



AMERICA'S ESSENTIAL HOSPITALS

February 4, 2022

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

America's Essential Hospitals thanks the committee for the opportunity to respond to the discussion draft of the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act). We are grateful for your leadership in proposing and examining thoughtful solutions that will enhance preparedness for and response to future public health emergencies, especially for providers serving underrepresented patients and communities.

America's Essential Hospitals is the leading association and champion for hospitals dedicated to equitable, high-quality care for all, including those who face social and financial barriers to care. They reach outside their walls to care for communities in which 22.3 million people live below the federal poverty line, 9.9 million have limited access to nutritious food, and 370,000 experience homelessness.¹

Essential hospitals provide high-quality care and help to meet social needs throughout their communities by performing four key roles:

- providing specialized, lifesaving services, such as level I trauma and neonatal intensive care, emergency psychiatric services, and burn treatment;
- training the next generation of health care professionals to ensure the nation's supply of doctors, nurses, and other caregivers meets demand;
- delivering comprehensive, coordinated care across large ambulatory networks to bring services where patients live and work; and
- filling a public health role by improving population health and preparing for and responding to natural disasters and other crises.

In addition to providing high-quality care, essential hospitals work to mitigate disparities to improve health outcomes and meet the social needs of their communities, especially in times of

¹ Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2019 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2021. <https://essentialdata.info>. Accessed January 28, 2022.

crisis. The inequities that affect patients treated by essential hospitals manifest as chronic medical conditions, traumatic injuries, substance use, and mental health disorders, among other profound challenges for marginalized communities. Consequently, the populations served by essential hospitals have been disproportionately harmed during public health emergencies despite advances in population health over the past several decades.

The role of essential hospitals is even more critical in times of public health emergencies, and our members have been unwavering in their commitment to meet their mission regardless of the myriad financial, capacity, staffing, and societal challenges the COVID-19 pandemic continues to present. They've stretched their resources and themselves to adequately serve their communities during this time of immense hardship.

We appreciate the committee's recognition of the challenges posed by public health emergencies and the commitment to act on the lessons learned over the past two years by shoring up our public health and medical capacity and improving our national response to future public health crises. But to maximize the PREVENT Pandemics Act's proposed investments in drug discovery and the medical supply chain, it is imperative lawmakers also ensure a stable health care delivery system equipped to translate the end goals and objectives of this legislation into good health outcomes—and saved lives—in communities most likely to be disproportionately harmed in public health emergencies. New supplies, countermeasures, techniques, and protocols will only be as good as the physical and human infrastructure in place to administer or execute them.

As the committee continues to develop and refine the PREVENT Pandemics Act, America's Essential Hospitals urges lawmakers to consider the issues below to further strengthen this proposal for the health care safety net.

- 1. Provide dedicated resources to rebuilding and modernizing hospital physical infrastructure.**

The mission-driven work of essential hospitals carries a cost. These providers operate with strained finances due to the disparity in provider reimbursements between public and private payers and their high volume of uninsured and underinsured patients; their margins are one-third that of the average U.S. hospital.² This leaves minimal resources for essential hospitals to invest in system modernization and refurbish aging facilities.

COVID-19 exposed the barriers of aging hospital infrastructure during a public health emergency. Essential hospitals across the country treated patients in numbers far greater than their facilities were designed to support. As the number of critical patients hospitalized with SARS-CoV-2 exceeded capacity, hospitals resorted to adding beds to on-campus spaces not designated for patient care. For example, during the early days of the pandemic, one essential hospital in New York resorted to handmade workarounds, such as “plastic tarps and duct tape” to separate patients because they did not have enough individual rooms.³

Essential hospitals across the country provide high-quality care despite severe brick-and-mortar and technological limitations. Their shared mission demands they overcome these

² Ibid.

³ Schwirtz M. One Rich N.Y. Hospital Got Warren Buffett's Help. This One Got Duct Tape. *The New York Times*. April 26, 2020. <https://www.nytimes.com/2020/04/26/nyregion/coronavirus-new-york-university-hospital.html>. Accessed January 28, 2022.

barriers, but the physical infrastructure inadequacies exposed by COVID-19 illustrate the acute and imminent need of federal infrastructure support—to help with repairing crumbling facilities and building health information technology capacity to marshaling resources for the next public health emergency or threat.

