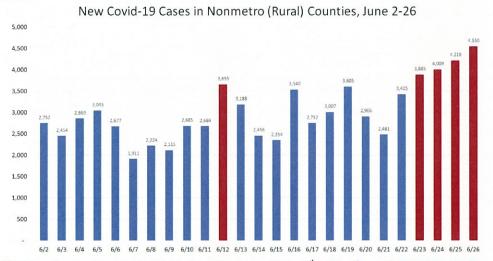
The Rural Hospital Closure Relief Act: Immediately Necessary COVID-19 Relief

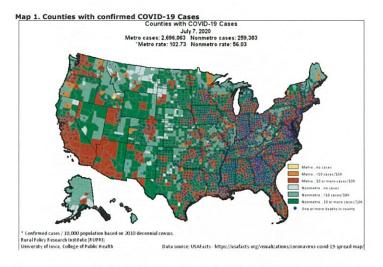
Why the Rural Hospital Relief Act is Needed to Combat COVID-19? Current CDC data strongly indicates that the spread of COVID-19 is currently more rapid in rural communities. Rural hospitals are at high risk of closure. Many on have only days of cash on hand and nearly half operate at a financial loss. COVID-19 can be devastating to rural communities, whose patient population are older with higher comorbidities. CARES relief dollars are already dwindling, and many rural hospitals could close just as this pandemic spreads to their rural communities. The Rural Hospital Closure Relief Act is the most cost-effective, quickest way to stabilize the most vulnerable rural hospitals to ensure that rural hospitals doors will be open when COVID-19 hits rural communities. Please see data below:

COVID-19 is growing faster in rural areas.

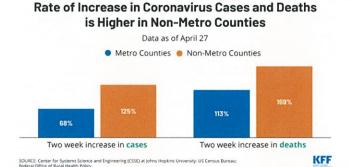
 Daily Yonder (June 27th): "For Four Days in a Row, Rural Counties Set Record for New Covid-19 Cases"



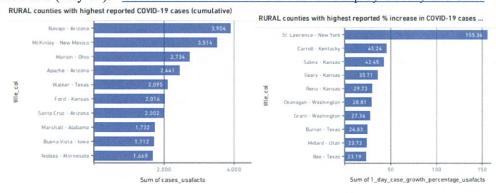
- RUPRI Center for Rural Health Policy Analysis (July 7th): <u>Confirmed COVID-19 Cases</u>, <u>Metropolitan and Nonmetropolitan Counties</u>
 - o "As of July 7, 2020, there were a total of 2,955,446 cases and 130,373 deaths identified in counties (data provided by USAFacts.org), with 259,383 cases and 7,414 deaths (about 8.8 percent of cases and 5.7 percent of deaths) reported in non-metropolitan counties. But as many experts have pointed out, the rate of growth in cases is very different depending on location. Further, the stress on the health care delivery system is proportionate a small number of cases creates stress for low capacity systems just as a large volume of cases creates stress for larger capacity systems."



- Kaiser Family Foundation (April 30th): "Just Released COVID-19 in Rural America Is There Cause for Concern?"
 - "While to date big cities and major urban areas have seen the greatest number of coronavirus cases and deaths, a new KFF analysis finds the growth rate is now higher in rural areas, where the population tends to be older, younger people are more likely to have high-risk health conditions, and there are fewer intensive-care beds."



USA Facts (July 8th): "Coronavirus Locations: COVID-19 Map by County and State"



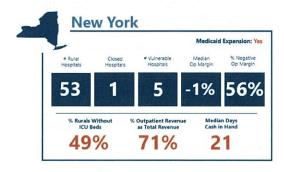
title_col	total_cases	hospital_count	bed_count
1 Navajo - Arizona	3,904.000	5	176
2 McKinley - New Mexico	3,514.000	4	148
3 Marion - Ohio	2,734.000	1	174
4 Apache - Arizona	2,441.000	4	162
5 Watker - Texas	2,095.000	1	90
6 Ford - Kansas	2,016.000	1	60
7 Santa Cruz - Arizona	2,002.000	1	25
8 Marshall - Alabama	1,732.000	1	150
9 Buena Vista - Iowa	1,712.000	1	25
10 Nobles - Minnesota	1,669.000	1	48
11 Troup - Georgia	1,643.000	1	276
12 Cass - Indiana	1,638.000	3	165
13 Finney - Kansas	1,584.000	1	90
14 Duplin - North Carolina	1,579.000	1	49
15 Litchfield - Connecticut	1,504.000	2	157
16 Sullivan - New York	1,457.000	2	99
17 Robeson - North Carolina	1,338.000	1	246
18 Columbiana - Ohio	1,307.000	2	219
19 Jones - Mississippi	1,128.000	1	268
20 Colquitt - Georgia	1,123.000	2	127
21 Sampson - North Carolina	1,112.000	1	59
22 Hendry - Florida	1,101.000	1	25
23 Anderson - Texas	1,082.000	1	150

COVID-19 is negatively impacting rural hospitals, who were on the brink of closure

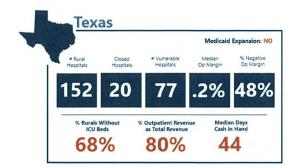
- Health Leaders Media: "6 Steps for Rural Hospitals to Rise to the Coronavirus Challenge"
 - o Details the COVID-19 experience of Mary Margaret Health, a CAH in Indiana
- Chartis Center for Rural Health Research data:

Impact of COVID-19 (State Spotlight)

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