

June 26, 2020

The Honorable Lamar Alexander  
Chairman, Committee on Health,  
Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member, Committee on Health,  
Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

Dear Chairman Alexander, Ranking Member Murray, and Senate HELP Committee Staff,

We, the undersigned organizations, write to express our sincere appreciation for your leadership and Congress' response to the novel 2019 coronavirus (COVID-19) pandemic. We commend you for publishing the white paper, *Preparing for the Next Pandemic*, and for hosting the June 23 hearing, *COVID-19: Lessons Learned to Prepare for the Next Pandemic*. We wholly support efforts to ensure the United States' healthcare system is better prepared for the next public health emergency.

Our group consists of Leading Health Systems—integrated delivery networks that pursue innovative care efforts throughout our communities—serving more than 26 million patients across the country. Our organizations are on the front lines combatting this pandemic; in the 20 states served by the undersigned organizations, there have already been more than one million confirmed cases of COVID-19. Our groups have risen to the challenge in innumerable ways: setting up triage tents on hospital grounds, providing contact-tracing support to local public health departments, redistributing frontline providers and necessary supplies between our integrated network facilities to manage patient surge, and investing in innovative technologies to care for patients remotely. That said, our group is uniquely positioned to offer insights on lessons learned thus far from COVID-19, and provide recommendations to the Committee to better prepare the healthcare system for future pandemics.

**Stockpiles and Distribution** Throughout the COVID-19 pandemic, states and healthcare providers experienced severe medical supply shortages and were faced with confusing and inconsistent direction about how to access the federal reserve of medical supplies. Congress must ensure the healthcare system – at the federal and state levels, and through public-private partnerships - has sufficient stockpiles of working, up-to-date medical equipment, including high-cost equipment such as ventilators, as well as personal protective equipment (PPE) for healthcare workers, and ancillary medical supplies. Clear guidance is needed for maintenance, distribution, and use of the Strategic National Stockpile, and should include expedited processes for 'hot-spot' areas needing supplies during a public health emergency.

**Telehealth Innovations** Due to unprecedented patient demand, Leading Health Systems around the country have invested millions of dollars in innovative telehealth platforms to provide virtual care to patients. These telehealth opportunities have allowed patients to receive necessary care in their home, thereby reducing community transmission. Similarly, by keeping non-emergent patients out of the emergency department, telehealth use during a pandemic ensures hospitals have as many beds as possible to deal with surging caseloads.

Our groups are extremely thankful for the waivers and flexibilities – including eliminating the originating site rule, expanding the scope of permitted services, and allowing audio-only visits – permitted throughout the duration of the public health emergency (PHE). We were extremely pleased to see the Committee consider making some of the flexibilities permanent beyond the scope of the PHE, and we strongly urge Congress to move forward making these changes a fixture for our healthcare system.

**Funding for Health Systems** The COVID-19 pandemic has created significant financial pressure and loss of revenue for health care systems. We appreciate Congress' prompt legislative responses to address this issue by infusing additional funding into the healthcare system. In preparation for the next pandemic, we urge Congress to allocate additional funds to HHS for distribution to health systems in case of public health emergency. Having this emergency fund set aside will ensure prompt distribution to providers who are experiencing the first surges and will allow Congress time to allocate additional funding for subsequent waves, if necessary. Furthermore, Congress should develop a consistent methodology for distributing these funds to health systems across the country as well as clear guidance on how health systems and other providers can apply for additional funding if necessary.

**Surge Capacity and Workforce** As with any epidemic or pandemic, cities across the country have experienced surges in COVID-19 cases at different times: even now, some states are still in the 'first wave' of cases, while other states have flattened the curve. Integrated delivery networks, with facilities and providers spanning multiple states or regions, are uniquely positioned to address this imbalance and throughout the COVID-19 pandemic, Leading Health Systems have already demonstrated an ability to relocate necessary front-line workers from low-surge communities to high-need communities as the virus spreads.

Congress should continue to work with state health professional licensing boards to leverage the integrated healthcare model and permit healthcare workers to provide care across state lines in times of emergency. Similarly, as consumer and provider adoption of telehealth continues to accelerate, Congress should work to eliminate unnecessary barriers to telehealth offerings; when healthcare services are delivered virtually, patients should have the choice of any provider in any state for their care. This is especially true for communities that border state lines and in rural areas where a top-notch provider may be located just across a state border.

**Data Collection and Reporting** Access to reliable and comprehensive data is critical to track and understand the impact of a pandemic across different regions and populations. However, accessing this type of data is significantly challenging and the data currently reported by states is not standardized, making it difficult to make any meaningful geographic comparisons. To address these issues, we ask that Congress work with HHS, the National Quality Forum (NQF), state and local health agencies to create national reporting standards to be used during pandemics. We also recommend that Congress create a central repository for all pandemic-related data. The central repository should utilize a single, standardized reporting method to expedite the collection and analysis of data and eliminate the need to create multiple reports for all different governmental (local, state, and federal) agencies in order to minimize the reporting burden on providers. Congress should also invest in modernizing the data infrastructure of states.

Again, we want to thank you for your leadership throughout the COVID-19 pandemic and commend your interest in ensuring the United States' healthcare system is better prepared for the next public health emergency. We stand with you, eager to use our current experience caring for patients in communities around the country to provide insights for future preparedness. Please consider our organizations as a resource and willing partner in pandemic preparedness efforts.

Sincerely,

Adventist Health  
Advocate Aurora Health  
ChristianaCare  
Inova Health System  
Intermountain Healthcare  
Novant Health  
Ochsner Health  
Sutter Health  
UnityPoint Health