To help ensure readiness for future crises, America’s Essential Hospitals urges Congress to re-establish the Hill-Burton program and allocate \$50 billion over five years to support the infrastructure and emergency preparedness needs of safety net providers serving marginalized populations. Targeting capital investments to under-resourced providers would supplement the patchwork supports they rely on to achieve their safety net mission, enabling them to embark upon needed construction or modernization projects to ensure preparedness for future public health emergencies.

2. Invest in initiatives to tackle social determinants of health and achieve health equity.

The pandemic disproportionately impacted populations served by essential hospitals—people of color, individuals with mental and behavioral health needs, and individuals who are homeless, experience food insecurity, or face other social risk factors that influence health. COVID-19 has shed light on inequities in our society, including disparate access to care and health outcomes experienced by people of color. It underscores that a stable health care safety net is critical to supporting underserved communities. Lawmakers should prioritize the health care safety net before, during, and after a public health emergency. The populations and communities at risk during a crisis can be identified in advance, and investments should be directed accordingly.

For that reason, **America’s Essential Hospitals appreciates the inclusion of Section 201 in the PREVENT Pandemics Act.** This provision would establish a grant program to support evidence-based or evidence-informed projects to address social determinants of health and reduce health disparities. **We encourage the committee to explicitly list essential hospitals as an eligible entity under the grant program.** Because of their mission, essential hospitals have expertise in identifying and mitigating health disparities unique to their communities and, due to their role as community facilitators, maintain partnerships with public health departments and relationships with community-based organizations to support the health of their patients beyond their walls.

Further, while grants are important to initiate and build capacity for new programs and projects, their temporary and unpredictable nature hinder sustainability and growth. Because essential hospitals have limited reserves, they struggle to maintain programs—even successful ones—once grants expire. **We ask Congress to develop permanent incentives to support initiatives to eliminate health disparities.** A permanent, dedicated stream of support would help essential hospitals develop and maintain social determinants of health programming and policies that could transcend financial threats to the hospital, ultimately benefiting the communities they serve.

3. Expand, strengthen, and diversify the health care workforce.

Essential hospitals have borne the brunt of pandemic-related hospitalizations over the past two years, with a significant impact on staffing. COVID-19 is shrinking the essential hospital workforce and heightening concerns about looming provider shortages in coming years. This highlights the need to provide relief for current hospital staffing challenges while concurrently laying groundwork to build and expand the health care workforce for the future.

Shortages of health care staff, particularly nurses, and the greater costs associated with hiring and retaining practitioners (often temporary workers from staffing agencies) exacerbate the financial stress on our member hospitals. Some essential hospitals have hundreds of nursing vacancies and have been forced to shut down units or services, in some cases permanently, due to inadequate staffing. Given the high demand, our members are forced to compete with other hospitals and staffing agencies to recruit nurses, even on short-term contracts. Further, hospitals with more financial resources often are in a position to offer higher salaries and bonuses, leaving essential hospitals in a less competitive position for the same workers.

The relentless physical and emotional toll this pandemic continues to take on our front-line health care providers underscores that investing in the health care workforce is critical to any public health emergency preparedness and response plan. As such, we are pleased to see the inclusion of subtitle C under Title II, which would help revitalize the public health workforce. **We explicitly appreciate Section 222, which would increase access to community health workers to help eliminate health disparities.**

Essential hospitals rely on a multidisciplinary team to provide whole-person care and wraparound services to their patients. A diverse health care workforce—comprising professionals with different experiences, expertise, and backgrounds—is instrumental in treating the health and socioeconomic needs of underrepresented populations.

