

AMERICA'S HOSPITALS AND HEALTH SYSTEMS

March 28, 2022

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Secretary:

As representatives of our nation's hospitals and health systems, we are writing to ask you to renew the COVID-19 public health emergency (PHE). We believe this is an important step to ensure our members can serve their patients and communities during the pandemic and beyond.

While we are heartened that COVID-19 infections and hospitalizations are decreasing in the United States, hospitals and health systems are still dealing with COVID-19 patients and deaths on a daily basis. We are also concerned about vulnerable populations, like children under 5 years old and the immunocompromised, who cannot be vaccinated. In addition, there may still be additional surges to address. Case numbers in Europe are rising due to an Omicron subvariant, and may be a harbinger of the potential for another increase in COVID-19 cases in this country.

Regardless of potential new case increases, our members continue to face challenges related to workforce shortages and staff burnout, continuing disruptions in the supply chain leading to shortages of supplies and a need for further clinical guidance regarding the symptoms of and best course of treatment for long COVID-19 patients. In addition, our hospitals and health systems are increasingly caring for patients with a variety of health needs for which care had to be delayed due to the pandemic. This includes the extraordinary need for behavioral health services for many who have suffered during the pandemic from stress, isolation and other triggers for depression, as well as substance abuse and other behavioral health disorders.

The PHE declaration allows you to take certain actions in response to the COVID-19 pandemic. These include waivers of certain Medicare, Medicaid, CHIP, and HIPAA Privacy Rule requirements, such as: conditions of participation; staff licensure requirements for practicing in other states; limitations from liability for certain providers; sanctions under the Emergency Medical Treatment and Labor Act for direction or relocation of an individual; important telehealth waivers; and deadlines and time tables for performance of required activities, such as quality reporting. Also, the additional 6.2% in Federal Medical Assistance Percentage funding for the state Medicaid programs, designated in the Families First Coronavirus Relief Act, is tied to the length of the PHE and the continuous coverage requirement has been essential in helping provide health care coverage to vulnerable populations during the economic downturn.

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We understand the desire to move on from the pandemic, as illustrated in recent Congressional letters and legislative action, and we too would like a return to focusing on non-pandemic related health care in our communities. Yet it is important to be prepared for potential disruptions to the health care delivery system. The PHE allows our members the flexibilities and resources to respond to the COVID-19 virus, while best serving our patients. As we move forward, we urge the administration to work closely with patients, providers and stakeholders to ensure access to care is preserved.

We request you act to renew the PHE so that hospitals and health systems are able to continue providing the highest levels of care for our communities.

Sincerely,

America's Essential Hospitals
American Hospital Association
Association of American Medical Colleges
Catholic Health Association of the United States
Children's Hospital Association
Federation of American Hospitals
National Association for Behavioral Healthcare
Premier healthcare alliance
Vizient, Inc.