

March 24, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Republican Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi and Leaders Schumer, McConnell, and McCarthy:

As chief executives of some of the nation's leading academic health centers, we write to express our immense gratitude for the efforts Congress has undertaken over the past year to extend relief to providers and health systems on the frontlines of the fight against COVID-19. The CARES Act and other legislative measures in 2020 offered much needed support to the health care delivery system and the nation's public health infrastructure at a time of crisis.

In addition, we note with appreciation provisions included in the American Rescue Plan Act that will expand testing and vaccine capabilities, bolster coverage, support state and local governments' strained public health capabilities, and invest in programs addressing burnout and mental health supports for health care workers that have faced an extremely challenging year. Without question, the scale of the collective response has been unprecedented, involving trillions of taxpayer dollars. At the same time, the reality of an ongoing pandemic and economic fallout suggest additional, targeted items deserve consideration.

As the Congress takes up further legislative proposals this year, we urge priority consideration of the below:

Medicare Sequester Relief

Congress should extend the moratorium on the Medicare sequester set to expire in March and prevent additional sequester cuts to Medicare this year that might be triggered by PAY-GO budget rules. Extending relief from the 2% reduction in Medicare payments was one of the single most effective ways to grant financial relief to a broad array of health care providers. Continuing this moratorium for at least the term of the Public Health Emergency has the added benefit of administrative simplicity and equitability, extending relief to providers in every state and congressional district.

Securing Gains in Telehealth

Congress should build off of the tremendous gains made in telehealth coverage and accessibility achieved in 2020, ensuring patients continue to have access to needed medical services from their homes beyond the current Public Health Emergency.

Congress should permanentize certain temporary telehealth flexibilities (such as removal of the geographic and originating site of service requirements) as well as pass the telehealth provisions of the TREAT Act. Together, these measures would ensure clinicians at our centers are able to continue to care for patients, including those who live across state lines, who increasingly require access to telehealth services given widespread regional primary care and specialty physician shortages.

Buttressing the Research Enterprise

Federal investment in biomedical research at the National Institutes of Health (NIH) has led to the development of vital treatments including the recently developed vaccines for COVID-19. The COVID-19 pandemic has caused significant disruptions to our nation's research enterprise. This has resulted in the loss of momentum and progress in some research areas, delays in clinical trials, and reduced opportunities for young investigators and research labs. We support the Research Investment to Spark the Economy (RISE) Act's call for \$25 billion in research relief. We urge Congress to provide immediate relief needed to supplement funding for research expenses impacted by the COVID crisis, including research grant and contract supplements and research personnel.

Provider Relief Fund Replenishment

The Provider Relief Fund (PRF) authorized by the CARES Act has been a tool for HHS to extend targeted monies to providers. Despite challenges in its operationalization, there is little doubt that PRF assistance has served as a lifeline to hospitals and health systems faced with unprecedented challenges stemming from lost revenues and expenses resulting from COVID-19 response.

As the COVID pandemic response and disruption to normal health care operations will continue for months to come, Congress should replenish the dwindling PRF account. We encourage Congress to work with the Biden Administration to ensure that additional PRF allocations are effectively targeted. Academic medical centers like ours are on the frontlines of providing the most advanced care for the sickest patients. In addition, we believe there remains a demonstrable need for additional relief in many segments of the delivery system. For example, faculty physician practice plans associated with academic medical centers have in general received minor financial support through the PRF to date.

In addition to these time-critical items, Congress should consider making new investments in academic health center infrastructure and pandemic preparedness capabilities in the context of any major infrastructure package. We look forward to communicating more detailed recommendations for modernizing the specialized infrastructure at major academic centers in order to ensure that the public health and health delivery systems are able to rapidly identify, respond to and mitigate emerging infectious threats before small-scale epidemics become major pandemic events.

Thank you for your leadership and collective efforts to ensure health care delivery and public health systems come out of the public health emergency strengthened and increasingly prepared to face future pandemic threats.

Sincerely,



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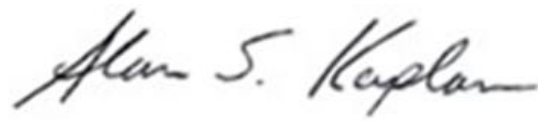
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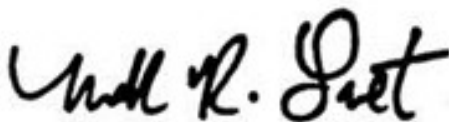
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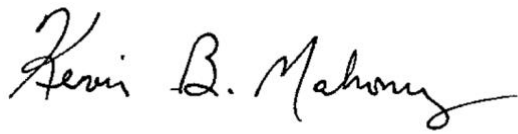
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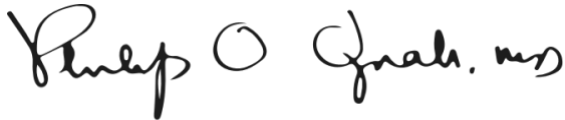
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