

January 19, 2022

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

Dear Secretary Becerra:

As chief executives of major academic health centers, we write to thank you and the Department for your continued support of our health care facilities and workers experiencing great stress combating successive COVID-19 surges. Furthermore, we wish to express our appreciation for the renewal of the COVID-19 Public Health Emergency (PHE) declaration on January 14, 2022, and encourage you to outline a timeline for future PHE extensions to avoid operational disruptions and uncertainties that an abrupt end to PHE-related flexibilities would entail.

We manage large, complex healthcare organizations serving diverse patient populations across the country. Over the last year, we have frequently relied on the Department's message to governors last January outlining the anticipated duration of the PHE for the entirety of 2021 and commitment to provide notice 60-days before letting it expire. This message served to provide predictability and stability to health systems and providers at a time of extreme uncertainty. It allowed us to make better decisions for patients with COVID-19, knowing that additional federal support and flexibility would remain in place. Even as the pandemic changes form, conditions on the ground remain fluid and deeply challenging. Our individual institutions' experiences vary greatly, but we unanimously agree that the PHE designation is one of the most salient and impactful interventions HHS has utilized to assist health care organizations in meeting the shifting care demands of the COVID-19 pandemic.

The same facts that led to the determination of a full year extension last year exist today, and in some ways the situation is much worse. While we recognize a PHE declaration is temporary in nature, **we urge you to publicly announce an intention to keep the PHE in place beyond the current official 90-day declaration window. Granting hospitals and other providers a longer window of certainty will in turn allow providers to plan, budget and invest in the delivery of care that makes sense for patients in the current environment.** This certainty improves our ability to flex resources for staffing, bed and supply chain needs for future surges.

Our institutions are using the PHE authorities in numerous and novel ways. Expansion of telehealth services unlocked by the PHE declaration have allowed us to reach patients in their homes at an unprecedented scale, improving access to rural and underserved communities. Telehealth has been an especially useful tool during the present omicron surge in helping to address acute staffing challenges. Under HHS guidance, the PHE has also allowed academic health centers like ours to expand sites of care through innovative models like Acute Hospital Care at Home programs or temporary conversion of ambulatory surgery centers into inpatient

beds. These flexibilities have yielded true health care transformation that shows clear benefit for patients and should be considered for permanent incorporation into our healthcare system rather than facing an uncertain future every three months. Additional federal Medicaid matching funds have given state Medicaid agencies and safety net providers resources to deliver better care to COVID-19 patients more equitably. The pandemic continues to drive significant need for care in unserved communities.

The national PHE declaration has offered a degree of much-needed stability over the course of the pandemic in comparison to patchwork state and local emergency orders and declarations that have shifted continuously. The failure of many states to extend provider licensure flexibilities, for example, have led to a chaotic roll back in access for patients.

Unwinding operations dependent on PHE authorities will take time, and the current 90-day timeline causes undue burden and worry at a time of unprecedented staff shortages, supply chain disruption and overwhelmed clinical operations. We urge you to extend this measure of stability by communicating to the health care field in advance of COVID-19 PHE renewals and argue a similar message to the states from what you issued in early 2021 is warranted. Once the pandemic stage of COVID-19 has ended, health care providers will still face a period of incredible challenges as we transition to more stable operational tempos.

Thank you for your consideration and leadership. Please know that the undersigned and our institutions stand ready to partner with HHS in any way we can to bring the pandemic stage of this disease to a close.

Sincerely,



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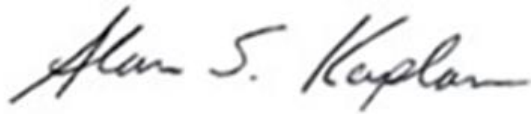
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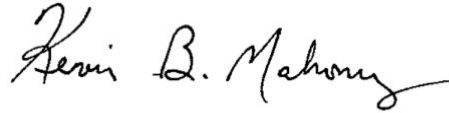
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