



SORH COVID19 Learning Community Notes

Call Date: July 30, 2020

National Organization of
State Offices of Rural Health

NOSORH Updates

Our partners from Hall-Render joined us for a conversation on the current proposals for COVID-19 relief in Congress.

- The House and Senate have proposed very different bills and will need to be reconciled.
- Andrew provided a few relevant highlights from the Senate bill:
 - \$25 billion in provider relief funds
 - \$7.6 billion for CHCs
 - \$225 million for RHCs
 - Senate finance is looking to extend Medicaid telehealth waivers until at least December 2021.
 - Looking to extend RHC and CHC leniencies for up to 5 years.
 - Still waiting for additional clarifications regarding the repayment of current loan funds (advanced payment programs), with some hoping that it will later be forgiven as a grant.
 - Liability reform is a key sticking point – this would only allow for cause of action in cases of gross negligence.
- Andrew believes that an agreement will be reached soon that includes:
 - Delay of repayment for accelerated payments
 - Telehealth provision extensions
 - Unemployment insurance (at some level)
 - A boost in funding for providers
- Andrew doesn't see much of an opportunity to work on Flex reauthorization before the end of the year; particularly given it's an election year.
- *Attendee: Has there been any mention about the PPP carve-out for rural hospitals?*
 - McConnell hasn't indicated one way or the other at this point

SORH challenges, concerns and questions

News outlets are saying that rural areas are “finally” getting hit, is that true for your state? If so, any new challenges or just a resurfacing of prior issues?

- In general, most states are seeing a rural surge or are prepared that a rural surge is imminent in the coming months.
- Several states noted that their hospitals have been prepared for this surge to come, but that hasn't stopped there from being shortages in resources:
 - While residents are being told “anyone who wants a test, can get a test” there is a shortage of available tests in many rural communities.
 - Supplies of PPE are on major backorders and an 8-week turnaround on orders should be expected by most vendors.
 - Rural providers have gotten funding to help them buy testing supplies, etc. but that is only half the issue – supply and distribution of limited resources is the other half.

- Some hospitals are pulling clinicians from primary care settings back into the hospital. This could lead to a large-scale temporary closure of rural primary care providers in rural areas.
 - Rural healthcare providers were also noted to be highly susceptible to workplace outbreaks and shortages of replacement staff
- A few states discussed that their universities and colleges are preparing to open campus with social distancing enacted.
 - PA noted that they haven't seen a rural surge, but when schools return there is a serious concern with seeing a spike.
 - Several other states shared concerns about social distancing on college and university campuses and the impact to local rural communities
- Colorado noted that they were not really seeing a rural surge at the time, but that many people are flocking to the mountains and ski season isn't too far off. Decisions about ski season have yet to be made but there will be a major impact on the small rural hospitals in the tourist areas.
- Mississippi shared that they're just now seeing a first spike in the state and have only recently suspended elective procedures.

The future rural health landscape

Are any SORH involved in the early talks of vaccination plans/infrastructure?

- Many states haven't heard much discussion on mass vaccination plans for rural (or urban) communities. There has been varying levels of engagement with states on previous vaccination efforts.
 - Emergency Operations Centers will likely be the lead on these efforts for many states.
 - Colorado mentioned an existing statewide Flu advisory committee, on which they serve, that will likely be retooled to focus on COVID-19.
- New Hampshire shared that in 2009, during the H1N1 outbreak, the SORH worked with rural hospitals to conduct mass vaccination clinics. It was viewed as a success and will likely be a model they repeat.

Dealing with recruitment and retention during and post COVID-19.

- A number of states highlighted workforce issues that they are currently seeing or anticipate in the future, including:
 - A recognition that all the workforce disparities a SORH (and PCO) have worked on will be exacerbated due to COVID-19.
 - A diminished supply of resources that were already limited prior to the pandemic.
 - PA noted that their legislature had already passed a 5-month budget, funding at 5/12th of prior funding. This could impact loan repayment obligations and other incentive programs dramatically.



- The potential for increased provider burnout, or students changing career plans as a result of seeing the impact
- Limited ability to conduct in-person site visits will make recruitment to rural communities more difficult
- New Hampshire noted that this is also an opportunity to raise workforce concerns with people who didn't previously understand rural workforce challenges.

Topics held for next meeting:

- Helping RHCs to rebuild community confidence in their facility during and post COVID-19.

Reminder: Please share any topics you have for discussion on future COVID-19 calls. These don't have to be specific questions but can include general "future focused" topics that you'd be interested in discussing with the group. To submit ideas, or for discussion, please contact [Chris Salyers](#).