

January 18, 2022

Michael Chernew, Ph.D.
Chairman
Medicare Payment Advisory Commission
425 I Street N.W., Suite 701
Washington, D.C. 20001

Dear Dr. Chernew:

On behalf of the National Rural Health Association (NRHA), I want to write comments following Medicare Payment Advisory Commission (MedPAC) vote on payment recommendations for 2023. Regarding the Commission's draft recommendation on the Low Volume Hospital (LVH) program, **NRHA has serious concerns about MedPAC recommendation to allow current LVH modifications to expire.**

NRHA is a non-profit membership organization with more than 21,000 members that provides national leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, Critical Access Hospitals (CAH), doctors, nurses, and patients. We provide leadership on rural health issues through advocacy, communications, education, and research.

Throughout COVID-19, rural hospitals have received needed support from federal lifeline programs like the Provider Relief Fund. However, it is evident that these programs are a temporary solution. When the COVID-19 pandemic moves to an endemic, and the public health emergency (PHE) ends, rural health care providers will be faced with issues of financial instability that have plagued them for years. Worse yet, we have seen the pandemic exacerbate the labor shortage and skyrocketing labor costs are a problem that is hitting rural disproportionately hard.

NRHA is deeply concerned by MedPAC's recommendation to allow the Balanced Budget Act (BBA) 2018's LVH modifications to expire, reverting statute to the 2005 criteria with a narrower volume eligibility. NRHA believes that more support will be needed to support small, rural hospital in the future rather than less. Returning this policy to pre-BBA statute will harm the rural health safety net and may contribute to a significant number of rural hospital closures. **Therefore, NRHA compels MedPAC to continue support for the LVH program by refraining from recommendations to allow the LVH modifications to expire.**

NRHA urges MedPAC to revising this policy recommendation and instead put forward proposal to lift the rural health safety net to ensure that rural providers are able to stay in their community beyond the duration of the PHE. We thank you for your consideration of our comments. Please contact Josh Jorgensen, NRHA's Government Affairs and Policy Director, for more questions at jjorgensen@ruralhealth.us.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association