

United States Senate  
WASHINGTON, DC 20510

February 4, 2021

The Honorable Norris Cochran  
Acting Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Acting Secretary Cochran:

We write to you regarding the Fiscal Year (FY) 2021 Consolidated Appropriations Act (P.L. 116-260), which was signed into law December 27, 2020. As you work to implement the various provisions included in the package, we would like to emphasize the importance of recognizing the challenges facing rural communities while allocating discretionary funding. In recognition of the unique challenges faced by high-risk, rural, and underserved areas, and the fact that current population-based formula funding may not factor in these circumstances, Congress set aside \$2.5 billion provided in the Public Health and Social Services Emergency Fund for “high-risk and underserved populations and rural communities” to be allocated in a targeted manner. While this package did not provide the set-aside for rural providers that we have argued for in our bipartisan COVID-19 relief proposal, it provided an essential lifeline to help them navigate these next few months, and it was coupled with other critical assistance for these providers that we urge you to implement as quickly as possible.

COVID-19 has spread across every state in the United States. While the virus initially spread most rapidly in large urban areas, in recent months we have seen this shift to more rural areas. According the United States Department of Agriculture (USDA) Economic Research Service (ERS), “the share of all COVID-19 cases in non-metro areas has been growing since late March, increasing from 3.6% on April 1 to 15.6% on December 7.”<sup>1</sup> Hospitals and health providers in regions with the highest rates of COVID-19 cases are overburdened and overrun. In 2020, at least 18 rural hospitals closed, already exacerbating access to care issues experienced in rural America, where health provider shortage areas exist in tandem with high rates of COVID-19.

With the very concerning trends in rural America, additional resources are needed to ensure that health providers and health departments have the funding necessary to address the COVID-19 pandemic. This Public Health and Social Services Emergency Fund set-aside should be distributed to support rural and underserved communities across the United States as quickly as possible. Not only is rural America experiencing higher rates of COVID-19, but rural communities are home to a greater percentage of older Americans, with 17.5% of the rural population being 65 years and older, compared to 13.8% in urban areas<sup>2</sup>, and have higher rates of chronic illnesses.

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<sup>1</sup> <https://www.ers.usda.gov/covid-19/rural-america/>

<sup>2</sup> <https://www.census.gov/library/stories/2019/10/older-population-in-rural-america.html#:~:text=More%20than%201%20in%205,to%2013.8%25%20in%20urban%20areas.>

As states continue to distribute and administer the COVID-19 vaccine, having robust testing and tracing capacity still remains imperative to address the pandemic. The funding to the Public Health and Social Services Emergency Fund is meant for “testing, contact tracing, surveillance, containment and mitigation to monitor and suppress COVID-19.”<sup>3</sup> The relative lack of pharmacies in some rural areas makes a ‘pharmacy’ approach to testing, tracing, and COVID-19 mitigation programs more difficult. This requires more funding to rural communities to navigate these difficulties and ensure robust testing, tracing, and mitigation programs, and we encourage you to allocate these resources accordingly.

In addition to these challenges, health care staffing challenges in rural communities are particularly acute. While our front line health care staff are stretched across the country, ensuring there are staff present to administer COVID-19 tests and contact tracing efforts in areas that are designated health provider shortage areas is important to address the issues outlined above. The funding included in the Consolidated Appropriations Act can also be used by states for “support for workforce”.<sup>4</sup> Understaffing causes increased workloads, longer shifts, and less flexibility in scheduling, sometimes leading to burnout. Urban facilities and practices often offer higher salaries, more benefits, and better working conditions. Funding to address this disparity in rural areas is necessary to ensure they are able to maintain health staff at this crucial time and should be considered eligible under this title.

For these reasons, we urge you to prioritize additional support for rural communities as quickly as possible. Rural communities are in need of assistance immediately. We were proud to work together in a bipartisan effort to deliver much-needed aid to our rural health providers in the last COVID-19 relief package, and we look forward to working with you to get these funds to the people and places that need them most.

Thank you for your attention to ensuring the health and well-being of patients in rural America. We welcome the opportunity to discuss your efforts addressing our concerns.

Sincerely,

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<sup>3</sup> Page 1836, Lines 8-10, PL 116-260

<sup>4</sup> Page 1846, Line 17, PL 116-260



Joe Manchin III  
United States Senator



Lisa Murkowski  
United States Senator



Margaret Wood Hassan  
United States Senator



Jeanne Shaheen  
United States Senator



Jon Tester  
United States Senator



Kevin Cramer  
United States Senator



Angus S. King, Jr  
United States Senator