

January 29, 2021

The Honorable Diana DeGette
Chair
Oversight and Investigations Subcommittee
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Morgan Griffith
Ranking Member
Oversight and Investigations Subcommittee
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chair DeGette and Ranking Member Griffith:

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) writes to express our commitment to helping end the COVID-19 pandemic.

Effective vaccines, if administered properly to enough Americans, will conquer the terrible virus that is impacting the entire country. Those who are administering the vaccine are making every effort to ensure safe and efficient vaccine administration, but they cannot do it alone. They need help from the federal government to better coordinate and direct the distribution of vaccine doses. Furthermore, to sustain an effort of the scope, complexity and duration of vaccinating the nation against COVID-19, hospitals and health systems who are employed in this effort will need additional funding from Congress. In order to effectively defeat this virus, we all must work together to expedite the administration of COVID-19 vaccines in every state to achieve a level of herd immunity that will allow us to return to normal activities.

Last December marked a significant turning point in our efforts to halt the impact of this virus as America's hospitals and health systems administered the first vaccines to our courageous clinical staff who have been working to save the lives of COVID-19 patients. While health care providers and the nation rightfully celebrated this achievement, the slower than expected pace of the vaccine distribution has raised concerns as to whether the task of vaccinating all who are willing to receive the vaccine will happen as quickly as initially hoped. Since the beginning of the implementation of the vaccine rollout, there have been a number of significant barriers directly hindering smooth and effective vaccine administration and it is clear we can take immediate actions to put the country on the path to beating the COVID-19 virus as quickly as possible. At the forefront of those efforts are strong federal leadership, a clear and coordinated national strategy and communication plan and an increase in federal resources focused on



increasing supply, expediting distribution and providing widespread vaccination to meet our goal of herd immunity.

Additional Funding is Needed to Defeat the Virus

To accomplish the scale our country needs to vaccinate millions of people per day, hospitals and other partners must be able to contribute to the effort and work as a team with other stakeholders. Those new to the effort, as well as those who have been engaged thus far, need coordination, communication and the ability to work to resolve problems as quickly and effectively as possible. We must be realistic about what it will take to support a national level of engagement throughout the vaccination process and be willing to provide the support it will require. This includes having Congress provide additional and adequate funding for vaccine distribution and administration to ensure that hospitals and health systems involved in this undertaking have the resources needed to provide support to their patients and communities.

Hospitals and health systems are committed to the vaccine effort, but cannot move forward on their own, especially as they care for large numbers of critically ill COVID-19 patients, struggle to maintain sufficient staffing and continue to struggle to acquire enough personal protective equipment and other resources necessary to do this critical work. **We urge Congress to provide additional funds to the Provider Relief Fund and for vaccine distribution and administration, which will allow for continued support of hospitals' COVID-19-related lost revenues, as well as additional expenses incurred due to purchasing supplies and equipment, staffing, establishing emergency testing and vaccination centers and constructing and retrofitting facilities.**

Stronger Federal Leadership will Help Resolve Rollout Issues

Currently, there are 64 disparate “microplans” developed by the states, a few large cities, and other jurisdictions, enabling each to determine its own strategies for distribution and administration of the vaccine. Certainly, state and local entities need to have specific strategies to ensure their vaccination plans meet the unique needs of their populations, and hospitals and health systems have been eager to coordinate their vaccination efforts with their state and local partners. However, upon review of the microplans, it was clear that there is substantial variation among them, only some of which might have been necessary to address the geographic or resource constraints in a particular state or locality. To mitigate unnecessary challenges that these differences can create, we believe the federal government must be more proactive in identifying potential discordance and promoting greater consistency and coordination across these microplans.

Across the country, we continue to hear of issues that need to be addressed, including the fact that some hospitals received far less vaccine than they requested and needed, while others received more than they could use for Priority 1 individuals, but without an explanation for this mismatch.

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Hospitals and health systems that serve more than one state or jurisdiction also face a unique set of challenges with vaccine distribution. While all of the microplans have prioritization and phasing schemes to indicate when patients should receive vaccination, the states can have different rules about which patients qualify for each priority level. Furthermore, there are instances where each of the states is currently serving a different priority level. For example, suppose a patient lives in state A, but receives their regular care at a health system in nearby state B. It is possible that the patient may not qualify for a vaccine in state A, but would in state B. Similarly, it is possible that while states A and B have similar criteria for who is eligible to receive the vaccine, state B may be further along in vaccinating their populations. Given the relative lack of coordination across state plans, it is not clear whether the state B hospital can or should give the patient the vaccine. It is instances like these that underscore the need for real-time, national leadership as this rollout rapidly evolves.

The unpredictable nature of when and how much vaccine is distributed has been a major logistical challenge for our nation's hospitals and health systems. Operating with limited-to-no advance notice on a week-by-week basis has made managing the vaccine administration process challenging. We understand the Administration recently announced a new three-week-look-ahead to provide states with more clarity around their allotments. This change is an important first step at decreasing uncertainty; however, more must be done through strategic communication and coordination to achieve the vital goal of vaccinating millions of people per day.

Given the scale and complexity of this massive operation, we expected there to be significant setbacks along the way. These "bumps in the road" are an inevitable part of this process. However, Americans are depending on all stakeholders involved in the vaccination process to learn from, respond to and correct these missteps moving forward so that we can overcome this devastating pandemic. We know how to support a comprehensive national approach to vaccinating all Americans; we must now take action.

Our members remain steadfast and committed to their efforts of working with the federal government to bringing an end to this pandemic, but we cannot achieve this without the continued support of Congress. We urge Congress to provide the resources needed to address the issues facing the heroic front-line health care providers, who have put the safety and well-being of their fellow citizens first, saved thousands of lives and are committed to continuing their crucial work throughout the course of the COVID-19 pandemic.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President