 expenditures (surge staffing, equipment acquisition, construction) and lost revenues (such as cancelled procedures), including both future costs and costs already incurred;
- Increases the Medicare reimbursement that would otherwise be made to a hospital for treating a patient admitted with COVID-19 by 20 percent;
- Expands, for the duration of the COVID-19 emergency period, an existing Medicare accelerated payment program. Hospitals, especially those facilities in rural and frontier areas, need stable cash flow to help them maintain an adequate workforce, buy essential supplies, create additional infrastructure, and keep their doors open to care for patients. This provision allows qualifying hospitals—

including children's hospitals and Critical Access Hospitals—to request up to a six month advanced lump sum or periodic payment, based upon net reimbursement represented by unbilled discharges or unpaid bills (up to 100-125 percent of prior period payments). Hospitals would not be required to start paying down the loan for four months, and would also have at least 12 months to complete repayment without a requirement to pay interest;

- Provides \$185 million through the Health Resources and Services Administration (HRSA) to support rural critical access hospitals and poison control centers;
- Waives several Medicare telehealth restrictions to expand access to remote services, including for home health and hospice certifications;
- Supports child care and early education programs by including \$3.5 billion for the Child Care Development Block Grant—this funding will allow child care programs to maintain critical operations, including meeting emergency staffing needs and ensuring first responders and health care workers can access child care while they respond to the pandemic. The bill also provides \$750 million for the Head Start program to meet emergency staffing needs;
- Provides \$1.3 billion to community health centers, which often work hand-in-hand with our nation's hospitals to confront serious public health challenges;
- Provides \$16 billion for the Strategic National Stockpile to obtain and distribute critical medical supplies, personal protective equipment, and life-saving medicines;
- Delays scheduled reductions in Medicaid disproportionate share hospital (DSH) payments through November 30, 2020;
- Provides prompt economic assistance to health care providers on the front lines by temporarily lifting (through December 2020) the Medicare sequester cuts, which would otherwise reduce payments to providers by 2 percent. The bill also prevents scheduled reductions in Medicare payments for clinical diagnostic laboratory tests furnished to beneficiaries in 2021;
- Safeguards our medical supply chain and addresses shortages due to our nation's dependence on foreign-made drugs and medical equipment, by developing an action plan to boost domestic manufacturing, stockpiles, information sharing, and supplies;
- Provides \$4.3 billion to the Centers for Disease Control and Prevention to support federal, state, and local public health agencies in their efforts to prevent, prepare for, and respond to the coronavirus pandemic—including money to help states purchase personal protective equipment, increase lab testing capacity, and improve infection control and mitigation to prevent the spread of this virus. Also provides \$250 million for the Hospital Preparedness Program; and

- Provides \$945 million to the National Institutes of Health and \$3.5 billion to the Biomedical Advanced Research and Development Authority to support their work to develop coronavirus drugs, vaccines, and diagnostics.

The provisions included in this bill build upon the 6.2 percent federal Medicaid match rate increase that was included in Congress' second coronavirus supplemental package, which will increase Medicaid reimbursements to Illinois by hundreds of millions of dollars. Taken together, these efforts will go a long way toward helping our nation's hospitals fight this pandemic. But we know that more will be needed in the coming weeks and months, and we will continue to advocate for enhanced Medicaid funding, workforce development programs, health coverage for people who lose their jobs as a result of this pandemic, and passage of the *Rural Hospital Closure Relief Act*, among other initiatives. Please keep both of us, as well as our staff ([Jessica McNiece@durbin.senate.gov](mailto:Jessica_McNiece@durbin.senate.gov), [Max Kanner@durbin.senate.gov](mailto:Max_Kanner@durbin.senate.gov), and [Kayda Keleher@duckworth.senate.gov](mailto:Kayda_Keleher@duckworth.senate.gov)), apprised of what you are facing and what you might need going forward.

Thank you again for all that you are doing. We wish we could personally express our appreciation to every one of you—as well as each doctor, nurse, lab technician, janitorial staffer, food service employee, information technology staffer, clerical staffer, therapist, security personnel, child care provider, and pharmacist that you employ.

Our nation will get through this crisis, and it will be because of all of you and your hard work and bravery in these tough times. We are so proud to represent each of you in the United States Senate and we will continue doing everything within our power to help you win this fight and keep our communities and families safe.

Sincerely,



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Richard J. Durbin  
United States Senator



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Tammy Duckworth  
United States Senator