



*We Will Empower Bold Change to Elevate
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May 8, 2024

The Honorable Jason Smith
Chairman
House Ways and Means Committee
United States House Representatives
Washington, D.C.

The Honorable Richard Neal
Ranking Member
House Ways and Means Committee
United States House of Representatives
Washington, D.C.

Dear Chairman Smith and Ranking Member Neal:

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization representing more than 2,200 Catholic healthcare systems, hospitals, long-term care facilities, clinics, service providers, and organizations, I would like to take this opportunity to express our views on several of the pieces of legislation being considered by the committee during its May 8th mark-up. As the largest provider of not-for-profit health care services in the nation, the Catholic health care ministry, with 674 hospitals including more than 700,000 full-time and part-time employees and 1200 long-term care facilities, is on the frontlines responding to community needs across our country. Catholic hospitals and providers have been at the leading edge of expanding the use of telehealth programs across the country, especially in rural communities, through our more than 200 rural designated hospitals. In light of this work and experience, we welcome the opportunity to support **H.R. 8261, the “Preserving Telehealth, Hospital and Ambulance Access Act.”**

Telehealth is an important resource for connecting patients to vital health care services by supporting better health outcomes, more patient choice and greater health access to people across the country. The COVID-19 pandemic demonstrated the profound impact greater access to telehealth can have for millions of Americans across the country, connecting patients to a range of health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications. Through telehealth, health care providers can help ensure patients receive the care they need, when they need it, while also providing greater access to health care consultations with specialists for those living in rural and low-income communities. Telehealth is, therefore, a critical tool in promoting greater health access and equity, particularly for low-income and vulnerable communities.

The telehealth flexibilities created as part of the COVID-19 pandemic response have supported access to health care for more than 30 million Americans on Medicare alone. At the height of the covid-19 pandemic, over 70 million people used telehealth services. Today, telehealth continues to provide access to care while expanding access to specialized care consultations. Last year, one in seven patients report having used a telehealth visit that would have otherwise sought care in an emergency room. In addition, access to neonatal telehealth has reduced hospital transfers by nearly 30%.¹ Telehealth flexibilities have played an increasingly important means of ensuring more people

¹ Telehealth Access for America, <https://telehealthaccessforamerica.org/benefits/>



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have affordable and quality health care, regardless of geography or social and economic barriers. We strongly support Section 102 of this bill regarding how the U.S. Department of Health and Human Services (HHS) should work to issue guidance and best practices for working with populations with limited English proficiency (LEP). Our members are committed to advancing health equity, and this provision will aid providers in their mission to deliver quality, patient-centered, and culturally competent care for diverse populations.

H.R. 8261's extension of the telehealth flexibilities for two years provides a welcome and important first step in ensuring the stability and availability of telehealth for those providers and patients who rely on it. **We support these provisions and look forward to continuing to work with you to make these telehealth flexibilities permanent in the future.**

In addition, we welcome and support the extension of the *Acute Hospital Care at Home Waiver, the increased inpatient hospital payment adjustment for certain low-volume hospitals, and the Medicare-Dependent Hospital Program.* At a time when our nation's hospitals, particularly those serving rural communities or a disproportionate share of Medicare patients, face increasing financial challenges because of higher costs for labor, supplies and drugs, extending these programs provides critical assistance for those hospitals most acutely facing these financial challenges.

H.R. 8245, the "Rural Hospital Stabilization Act"

The Rural Hospitals Stabilization Act would award grants to hospitals, critical access hospitals, and rural hospitals to assist them in ensuring access to local services. With more than 200 rural hospitals, Catholic health care providers are providing critical services to communities in need. However, rural health care providers continue to face historical challenges in providing services and meeting their community's needs. Since 2005, more than 100 rural hospitals have closed, and more than 600 additional rural hospitals are at risk of closing, according to the Center for Healthcare Quality and Payment Reform. **The "Rural Hospital Stabilization Act" provides welcome support to ensuring rural communities have the critical services they need.**

H.R. 8244, the "Ensuring Seniors' Access to Quality Care Act"

The "Ensuring Seniors' Access to Quality Care Act" would allow nursing home providers, who have been prohibited from training staff to be certified nurse aids (CNA) because of compliance penalties, to begin training staff once they have demonstrated their return to compliance, rather than having to wait a full two years. CNAs are an integral part of quality care for nursing home providers. At a time when nursing home providers face new challenges to recruit and retain qualified staff and face new mandates on nursing staffing minimums, having a robust training program for CNAs is critical for addressing workforce shortages and ensuring qualified workers to deliver quality care for our country's aging population. **We therefore support the Ensuring Seniors' Access to Quality Care Act.**



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Finally, we thank you for your focus on addressing the challenges in the rural physician workforce and specialized rural hospital access. As we previously noted, the rural health workforce and health care facilities continue to face acute challenges to remaining open and recruiting workforce to serve rural communities. We look forward to continuing to work with you on how to best address these challenges in the coming weeks and months.

As Catholic health care providers, we are committed to ensuring that everyone in our nation has access to affordable health care. CHA stands ready to continue to work with you on strengthening our nation's health system to provide access, coverage, and affordability for everyone.

Please feel free to contact Lisa Smith, Vice President, Advocacy and Public Policy (Lsmith@chausa.org), Lucas Swanepoel, Senior Director of Government Relations (Lswanepoel@chausa.org), or Paulo Pontemayor, Senior Director of Government Relations (Ppontemayor@chausa.org) if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Sr. Mary Haddad". The signature is written in a cursive style with a large, flowing "M" and "H".

Sr. Mary Haddad, RSM
President and CEO