

July 29, 2022

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

Dear Secretary Becerra:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) strongly urges you to renew the COVID-19 public health emergency (PHE) due to expire in October. This declaration is necessary to ensure continuation of critical waivers and other flexibilities and minimize additional disruptions to our increasingly fragile health care delivery system.

The AHA deeply appreciates the support that the Department of Health and Human Services (HHS) has provided during the pandemic. The actions taken by the Administration have proven essential in equipping our members with the tools and resources they need to manage continued COVID-19 surges, as well as provide efficient and effective care during this unprecedented environment of labor shortages and workforce burnout. For example, the waivers have allowed for hospital-bed flexibilities, expanded access to telehealth services, establishment of hospital at home programs, the ability of health care professionals to practice across state lines, and provider relief from administrative burdens. Additionally, the PHE declaration has allowed for several critical coverage and hospital payment policies, including a 20% DRG add-on payment for COVID-19 patients, new technology add-on payments for new COVID-19 therapeutics, an enhanced Federal Medical Assistance Percentage (FMAP) rate of 6.2% for states. Ending the PHE prematurely would place our hospitals in an extremely challenging position and would directly affect our ability to care for our patients and communities.

This week, we surveyed some of our hospital and health system members to ascertain whether the COVID-19 waivers continued to be essential. In response:

- 93% said their hospital would be impacted if the waivers were rolled back, with 60% saying it would be significant;
- 89% told us they still depend on the flexibilities provided by the PHE waivers to deliver needed care;



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- 78% said the waivers provide important support in managing ongoing staffing issues and shortages;
- 72% indicated that the waivers were extremely important to their hospital or health system; and
- 72% said that the withdrawal of the waivers would significantly affect their patients' access to health coverage.

The waivers have provided hospitals and health systems with critical flexibilities to manage this prolonged and unpredictable pandemic. While these temporary policies have been created as a direct response to the PHE, hospitals have utilized them as a catalyst for establishing new, innovative and safe ways for delivering patient-centered care. Thus, we believe several of these waivers should become permanent Medicare policy, and several others will require a thoughtful transition period to ensure a smooth shift to a post-PHE health care delivery environment.

Now is not the time to eliminate these vital flexibilities. Hospitalizations and deaths are again on the rise given the B.A.5 variant, and there is a real possibility of additional surges in the fall and winter – along with a possibly difficult flu season. Our providers also are experiencing sicker patients with more critical medical needs due to delays in seeking care during the Delta and Omicron surges. Moreover, hospitals continue to be challenged by supply chain disruptions, increasing expenses due to labor, supplies and inflation, changing guidance regarding vaccines and therapeutics, dramatic increases in the demand for mental and behavioral health, and, most importantly, by significant shortages of doctors, nurses, pharmacists, therapists and other health care personnel.

We strongly urge you to continue the COVID-19 PHE set to expire in October and allow for significant stakeholder engagement to create a smooth transition out of the pandemic.

We appreciate our continuing partnership in working to address the challenges of the pandemic and would welcome the opportunity to provide any additional information you may need. Please contact me or Ashley Thompson, AHA senior vice president of public policy analysis and development, at athompson@aha.org or 202-626-2688.

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer

Cc: The Honorable Chiquita Brooks-LaSure
Jonathan Blum