



December 1, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20510

Dear Speaker Pelosi, Leader Schumer, Leader McConnell, and Leader McCarthy:

On behalf of our 25-state footprint, Trinity Health sincerely appreciates the support Congress has provided to hospitals and providers as we continue to serve our communities during the COVID-19 pandemic. The latest news on the omicron variant serves as an unwelcome reminder that we are far from out of the woods. As Congress looks to the end of the year and the end of this session, there remain several priority issues related to health care access that demand the attention of Congress before Congress adjourns. We urge you to consider the policy issues below and support legislation to address them by the end of the year.

Address Health Care Workforce Emergency

Our front-line caregivers are worn-out and burned-out—meeting public health emergency staffing needs is proving to be a challenge like none other we've faced. In addition, our nurse turnover rate is very concerning. Pre-pandemic the turn-over rate averaged 19%; since the pandemic the 12-month average has climbed to more than 27%. Nurse staffing agency rates have increased 60% since March 2021, costing Trinity Health \$200 million annually in contract labor costs. While we have increased our staffing spend by 12% during the first four months of the fiscal year, we are still struggling to fill over 14,000 vacancies including 4,000 registered nurses.

We applaud the workforce support included in the Build Back Better package. Congress must take further immediate action to strengthen the health care workforce, including:

- Honor health care workers who continue to serve through the remainder of the Public Health Emergency with some type of supplemental federal financial support.
- Increase Medicare residency slots; reauthorize nursing workforce programs; reimburse health systems for increased staffing spend; and fund loan forgiveness and clinician well-being programs.

Stop Harmful Medicare Cuts

With the end of the 2% Medicare sequester moratorium, the threat of a 4% PAYGO cut, and the 3.75% payment decrease physicians face from CMS budget neutrality adjustments, providers stand to get hit with payment cuts of nearly 10% at a time during which they are already facing immense financial pressure. Trinity Health urges Congress to pass year-end legislation that would extend the moratorium on Medicare sequester cuts, prevent the PAYGO cuts from taking effect, and cancel a scheduled CMS decrease in the Medicare conversion factor of 3.75%.

Hold 340B Hospitals Harmless from DSH Eligibility Shortcomings

The 340B program enables our safety net hospitals to care for the most vulnerable patients. Across our footprint, the 340B program supports improved patient care, increased patient medication access and adherence and decreased hospital readmissions. The impact of the COVID-19 pandemic on hospital operations has affected our hospitals' patient mix and may cause some of them to fall below the 11.75% Medicare disproportionate share hospital (DSH) adjustment percentage threshold for 340B eligibility. We urge Congress to pass legislation protecting hospitals from losing 340B eligibility during the COVID-19 pandemic.

Permanently Expand Telehealth Flexibilities

Telehealth flexibility provided during the COVID-19 pandemic has created a new standard for care and is a critical component for how we provide high-quality, patient-centered care. Providers are able to offer care at the right time and in the place that meets patient needs. In addition, allowing health care professionals to practice at the top of their license through telehealth may be a critical tool to help address long standing health care workforce challenges.

CMS has already used its authority to temporarily extend certain telehealth flexibilities through 2023. However, patients will abruptly lose access to telehealth at the end of the COVID-19 public health emergency absent Congressional action. To avoid this, Congress should pass legislation that would:

- Remove geographic and originating-site restrictions.
- Maintain and enhance U.S. Department of Health and Human Services (HHS) authority to determine appropriate providers and services.
- Allow clinicians to furnish and bill with parity of payment for in-office visits across all payers and settings.
- Clarify the facility component of telehealth offered in a provider-based clinic is eligible for reimbursement.
- Remove limitation on frequency of service.
- Maintain flexibility provided for remote patient monitoring.
- Reimburse providers for telehealth services in home health benefits during public health emergencies.
- Include attribution in an Accountable Care Organization (ACO) as evidence of an existing relationship.
- Ensure expanded covered services include prescribing and behavioral health.
- Incentivize states to adopt laws that allow providers to practice across state lines and at the top of their license.

Trinity Health urges Congress to address these important policies by the end of year. Please contact me or Tina Grant, Senior Vice President, Advocacy and Public Policy at granttw@trinity-health.org with questions.

Sincerely,



Michael A. Slubowski, FACHE, FACMPE
President and Chief Executive Officer
Trinity Health