



March 18, 2020

The Honorable Mitch McConnell
Leader
United States Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Leader McConnell and Minority Leader Schumer:

The National Alliance of Safety-Net Hospitals (NASH), a coalition of private safety-net hospitals, thanks you and your colleagues for all you have done to help hospitals prepare to fulfill their responsibility to their communities and their patients during these especially challenging times. We appreciate everything you are doing to continue to give us the tools we need to deal with the COVID-19 national health emergency.

Yesterday the American Hospital Association (AHA) wrote to you to outline what it believes hospitals need in the next COVID-19 stimulus bill to ensure their continued ability to serve their patients. NASH supports the needs AHA articulated in its letter.

We also would like to outline three other areas in which we believe the federal government can help private safety-net hospitals and others meet the COVID-19 challenge: ensuring cash flow, eliminating the Medicaid DSH cuts, and protecting health care providers from any new, burdensome policies.

First, private safety-net hospitals need help with cash flow. As requested by the federal government and others, we will be suspending elective surgery so we can focus our resources on COVID-19 patients. This will create a cash-flow problem for us: while we will be doing everything we can to care for our patients and will be expending considerable resources doing so, our revenue will decline precipitously – revenue we use to purchase supplies and pay the health care professionals who will be performing their jobs at considerable personal risk. With this in mind, we urge you to include in the next COVID-19 stimulus bill a mechanism or mechanisms that provide up-front supplements to replace the revenue we will lose by suspending elective procedures and to help compensate private safety-net hospitals for the considerable costs we are incurring to prepare for the surge of patients we have been told to expect.

Second, we urge you to include in this next bill a provision that eliminates entirely and permanently the Affordable Care Act's reduction of Medicaid DSH allotments to the states. Congress has already delayed these reductions on numerous occasions and late last year there was every indication that most members were prepared to do so again and that many wished to eliminate the cuts entirely. Now is the time to do that: while hospitals are facing the gravest threat to the public health that they have seen in many years, they should not be forced to waste valuable time planning the reductions in staffing and spending they would need to make if the cuts, currently scheduled to take effect on May 23, are implemented.

Third, we ask that while Congress contemplates legislation to fight against the COVID-19 threat that it not introduce any new requirements that would increase our regulatory burden. In recent days Congress and the administration have appropriately reduced certain regulatory requirements on a temporary basis





and we believe it would be counterproductive to offset this much-needed regulatory relief by introducing new regulations and requirements. We ask you and your colleagues to be mindful of this as you craft the next COVID-19 bill.

Before it is over, we expect millions of Americans to be affected in one way or another by the COVID-19 threat. Through the steps we have outlined above, you and Congress can make a major difference in our ability to serve them as effectively as possible.

Sincerely,

Ellen J. Kugler
Executive Director