In addition to relying on nonphysician providers to execute their mission, essential hospitals train and support the development of the larger health care workforce. Our members trained nearly one in 10 allied health professionals instructed in an acute care facility. **Congress should continue to pursue opportunities to strengthen the health care provider pipeline, ensuring future practitioners are trained and equipped to provide high-quality, unbiased care to all.**

Further, immigrant clinicians, who participate in a variety of visa and guest worker programs, make up an important sector of the health care workforce. These individuals are a critical resource for essential hospitals, particularly in rural and at-risk communities. Many foreign-born clinicians are trained in the United States and want to remain here to practice but struggle to do so because of administrative backlog and complexity with H-1B and J-1 visas. It is important that Congress consider ways to expedite visas for immigrant nurses and physicians during public health emergencies.

America's Essential Hospitals supports the Healthcare Workforce Resilience Act, legislation which would recapture unused immigrant visas for nurses and physicians that Congress previously authorized and allocate those visas to help bolster the clinician workforce. We also support the Conrad State 30 and Physician Access Reauthorization Act to extend authorization of the Conrad 30 program, which allows foreign-born physicians to remain in the United States upon completing their residencies under the condition that they practice in a high-need area. We further support efforts to expand graduate medical education opportunities, particularly for providers that will serve in high-need areas. Although these initiatives are outside of the committee's jurisdiction, holistic investments in health professional training and retention will be valuable to executing preparedness plans and aiding patients during public health crises.

4. Support robust data collection on patient demographic data and social determinants of health.

America's Essential Hospitals supports gathering accurate, standardized information on patient demographic data. Clear and accurate data is critical when seeking to understand the challenges patients face and identifying existing disparities. The unconscionable rates of COVID-19

infections and deaths among Black, Latino, American Indian, and Alaska Native people and other minority groups emphasize the need for collection and analysis of data by race, ethnicity, and preferred spoken and written language of patients.

As an important first step, the Paycheck Protection Program and Health Care Enhancement Act required the federal government to collect, analyze, and report morbidity, mortality, and other data related to the effects of COVID-19 on racial and ethnic minority populations. While this effort seeks to deepen our understanding of health disparities and their root causes, it is clear more can and should be done to ensure all patients have equitable access to high-quality care. **We appreciate that Section 213 of the PREVENT Pandemics Act seeks to build on this work by awarding funding to entities, including health care providers, to develop best practices to improve the collection and completeness of demographic data to inform public health actions.**

Additionally, **America’s Essential Hospitals encourages the committee to consider including efforts to improve the collection of social determinants of health information to better understand how these factors impact health outcomes;** this work is important in identifying the needs of underrepresented patients, especially during public health crises. We support a consensus-building approach to determine relevant social factors and how to capture them in a standardized, culturally sensitive way. However, there are challenges to collecting social determinants data, including the sensitive nature of these conversations, a lack of alignment across screening tools, and a need to link data from medical and nonmedical sources (i.e., community services).

5. Maintain access to critical services during public health emergencies.

The association appreciates the inclusions of Sections 112 and 113, which would help maintain access to critical mental health care and substance use disorder and trauma services, respectively, during public health emergencies. Because of the unique role of essential hospitals in their communities, **we encourage the committee to ensure the administration, when implementing these sections, engages essential hospitals and other safety net providers to ensure the needs of populations they serve are captured in the execution of these important programs and pilots.**

For example, essential hospitals are ideally positioned as front-line providers for traumatic events. They bring to bear not only expertise in trauma and other high-acuity care, but research and data capabilities and public health functions. Yet operating a busy level I trauma center is an expensive proposition. Our members that voluntarily operate trauma and burn centers sustain enormous costs for their on-call panel of specialist physicians and for the uncompensated care they provide. **Under Section 113, essential hospitals should be captured in the consortium of reauthorized trauma centers under the “Pilot Grant for Trauma Centers.”**

Thank you for your continued support of essential hospitals and the marginalized communities we serve. We appreciate your leadership to enhance our public health emergency preparedness and response capacity and we look forward to working with your committee to ensure readiness for future threats to the health and wellbeing of our country.

If you have any questions, please contact Vice President of Legislative Affairs Jason Pray at 202-585-0112 or jpray@essentialhospitals.org.

Sincerely,

Bruce Siegel, MD, MPH
President and CEO