

May 10, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue  
Washington, DC 20001

Dear Secretary Becerra,

We are writing on behalf of national organizations representing the public health community, millions of patients, and the health care providers who care for them. We appreciate your ongoing leadership during the COVID-19 pandemic, and we request that the Administration maintain the public health emergency (PHE) until it is clear that the global pandemic has receded and the capabilities authorized by the PHE are no longer necessary. This will help prevent any future surges from threatening the health and safety of patients and the ability of health care professionals to care for them.

The risk from COVID-19 variants remains, and case rates are currently [rising](#) across the country. Throughout the pandemic, we have painfully learned that the rapid global spread of new variants has resulted in significantly increased transmission rates and infections in the U.S. Last year, after the delta variant emerged abroad, the U.S. experienced an unexpected surge in July and August. Advancements in surveillance have observed rapid variant mutations and while public health experts acknowledge that current variants are not leading to excessive hospitalizations at this time, they also assert that new variants absolutely could. We need to be ready should a future variant elude the protection of our current vaccines and ensure that the health care system is prepared as we head into this fall's flu season.

We understand Americans are frustrated with the pandemic and the related ongoing public health measures resulting from it. Health care providers and others across the country's health care infrastructure are exhausted as well. We have learned, however, that COVID-19 and its variants take full advantage when we let our guard down. The numerous flexibilities provided under the PHE have allowed for regulatory waivers and flexibilities that have proven vital in safely caring for patients and critical in enabling the country's health care system to quickly adapt and tackle COVID-19 and its variants.

This includes, but is not limited to:

- **Patients can access vaccines, tests and treatments they need.** During the PHE, the Food and Drug Administration (FDA) is able to expedite emergency use authorizations (EUAs) for vaccines, tests and treatments. The termination of the PHE could jeopardize FDA's ability to quickly approve new products, such as vaccines for children under 5, vaccines for new variants and new treatments for COVID-19. Further, the Centers for Medicare & Medicaid Services (CMS) has

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established policies during the PHE that have bolstered patient access to these important tests and treatments that should be maintained to protect patient and public health.

- **Patients can receive the care they need because providers are empowered with flexibilities they need.** Continuing the PHE promotes a state of readiness by ensuring hospitals, health systems, doctors' offices, nursing homes, clinical laboratories, and other providers have the ability to rapidly increase their capacity to care for patients, most effectively utilize their workforce, and pivot to caring for both COVID-19 patients and those in need of ongoing care. As in many sectors, health care is experiencing severe workforce shortages, which can impact access to care for all patients.
- **Patients can continue to rely on affordable coverage options.** Once the PHE expires, many states will conduct redeterminations of eligibility for coverage. Up to [15 million Americans are at risk of losing their coverage](#), including 6.7 million children, as many will find options for coverage to be unaffordable. This will impose further burdens not only on historically marginalized patients, but also on the health care providers who are asked to step up and provide care.

The PHE should supplement, not supplant in any way, the Administration's ongoing work for more resources to help pay for the prevention, diagnosis and treatment related to COVID-19. Your continued support for additional resources to combat the COVID-19 threat is strengthened by the fact that the PHE continues to be in place.

We urge the Administration to maintain the PHE until we experience an extended period of greater stability and, guided by science and data, can safely unwind the resulting flexibilities. Thank you for your leadership and your consideration of this request.

Sincerely,

AARP

American Academy of Pediatrics

American Cancer Society Cancer Action Network

American Clinical Laboratory Association

American Diabetes Association

American Health Care Association/National Center for Assisted Living

American Heart Association

American Hospital Association

American Medical Association

American Nurses Association

American Pharmacists Association

American Public Health Association

First Focus on the Children

National Alliance on Mental Illness

National Association of Pediatric Nurse Practitioners

National Rural Health Association