



**Mission to Care. Vision to Lead.**

September 2, 2021

The Honorable Marco Rubio  
United States House of Representatives

**RE: S. 2493 the Provider Relief Fund Deadline Extension (PRFDE) Act**

Dear Senator Rubio:

The Florida Hospital Association (FHA) is writing today on behalf of more than 200 hospitals and health systems in support of the Provider Relief Fund Deadline Extension (PRFDE) Act (S. 2493/HR 4753). FHA is also requesting that Congress ensure that the provider relief funds it allocated to aid health care providers during the COVID-19 Public Health Emergency (PHE) are actually distributed as intended. This includes the reported \$44 billion in Provider Relief funds and \$8.5 billion for medical care in rural areas that HHS has not distributed.

On January 31, 2020, a public health emergency was declared to deal with the ongoing COVID-19 pandemic. Nearly 19 months later, the world continues its battle with this novel virus. Throughout the United States, the delta variant of the virus has been the catalyst for record level infection. In Florida, the delta variant surge began around the second week of July and continues to this day. Florida has experienced a record number of COVID hospitalizations while also caring for an unusually high volume of critically ill non-COVID patients.

During Florida's initial COVID peak in July 2020, the state's highest number of hospitalizations was ~10,100 patients, a peak that lasted for a day or two. In contrast, more than 16,000 patients have been hospitalized in Florida for the last two weeks, peaking at nearly 17,000 patients. Florida hospitals have had more than 10,000 COVID-19 patients for the entire month of August.

Prior to the delta variant peak, many Florida hospitals – after a year of delays, implementing extraordinary patient and staff precautions, and following shifting CDC guidance – had resumed a version of normal operations. However, as more COVID patients arrived, hospitals once again ramped up screening efforts, cancelled elective procedures, and addressed the new challenges as COVID-19 patients began to fill their ICUs.

As patients continue to seek care from the hospitals that treat their communities, hospitals must:

- Address shortages in staffing. Hospitals are sometimes paying many multiples of a standard provider salary to staffing agencies to ensure that their already overtaxed workforce has the ability to meet the care demands. Over the last year, hospitals have experienced a 25% turnover rate among their nurses.

- Respond to capacity pressures by setting up additional ICUs and other spaces to care for COVID and non-COVID patients. Hospitals have converted non-traditional patient care areas to serve patients and have added hundreds of beds to meet the unprecedented demand.
- Hospitals have experienced a significantly higher utilization of ventilators and other high flow oxygen equipment to respond to the critically ill COVID patients. Many hospitals are using three to four times the amount of oxygen than normal.
- Additionally, hospitals are supporting increased access to monoclonal antibody treatment proven to effectively reduce hospitalizations and fatalities.

All of these challenges are placing considerable financial pressures on our hospitals and most especially on our rural hospitals.

The HHS Provider Relief Fund was established by the CARES Act, and subsequent coronavirus relief legislation, to reimburse eligible providers for health care-related expenses or lost revenue as a result of the COVID-19 pandemic. In total, Congress approved the distribution of \$178 billion, plus an additional \$8.5 billion for rural health providers. At present, some 25% of the Provider Relief Funds, and the full amount granted to rural hospitals, has not yet been allocated. Initially providers were given a deadline of June 30, 2021 to spend and report any PRF aid allocated to them, however, after a delay in guidance on appropriate spending and reporting requirements, HHS extended the deadline to spend and report on funds for some, not all, recipients. No additional PRF funds have been distributed since December 2020.

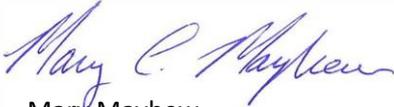
The PRFDE Act provides a solution to certain issues related to the administration of the PRF. Providers have been unsure about the appropriate use of COVID-19 funds since HHS made initial distributions. This uncertainty has resulted in a delay in COVID-19 related projects and expenditures that ostensibly would have been within the scope of PRF funding. As hospitals waited out guidelines from HHS, the timeline to spend provider relief dollar has expired. The PRFDE Act would allow providers that received COVID-19 Provider Relief Fund payments prior to June 30, 2020, to use their payments through December 31, 2021, or the end of the COVID-19 public health emergency, whichever is later.

In addition to passing the PRFDE Act, Congress also must ensure that HHS distributes the remaining funds. We appreciate that in June, when the administration last provided guidance on COVID-19 relief funds, many assumed that the worst of the pandemic was behind us. However, that is obviously not the case and, per the Government Accountability Office, “the most current spend plans generally do not include time frames for obligating the remaining funds.” As noted above, hospitals continue to spend billions of dollars to provide appropriate standards of care to patients during the PHE. Congress has specifically created a source to alleviate some of the cost burdens associated with that spending, and the administration must act to ensure timely delivery of COVID relief funds.

**FHA urges you to act quickly to pass the Provider Relief Fund Deadline Extension (PRFDE) Act (S. 2493/HR 4753), and to ensure unspent PRF funds and rural medical care funds are distributed as soon as possible.**

If you have any questions regarding these issues, please do not hesitate to contact me at [MaryM@FHA.org](mailto:MaryM@FHA.org) or Michael Williams, SVP Federal Affairs and General Counsel at [MichaelW@FHA.org](mailto:MichaelW@FHA.org)

Sincerely,

A handwritten signature in blue ink that reads "Mary C. Mayhew". The signature is written in a cursive style with a large, stylized initial "M".

Mary Mayhew  
President & CEO  
Florida Hospital Association