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February 18, 2022

The Honorable Richard E. Neal  
372 Cannon House Office Building  
Washington, DC 20515

Dear Chairman Neal:

On behalf of the members of the Conference of Boston Teaching Hospitals, I write to express our gratitude for the ongoing support of hospitals and health care providers throughout the COVID-19 pandemic. The bipartisan aid that Congress provided throughout the pandemic has made an immeasurable difference in keeping our hospitals and health care system running and giving us the ability to maintain our staffing and other resources. However, despite declining case counts, positivity rates, and hospitalizations, Greater Boston's academic medical centers and teaching hospitals, and the patients and communities we serve, continue to face tremendous challenges. Below, we outline COBTH's top priorities for the remainder of the 117th Congress that would support our ongoing response to these challenges.

### **Supporting the Health Care Workforce**

The COVID-19 pandemic has placed an enormous strain on our health care workforce at every level. Fatigue, stress, and burnout weighs heavily on our staff, resulting in an unprecedented number of resignations and early retirements. And in turn, hospitals are forced to pay exorbitant sums to traveling nurses and staffing agencies to ensure we can meet the needs of our patients. Additional financial support for hospitals is critical to offset these needs in the short term, but in the long term, we must do more to recruit and retain health care workers.

We must also improve the diversity of our health care workers to ensure our clinical staff reflects the communities we serve. COBTH supports efforts to increase the physician workforce, and is enormously grateful for Congress's action to add 1,000 Medicare-supported graduate medical education (GME) positions in 2020. However, more must be done to strengthen our physician workforce, in addition to nurses and other critical allied health professionals. In particular, COBTH supports legislative efforts to add additional Medicare-supported GME slots, increase funding for loan forgiveness programs for health care workers, enhance HRSA's nursing workforce development programs, and expand federal grant programs to increase the diversity of the health care workforce pipeline.

Workforce support is needed mostly acutely in behavioral health care across the entire spectrum of behavioral health services – from prevention and community-based services to acute inpatient and intermediate care. We strongly urge Congress to make significant investments in behavioral health training programs and other ways to improve access to behavioral health care, with enhanced focus on the unique needs of both our pediatric and geriatric populations. Providing sufficient access to behavioral health care has been a challenge in the Commonwealth and throughout the country that predates the pandemic, but COVID-19 restrictions and lack of adequate frontline and support staff have substantially diminished our existing capacity and separated patients from needed services. While there is a need to create additional physical capacity for inpatient behavioral health care services, those services can only be provided with adequate staff to support new beds. COBTH's hospitals are willing

and eager to work collaboratively to identify creative and innovative solutions to increasing, and diversifying, our behavioral health care workforce. COBTH supports the Opioid Workforce Act and the Substance Use Disorder Workforce Act, legislation to address the shortage of substance use disorder treatment providers by adding residency slots in addiction medicine, addiction psychiatry, and pain medicine. We also believe improving access to loan forgiveness and other efforts to reduce the financial strain of behavioral health care training would improve the pipeline of non-physician workers who are critical to providing behavioral health services.

### **Ensuring Health Care Access via Telehealth and Hospital at Home Waivers**

Teaching hospitals, faculty physicians, and other providers have utilized waivers and flexibilities throughout the pandemic to ensure consistent access to medical care for patients via telehealth. COBTH members and the patients we serve have seen the benefits of these critical waivers firsthand, including expanded access to care for those in underserved areas, and the ability to access care safely during the heights of community spread of COVID-19. The innovative care allowed by these waivers has the potential to continue to improve access well beyond the PHE, but only if Congress makes these policies permanent. Specifically, we ask that Congress require Medicare to: 1) remove restrictions on patient location and rural site requirements to allow patients access to telehealth visits in any location; 2) remove limitations on the type of clinicians that can provide telehealth; 3) reimburse providers the same amount for telehealth services as in-person visits; and 4) allow payment for audio-only services beyond mental health. We also note that at this time, more Americans than ever are covered by Medicaid, and encourage you to consider policies that would encourage adoption of favorable telehealth coverage by state Medicaid programs.

Additionally, a number of our teaching hospitals have seen favorable patient outcomes in their Acute Hospital Care at Home programs. By treating patients in their homes instead of admitting them to the hospital or keeping them in the hospital, hospitals can deliver care where patients are most comfortable and also alleviate facility capacity issues. COBTH member teaching hospitals that have invested in these programs throughout the pandemic are concerned that their efforts will unravel should this waiver not be extended beyond the PHE. Teaching hospitals have made significant investments to ensure patient satisfaction and safety, and these programs have the potential to transform care delivery.

COBTH urges Congress to extend these critical telehealth waivers and the Acute Hospital Care at Home waiver until at least Dec. 31, 2024, allowing Congress adequate time to develop permanent policy solutions to these issues and providing certainty to both providers and patients.

### **Bolstering Preparedness**

Through our collective experience on the frontlines of the COVID-19 response over these past two years, we have learned the hard way the dire need to improve our nation's preparedness infrastructure, especially clinical preparedness. COBTH's hospitals worked collaboratively and intensely over every COVID-19 surge in hospitalizations, without the benefit of complementary real-time bed capacity information. COBTH submitted extensive [comments](#) to the Senate Committee on Health, Education, Labor, and Pensions Committee on the recently-released discussion draft for the PREVENT Pandemics Act. In particular, the letter highlights the need for resources to support investments in statewide hospital and health care delivery system "load balancing" and capacity coordination platforms, including funding for the technology and staffing infrastructure necessary to effectively manage and coordinate hospital capacity in real time. This support would enable academic medical centers and our sister community hospitals to have the resources and tools to respond to crises effectively, and to avoid the invocation of crisis standards of care and any single hospital. It is also essential that Congress continues to support regional coordination and collaboration.

In addition to this request, COBTH strongly supports efforts to support and invest in clinical preparedness, reinvest in our public health infrastructure, ensure access to key supplies and medical countermeasures, invest in data modernization, and advance and facilitate medical research and innovation. Additionally, COBTH strongly supports the application of a racial and ethnic health equity framework to all elements of pandemic and other disaster planning, including through meaningful community engagement and consideration of the unique needs of different populations in all aspects of emergency response.

Thank you for your consideration of these important priorities. COBTH also supports the requests recently submitted to the delegation by the [Massachusetts Health & Hospital Association](#) and to Congressional leadership by the [Association of American Medical Colleges](#). Please do not hesitate to be in touch with any questions or if we can provide additional information on these or other matters.

Sincerely,



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