

United States Senate

WASHINGTON, DC 20510

March 9, 2021

The Honorable Joseph R. Biden
President of the United States
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear Mr. President,

I write to express my appreciation for your support of ongoing financial payments to health care providers under the Provider Relief Fund and to bring your attention to urgent needs of New Hampshire hospitals, long-term care facilities (LTCFs) and other health care providers. As your administration works to implement the Provider Relief Fund grant funding for rural health care providers under the American Rescue Plan Act, I urge you and your administration to ensure that the Department of Health and Human Services (HHS) uses the authority provided by Congress to deem health care providers in Hillsborough, Strafford and Rockingham counties in New Hampshire as “rural providers and suppliers” for the purposes of qualifying for payments from this \$8.5 billion tranche of funding. In addition, I urge you to deliver more support to health care providers in these counties by also tapping into the more than \$23 billion in remaining unobligated Provider Relief Fund appropriations from prior COVID-19 response laws.

Section 9911 of the American Rescue Plan Act allows for broad authority for the HHS Secretary to designate and define health care providers as being “rural providers or suppliers” for the purposes of eligibility for the \$8.5 billion in Provider Relief Fund grants. In addition to other categories of areas that automatically qualify as “rural” under the bill, this section specifically provides that a “rural provider or supplier” can include “a provider or supplier located in any other area that serves rural patients (as defined by the Secretary), which may include, but is not required to include, a metropolitan statistical area with a population of less than 500,000, (determined based on the most recently available data).” Under this broad authority, the HHS Secretary could designate health care providers in the Manchester-Nashua Metropolitan Statistical Area (MSA) as being rural providers or suppliers. The authority under section 9911 also allows for the HHS Secretary to deem providers and suppliers in additional areas, regardless of MSA location, as “rural.” In addition to designating health care providers in the Manchester-Nashua MSA as being “rural providers and suppliers,” I urge your administration to use the broad authority under section 9911 to deem certain health care providers in counties like Rockingham County and Strafford County as also being “rural providers and suppliers.” Categorizing health care providers in these counties as being “rural providers and suppliers” is warranted, given that health care providers in both of these counties serve patients from other parts of the state that are deemed rural areas.

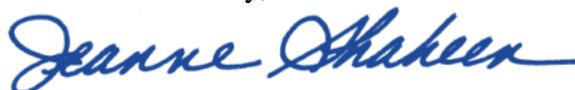
Although Rockingham and Strafford counties have been designated as a part of the Boston-Cambridge-Newton MSA, the providers in these counties face the same struggles as health care providers in the Manchester-Nashua MSA and other areas of New Hampshire. The circumstances of providers in these two counties is far more similar to that of providers in the rest of New Hampshire than it is to providers in Boston. Much like health care providers in the Manchester-Nashua MSA, providers in these two counties have also sustained substantial revenue losses and added expenses in responding to the COVID-19 pandemic.

Providers in all three counties—Hillsborough (within the Manchester-Nashua MSA), Strafford and Rockingham—have in many cases received less Provider Relief Fund grants than needed, which has created gaps in federal financial support for New Hampshire providers based solely on location. In addition to not receiving Provider Relief Fund grants from the \$10 billion rural health care provider grant round in May 2020, many of these providers did not receive support from the first round of the so-called “Hot Spot” tranche of Provider Relief Fund awards in June 2020, which was intended to be dedicated for hospitals with significant COVID-19 caseloads. This lack of funding in that round came in spite of the fact that hospitals in these counties were dealing with by far the most COVID-19 cases in the state. Likewise, New Hampshire’s nursing homes and LTCFs have also been shortchanged by previous rounds of Provider Relief Fund awards due to the fact that previous formulas determined the need for funding by focusing on comparing community-based spread of COVID-19 to COVID-19 infection rates in nursing homes, while ignoring nursing home deaths as a percentage of total deaths, a measure for which New Hampshire has the highest nursing home death rate in the country. Ensuring that providers in all three counties can qualify as “rural” would help to reduce these gaps in financial support for hospitals, LTCFs and other providers in these communities.

Across the entire state, the New Hampshire Hospital Association has estimated \$151 million in net revenue losses for New Hampshire hospitals in 2020, even after accounting for Provider Relief Fund payments. New Hampshire’s LTCFs are also still facing shortfalls. It is clear that health care providers in these New Hampshire communities need continued support. For these reasons, I also urge you to utilize the approximately \$23 billion in remaining unobligated Provider Relief Fund dollars made available under prior legislation to help fill these gaps.

Working together, Congress and your administration can ensure that health care providers receive the financial support they need in order to continue their vital efforts during this pandemic. Thank you for your attention to this critical issue.

Sincerely,



Jeanne Shaheen
United States Senator

Cc: Norris Cochran, Acting Secretary, Department of Health and Human Services
Brian Deese, Director, National Economic Council, The White House