



**Minnesota Hospital Association**

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Nov. 19, 2020

The Honorable Amy Klobuchar  
U.S. Senate  
425 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Tina Smith  
U.S. Senate  
720 Hart Senate Office Building  
Washington, DC 20510

The Honorable Jim Hagedorn  
U.S. House of Representatives  
325 Cannon House Office Building  
Washington, DC 20515

The Honorable Angie Craig  
U.S. House of Representatives  
1523 Longworth House Office Building  
Washington, DC 20515

The Honorable Dean Phillips  
U.S. House of Representatives  
1305 Longworth House Office Building  
Washington, DC 20515

The Honorable Betty McCollum  
U.S. House of Representatives  
2256 Rayburn House Office Building  
Washington, DC 20515

The Honorable Ilhan Omar  
U.S. House of Representatives  
1517 Longworth House Office Building  
Washington, DC 20515

The Honorable Tom Emmer  
U.S. House of Representatives  
315 Cannon House Office Building  
Washington, DC 20515

The Honorable Collin Peterson  
U.S. House of Representatives  
2204 Rayburn House Office Building  
Washington, DC 20515

The Honorable Pete Stauber  
U.S. House of Representatives  
126 Cannon House Office Building  
Washington, DC 20515

**Subject: MHA recommendations for the lame-duck session**

Dear members of the Minnesota congressional delegation:

Thank you for your continued support of Minnesota hospitals and health systems as they deal with the COVID-19 pandemic. Your support has been an essential factor in the ability of hospitals, health systems, and health care providers to meet the needs of their communities during this critical time.

As stated in my prior letters and our regular Congressional delegation calls this year, Minnesota hospitals and health systems face unprecedented financial challenges while combating COVID-19. As you enter the lame-duck session, there are several policy proposals that Congress could support to meet additional community needs:

1. Provide additional COVID-19 financial support relief as part of a comprehensive relief package and ensure providers appropriate flexibility to spend the relief funds already provided. Additional federal support is needed across the country to respond to the pandemic, and Congress should add additional dollars to the provider relief fund (PRF) targeted to health care providers facing COVID-related expenses and lost revenues. In addition, the Department of Health and Human Services (HHS) continues to impose unreasonable restrictions on the use of PRF that imperils payments that have already been made to hospitals and health systems;

2. Adopt additional statutory reforms that ensure regulatory limitations and litigation risk do not hamper providers' pandemic response. Proposed reforms include liability protections for health care providers, forgiveness for accelerated payments to hospitals and health systems, and extension of telehealth related flexibilities, including expanding the definition of an originating site to include a patient's home, allowing rural health clinics to serve as distant site providers, and expanding the scope of providers who are eligible for payment of facility fees;
3. Eliminate cuts to the Medicaid disproportionate share hospital (DSH) program in the next fiscal year. The DSH program provides vital financial support to hospitals that serve low-income populations. The program faces a significant cut in funding, effective Dec. 11, unless Congress acts;
4. Extend the congressionally enacted moratorium on applying the Medicare sequester cuts until the public health emergency ends. As part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Congress recognized that reducing Medicare payments to all health care providers by 2% would hamper providers' ability to respond to the pandemic. As the pandemic clearly will extend into 2021, Congress should extend the moratorium; and
5. Take steps to ensure the continued viability of the 340B Drug Pricing Program by (1) modifying federal law to ensure 340B hospitals that qualify for the program pursuant to the volume of DSH patients served are not excluded from the program in future years as a result of a COVID-related reducing in DSH patient volume and (2) ending abusive tactics used by pharmaceutical manufacturers to reduce the ability of hospitals and pharmacies to participate in the program.

We are truly grateful for the support that Congress has already provided. I am certain you agree that additional relief is necessary and urgently needed to support the health care delivery system as we enter a critical period of this unprecedented pandemic. As you know, I am concerned about our ability to maintain access and provide high-quality health care to all communities across Minnesota now and into the future.

Thank you for your leadership and continued partnership during this pandemic and for your assistance in working to ensure we can keep our health care system in a position to provide excellent (lifesaving) care to Minnesotans during and after this national emergency.

Sincerely,

A handwritten signature in black ink that reads "R. Koranne." The signature is written in a cursive, slightly slanted style.

Rahul Koranne, M.D., MBA, FACP  
President & CEO