

Representatives urge Vice President's COVID-19 Task Force to prioritize rural communities

Written by gallupsun
Thursday, 26 March 2020 17:19

Letter to Vice President outlines need for contingency plan for rural communities as more COVID-19 cases are identified nationwide

Las Cruces, N.M. — Today, Congresswoman Xochitl Torres Small, N.M.-02, Ann Kuster, N.H.-02, and Jared Huffman, CA-02, were joined by 19 additional House colleagues urging Vice President Pence's COVID-19 Taskforce to prioritize the needs of rural healthcare providers, even after Congress passes the economic stimulus package aimed at providing immediate relief for families, businesses, and workers in rural and urban communities alike. Specifically, the letter outlines a need for a contingency plan to provide immediate assistance for rural communities as they prepare for a potential surge in patients as more positive COVID-19 cases are identified nationwide.

As part of their letter to the Vice President, members wrote, "Rural areas are already struggling to efficiently manage the current public health crisis as it unfolds. As a result of distance to testing laboratories, residents in some rural areas face wait times of several days for results of COVID-19 tests. Additionally, physicians at rural clinics – already operating on low resources – are reporting shortages of personal protective equipment such as masks and gloves."

Explicitly, Torres Small, Kuster, and Huffman drew attention to the need to not leave rural communities and their vulnerable populations behind at the peak of this public health crisis, with heightened attention to the following issues:

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Does the Taskforce have a contingency plan for when rural hospitals become overwhelmed with COVID-19 patients?

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Will the Administration instruct the Centers for Medicare and Medicaid Services to develop patient surge protections?

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As rural hospitals stretch their resources and increase bed capacity, how can the Taskforce

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support necessary increases in medical professionals to staff additional beds?

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As the Administration utilizes the Defense Production Act to quickly increase critical medical supplies, how will the Taskforce ensure supplies are appropriately delivered to both urban centers and rural areas?

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The Army Corps of Engineers stated its intent to use dormitories, hotels, and convention centers as emergency treatment centers. Is there a plan for rural areas that do not have these facilities?

“During the limited time we have to prepare for a surge in COVID-19 cases in the United States, we urge you to develop a contingency plan to assist rural communities,” the Members continued. “Such a plan must take a whole-government approach and stand ready to use all available federal resources such as medical personnel and facilities of the Department of Veteran Affairs, transportation and logistical resources of the Department of Defense, and the intra-agency coordination and temporary medical facility construction experience of the Federal Emergency Management Agency (FEMA).”

In addition to Representatives Torres Small, Kuster, and Huffman, today’s letter to the Vice President was signed by Abigail Spanberger, VA-07, Juan Vargas, CA-51, Peter DeFazio, OR-04, Terri Sewell, AL-07, Henry Cuellar, TX-28, Deb Haaland, N.M.-01, TJ Cox, CA-21, Ro Khanna, CA-17, Joe Neguse, CO-02, Sanford Bishop, Jr., GA-02, Mark Pocan, WI-02, Jim Costa, CA-16, Daniel Kildee, MI-05, G. K. Butterfield, N.C.-01, William Keating, MA-09, Cheri Bustos, IL-17, Derek Kilmer, WA-06, Abby Finkenauer, IA-01, and David Trone, MD-06.

The full letter can be found [here](#) or below.

Dear Vice President Pence,

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We write to express concerns regarding the ability of rural medical providers to cope with a potential surge of positive Coronavirus (COVID-19) cases in rural areas and to ask what actions the White House Coronavirus Taskforce (the Taskforce) has planned to take under such circumstances. It is essential for our rural hospitals and all rural medical facilities to have certainty that in the case of an overflow of patients, the federal government will be ready to provide immediate assistance.

Rural America's existing challenges with healthcare access and workforce capacity are being intensified by the spread of COVID-19. For 115 million Americans, the nearest medical facility is over an hour away by ground transportation. Since 2005, 161 rural hospitals have had to close their doors, a trend that has only intensified in recent years. 2018 saw a record number of rural hospital closures, with a total of 18 closures in one year. As rural Americans prepare for the worst of the COVID-19 pandemic, we must work to keep rural hospitals open to face this challenge.

Today, experts estimate that in the case of a surge in the number of COVID-19 cases within individuals 60 and older, only eight states would have sufficient hospital beds to provide care. According to recent studies, states such as Oregon, California, and New Mexico would need as many as 20 times their current hospital bed capacity to be able to treat the projected influx of patients. Even in a scenario where there are enough beds available to treat patients during the epidemiological peak of this pandemic, rural areas already grappling with provider shortages may not have enough health care professionals to treat a significant increase in patients.

Rural areas are already struggling to efficiently manage the current public health crisis as it unfolds. As a result of distance to testing laboratories, residents in some rural areas face wait

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times of three to four days for results of COVID-19 tests. Additionally, physicians at rural clinics are reporting shortages of personal protective equipment such as respirator masks and gloves.

During the limited time we have to prepare for a surge in COVID-19 cases in the United States, we urge you to develop a contingency plan to assist rural communities. Such a plan must take a whole-government approach and stand ready to use all available federal resources such as the medical personnel and facilities of the Department of Veteran Affairs, transportation and logistical resources of the Department of Defense, and the intra-agency coordination and temporary medical facility construction experience of the Federal Emergency Management Agency (FEMA).

To ensure rural areas nationwide and their vulnerable populations are not left behind at the peak of this public health crisis, we ask that you provide a response to the following questions no later than April 6:

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Does the Taskforce have a contingency plan for when rural hospitals become overwhelmed with COVID-19 patients? If so, please describe an overview of the plan. If not, why not?

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Will the Administration instruct the Centers for Medicare and Medicaid Services to develop patient surge protections, such as a plan for periodic interim payments, specifically for Critical Access Hospitals and Rural Health Clinics?

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As rural hospitals stretch their resources and increase bed capacity, how can the Taskforce support necessary increases in medical professionals to staff additional beds?

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As the Administration utilizes the Defense Production Act to quickly increase critical medical supplies, how will the Taskforce ensure supplies are appropriately delivered to both urban centers and rural areas?

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The Army Corps of Engineers has stated its intent to use dormitories, hotels, and convention centers as emergency treatment centers. Is there a plan for rural areas that do not have these facilities?

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Understanding that FEMA is now taking the lead in the national COVID-19 response, what is FEMA doing to ensure its resources are easily accessible to rural hospitals, which often have less administrative staff and resources?

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Is FEMA actively working to help states procure needed hospital supplies? If so, please detail the steps that are being taken. If not, why not?

Sincerely,

Xochitl Torres Small

Member of Congress

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Ann McLane Kuster

Member of Congress

Jared Huffman

Members of Congress

