



March 17, 2020

The Honorable John Thune
511 Dirksen Senate Office Building
Washington D.C. 20510

The Honorable Annie Kuster
320 Cannon House Office Building
Washington D.C. 20515

The Honorable Ben Cardin
509 Hart Senate Office Building
Washington D.C. 20510

The Honorable Adrian Smith
502 Cannon House Office Building
Washington D.C. 20515

Dear Senator Thune, Senator Cardin, Congresswoman Kuster, and Congressman Smith:

On behalf of National Taxpayers Union (NTU), I write to thank you for introducing the Reducing Unnecessary Senior Hospitalizations (RUSH) Act of 2020.¹ This legislation, which would expand the telehealth services capabilities of skilled nursing facilities (SNFs), could help reduce potentially avoidable hospitalizations of seniors at a time when our health system most needs to avoid capacity strains and the spread of disease. To that end, we ask you to amend the legislation so that it may take effect immediately upon enactment, rather than in January 2021, and be included in Congressional efforts to combat the coronavirus epidemic.

The COVID-19 pandemic is disrupting every aspect of American life, and unfortunately older adults, people with disabilities, and people with serious chronic medical conditions are more at risk than most.² With 1.5 million Medicare beneficiaries utilizing nearly 15,000 SNFs in 2018, and more than 10 percent of stays resulting in potentially avoidable hospital readmissions,³ it is critical that policymakers, public health officials, and providers take steps to prevent seniors from contracting and spreading COVID-19 to other seniors at SNFs.

This is where the RUSH Act can help. By creating “voluntary, value-based arrangements with medical groups to provide acute care to patients in skilled nursing facilities using a combination of telehealth and on-site staff”⁴ in the service of avoiding unnecessary hospitalizations, the RUSH Act could help reduce strains on hospital capacity at a critical time for our nation’s health infrastructure. State officials are warning that they could soon

¹ Congress.gov. (Introduced March 11, 2020). “S.3447.” Retrieved from:

<https://www.congress.gov/bill/116th-congress/senate-bill/3447>; Congress.gov. (Introduced March 11, 2020). “H.R.6209.” Retrieved from: <https://www.congress.gov/bill/116th-congress/house-bill/6209>

² Coronavirus.gov. (March 2020). “Get ready for COVID-19 now.” Retrieved from:

https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhigh-risk%2Fhigh-risk-complications.html (Accessed March 16, 2020.)

³ Medicare Payment Advisory Commission (MedPAC). (March 2020). “Chapter 8: Skilled nursing facility services.” Retrieved from: http://medpac.gov/docs/default-source/reports/mar20_entirereport_sec.pdf?page=247 (Accessed March 16, 2020.)

⁴ Congresswoman Ann Kuster. (March 12, 2020). “Kuster, Smith Introduce Bipartisan Legislation to Increase Telehealth Services in Nursing Facilities.” Retrieved from:

<https://kuster.house.gov/media-center/press-releases/kuster-smith-introduce-bipartisan-legislation-to-increase-telehealth> (Accessed March 16, 2020.)

see a significant strain on the supply of hospital beds, and every step policymakers can take to reduce that strain should be considered promptly.⁵

Lawmakers should also consider additional efforts to make telehealth services more quickly and widely available throughout the health care system. As NTU Foundation wrote in an Issue Brief published in early March:

“Telemedicine has the potential to revolutionize health care, offering greater access to health care professionals, eliminating regional access disparities, and lowering costs. It could also offer significant public health benefits in the face of future disease outbreaks similar to coronavirus, given the ability to offer initial consultations outside the context of hospitals and clinics, where the risk of spread is significant.

However, it cannot realize this potential unless state governments get out of the way. States should take every step to usher along the growth of telemedicine rather than hampering it through needlessly complex and overlapping laws and regulations. The potential for innovative changes is too great to waste on bureaucratic technicalities.”⁶

We believe the RUSH Act is an excellent start at the federal level, and appreciate that the bill guards against long-term increases in Medicare expenditures in the process.

NTU stands ready to work with federal and state policymakers to pave the way for the increased use of telehealth services. Such measures may save time, money, and lives during this pandemic, and we believe the RUSH Act can help - especially if amended to take effect immediately upon enactment. Thank you for introducing this important legislation, and should you have any questions I am at your service.

Sincerely,

Andrew Lautz
Policy and Government Affairs Manager

⁵ Lovelace Jr., Berkeley. “New York Gov. Cuomo warns US won’t have enough hospital beds for coronavirus pandemic.” *CNBC*, March 16, 2020. Retrieved from: <https://www.cnn.com/2020/03/16/ny-gov-cuomo-warns-us-wont-have-enough-hospital-beds-for-coronavirus-pandemic.html> (Accessed March 16, 2020.)

⁶ Wilford, Andrew; Moylan, Andrew. “Telemedicine — Potentially Revolutionary, But Still Hampered By Outdated State Regulation.” National Taxpayers Union Foundation, March 5, 2020. Retrieved from: <https://www.ntu.org/foundation/detail/telemedicine-potentially-revolutionary-but-still-hampered-by-outdated-state-regulation>