March 13, 2020

The Honorable [Enter Name]
United States House of Representatives
[Office Address for elected official]
Washington, D.C.

Re: Families First Coronavirus Response Act (H.R. 6201)

Dear [Name of Elected Official]

On behalf of the Adventist Health Policy Association (AHPA), we appreciate the opportunity to communicate with Congress concerning H.R. 6201, the Families First Coronavirus Response Act related to the outbreak of the novel coronavirus (COVID-19).

Our organization is the policy voice of five Seventh-day Adventist affiliated health systems that include 92 hospitals and more than 500 other health facilities in 16 states. AHPA represents a major segment of the U.S. hospital sector. Our member hospitals operate in a variety of settings, ranging from rural Appalachia to urban areas of California. Many of our providers are on the front-lines of responding to this outbreak and are committed to doing their part to address those affected and keeping our communities safe.

We greatly appreciate and support Congress’ efforts to fund many important areas related to the COVID-19 outbreak, however we are concerned about a provision currently in the bill. It requires the Occupational Safety and Health Administration (OSHA) by one month after the bill’s enactment, to establish COVID-19 emergency temporary and permanent standards that would require health care sector employees to develop and implement a comprehensive infectious disease exposure control plan. These standards rely on the airborne-focused precautions set forth by the Centers for Disease Control and Prevention during the 2007 SARS epidemic. Currently, the CDC allows for regular masks to be used in routine interactions between health care providers and patients because current evidence shows that COVID-19 is droplet and contact spread, not airborne.

We urge Congress to withdraw this provision from the spending package. It would be impossible to implement in hospitals due to the severe lack of available N95 respirators and would place unnecessary regulatory burden on hospitals. If this provision were enacted, hospital inpatient capacity would be dramatically reduced.

On behalf of AHPA, thank you for considering our request.

Blessings,

Carlyle Walton, FACHE
President
Adventist Health Policy Association