



SORH COVID19 Learning Community Notes

National Organization of
State Offices of Rural Health

Call Date: April 2, 2020

Flex Non-Competing Continuation

NOSORH made a formal written request of FORHP, based on feedback from last week's call, to consider the current capacity of SORH to complete and submit the NCC.

Please let your Project Officer know directly if you have concerns with meeting the staffing demands to complete the NCC, at this time.

Legislative Update

A written synopsis of information covered by Andrew (Hall Render) can be found in the [April Policy Update](#).

As a 4th COVID bill is being considered, SORH have an opportunity to highlight areas of concern for rural stakeholders.

Some immediate concerns raised by SORH included:

- AL – Hearing that the language includes FQHCs and RHCs, but does it include FQHC look-alikes. Need to make sure they don't fall through the cracks
- SC – for the sequestration, is the 5/1 the date of service or the date when claims are submitted?
- WY – What resources from this are targeted at rural EMS or paramedicine?
 - *NOSORH to take a look at first responder resources that may be highlighted in law enforcement sections.*

HRSA Partner Update

While work is still being done to figure out how to operationalize the support from recent legislation, some definitive changes occurred, including:

- Reauthorization of the Telehealth Resource Center program
- Reauthorization of the Rural Health Outreach and Network programs
 - Includes language that allows applicants from a non-rural address – whose program is focused specifically on rural communities (may include SORH)
 - Shifts the funding from 3-year to 5-year cycle

Participants posed the following questions to HRSA partners (responses in red):

- If a hospital is asked by the state to go above their 49 staffed beds because of COVID-19 are they still able to participate in SHIP?
 - **FORHP Response: Yes, they can still participate; if COVID-19 is the reason why they went over the staffed beds rule.**
- We have hospitals that are larger than 49 beds but can attest to only using (staffing) 49 beds or less and we use that to prove eligibility for SHIP. Will we still be able to do this?
 - **FORHP Response: We recommend they look at the hospital's most recently filed Medicare Cost Report, or they can attest to the number of beds from hospital administrators if they no longer file cost reports.**

- Currently, we can determine rural status by geography or by being designated as rural by statute or state government. [There is] an email from Sallay saying HRSA will be following SHIP guidance, but [we're] still not sure if that means we can use the state designations. Can you confirm?
 - **FORHP Response: Please see the [SHIP COVID-19 FAQs](#) provided by FORHP, and check [HRSA's Rural Health Grants Eligibility Analyzer](#) to verify hospital and rural designation**

Rural Challenges and Concerns

CT – Recognizing that it's been raised before, *rural volunteer EMS* are facing severe shortages of *PPE*. We need to continue to monitor this and make sure they're getting access and part of the discussions.

ND – Looking for *staffing plans and guidelines* for dealing with the surge of patients and workforce shortages. Any examples out there?

- WY – one hospital shared their surge plan, and ethics plan; will share these links with NOSORH to be added as resources.
- Fire and EMS tool – *Chris to watch recording and share by the next call.*

What about licensing across state lines or relaxation of any licensing regulations?

- OR – fast-tracking those that have applied for licensing, particularly those who have been credentialed previously (i.e., retired). Some discussion on licensing across state borders but haven't been directly involved (hearing it's easy for Medicaid/Medicare, the private insurers are the ones being slower to process credentialing)
 - FL and WA corroborated similar accounts

Innovative Rural Strategies

How are rural communities pulling together during this crisis to address the holistic needs of their communities, and meet the basic human needs of their neighbors?

- MA – [Western Mass. Community Mutual Aid \(WMA-CMA\)](#) has developed an online tool to connect those in need with community volunteers. From financial aid to transportation and translation services, rural communities across WMA can use this tool to post their needs and link with volunteers who can help.
- SC – The state has [reissued an emergency fund](#) previously used for hurricanes to address food insecurity in rural communities. SCORH is working directly with communities to make sure these resources get to the local level and are distributed through innovative methods.
- AZ – The AZSORH is connecting with its statewide 211 online system – SORH may want to reconnect with those remaining 211 networks to see how they're able to connect with local resources.
- NV – 4th-year medical students on rural rotations were assigned to a local phone bank to answer questions and support their community. Since then, the model has spread from one county to several rural counties in the region. Particularly effective in counties without a local health department.
- NV – Leveraging the rural residency program, residents are doing official pop-up, drive-thru testing in rural communities.

- NV – Identified a communications gap between the state/university lab and the rural hospital labs. To address this gap, NV-SORH is working to write a USDA RUS DLT grant to upgrade the existing system and facilitate faster, more reliable communication. (Note: the current funding announcement still requires matching funds)
- MN – The state allocated \$200 million in state appropriations to help support the health infrastructure, though it's not just rural. Will come in waves of \$50 million and \$150 million, and many of the initial applicants are rural. This is being managed by the MN Office of Rural and Primary Care.
- ND – We've been noting that a lot of churches have increased their reach by going to online formats; this could be an opportunity to reach an even broader faith-based community.

Insights for upcoming rural CDC COVID19 Briefing

The CDC will be hosting another rural-focused briefing on Wednesday, April 8th at 4:00 pm ET; [registration](#) is required.

Questions are being sought in advance:

What advice or questions can we provide to our CDC partners to ensure this is a meaningful briefing?

- Multiple SORH noted that their rural stakeholders felt information on the first call wasn't rural-specific and left them with several more questions than answers.
- It would be helpful to have an agenda – even if it's not extremely specific, but so that stakeholders have an idea of how to prioritize their time.

How do we help CDC make sure that the conversation is helpful and pointed for rural-specific stakeholders?

- Rural medical partners are often lower priority for PPE stockpiles (understandably so at this time); what resources should rural stakeholders be looking for to address these shortages (i.e., homemade masks or other guidance on filling these gaps)?
- What about the specific programs – particularly those with more funding through the three COVID19 legislative bills – that can be used to support the rural health infrastructure?
 - What are those programs?
 - Who would be the right contact at the state-level for block grants?
 - What is still in limbo with these funds?