

**Congress of the United States**  
Washington, DC 20515

May 8, 2020

The Honorable Alex M. Azar II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Dear Secretary Azar,

As you know, we have had serious concerns about the criteria for the hotspots tranche of funding. Twelve of our hospitals received a total of \$290,680,678, and while we are appreciative of this funding, Connecticut's seventeen small- and medium-sized hospitals were excluded from the \$10 billion COVID-19 High Impact Allocation, and face tremendous solvency challenges.

Many of these hospitals invested a considerable amount of money to create additional capacity and have cared for a significant number of COVID-19 infected patients, yet received no additional support from the Department of Health and Human Services, due in large part to the April 10, 2020 cut-off used in the High Impact Area allocation formula. For many of these hospitals in central, southern, and eastern Connecticut, the influx of COVID patients occurred after April 10, due to the pattern of the virus' migration. We know that many of our providers are taking care of a higher proportion of COVID-19 infected patients than some of the hospitals that received funding in this allocation.

As of May 4, 2020, Connecticut has had the 3<sup>rd</sup> highest death rate of all states, and the 5<sup>th</sup> highest number of COVID-19 cases per capita in the country. If our small- and medium-sized hospitals do not get additional support, we fear that these health providers will have no choice but to scale back their COVID-19 response, despite the critical need in our state. To be very clear, that scaling back will likely include laying off health care staff, which runs completely counter to the intent of Congress, which included health care funding in the CARES Act to maintain America's health care workforce.

We urge that of the \$103 billion of unobligated funds in the Health Provider Relief Fund, you include a "true-up" for those hospitals that were excluded from the hot spots funding based on an arbitrary cut-off date.

By Monday, May 18, we request answers to the following questions:

- How was the decision made to provide hot spot funding only to hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10, 2020?
- Why was April 10, 2020, determined to be the cut off date for the number of cases, when funding went out May 1, 2020?

- Did you consider that many small- and medium-sized hospitals are providing care for a higher proportion of COVID-19 patients than large hospitals?
- Can the Congress anticipate a tranche of funds to hotspots taking into account cases after April 10, 2020?
- Would HHS consider a “true-up” for hospitals in hotspots that were excluded from the first COVID-10 high impact allocation?
- What is the timeline and criteria to allocate the remaining unobligated funds in the Health Provider Relief Fund?

Given the urgent circumstances, we reiterate that a response to these questions is requested no later than Monday, May 18.

As always, we stand ready to work with you to protect the health and safety of the American people, who deserve answers to these questions.

Sincerely,



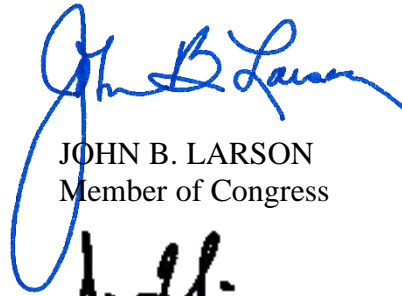
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