

## MISSOURI HOSPITAL ASSOCIATION DECEMBER 2020 ADVOCACY REQUESTS

- **Extend the December 31, 2020, deadline for state, county and tribal governments to spend their current allotments of Coronavirus Relief Funds.** Without congressional action, Missouri state government will be barred from continuing to use its distributed allotment of Coronavirus Relief Funds to support a vital workforce recruitment initiative necessary to expand the capacity of hospitals to respond to the surge of COVID-19 patients.
- **Continue enhanced federal funding for states through Medicaid but prevent the resulting inadvertent reduction of Missouri Medicaid Disproportionate Share Hospital payment capacity.** In 2020, Congress delivered COVID-19 financial relief to states by increasing their federal matching fund percentages for the Medicaid program. Unfortunately, this FMAP increase lowered the formula-driven capacity of Missouri and some other states to make Medicaid DSH payments to hospitals to cover part of their costs of treating the uninsured. Missouri's loss is projected to be \$75 million.
- **Delay the pending reductions in states' allotments of federal funds to support Medicaid DSH payments.** Nothing has occurred to make the DSH allotment reductions for Missouri more justifiable in December 2020 than they were when Congress enacted its previous four delays.
- **Continue to waive Medicare sequestration during the declared public health emergency.**
- **Enact liability protections** for actions taken by hospitals and other health care providers to deliver and manage health care services during a federally declared public health emergency. Federal action can establish uniform standards, limiting the incentive for practitioners to relocate to states with more favorable liability laws. It also can expedite protection until state legislatures can act on the topic.
- **Authorize additional funds for the Provider Relief Fund created by the CARES Act** to support health care providers in the ongoing COVID-19 pandemic. While some of the funds already allocated for that purpose remain unspent, the need for financial assistance continues with the recent explosive resurgence of the pandemic. Also, for Missouri hospitals, 70% of CARES Act relief involve loans with repayment obligations; 30% are grants.
- **Restore the June 19, 2020, U.S. Department of Health and Human Services standards for reporting and repaying Provider Relief Funds** distributed under the auspices of the CARES Act. On September 19, HHS announced new standards for the use of Provider Relief Funds distributed under the auspices of the CARES Act. The new standards upended the standards HHS announced on June 19. Many hospitals express frustration with the accounting, auditing, bond rating and planning implications of the agency's abrupt, unconventional and seemingly endless revisions of its standards.
- **Exercise caution in hasty adoption of a surprise billing negotiated proposal that has not been thoroughly assessed.** MHA has long supported legislation to address concerns about surprise billing. In 2018, MHA was instrumental in negotiating a state law on the topic. It protects the patient from surprise bills that occur for emergency services performed by an out-of-network practitioner within an in-network institutional provider. It also created a platform for the insurer and practitioner to negotiate and, if needed, enter into binding arbitration to determine a fair payment rate. The Missouri law is workable and well-regarded. To that end, MHA urges Congress not to mandate a government-directed payment rate or supersede or undermine state laws that provide a baseline level of protection for the patient. MHA also asks Congress to reject new legislative requirements that are easy to write but extremely complex to do, such as the billing and transparency requirements included in the pending compromise accord announced December 12 by key committee leaders.
- **Consider full forgiveness of Medicare Advance and Accelerated Payment loans.**