

Congress of the United States  
Washington, DC 20510

April 13, 2020

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

Dear Secretary Azar,

On April 10, the Department of Health and Human Services (HHS) made its first payment to hospitals and other health care providers through funding provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. While we appreciate the need to get this initial \$30 billion in payments out as quickly as possible, we are concerned that it failed to consider providers operating in COVID-19 hot spots like Connecticut and providers that serve fewer Medicare patients. We request that future CARES Act payments prioritize providers in COVID-19 hot spots and deliver equitable relief to providers that serve non-Medicare populations.

As of April 10, over 10,000 people have tested positive for COVID-19 in Connecticut, with 1,562 individuals hospitalized and 448 deaths. According to data compiled by the Centers for Disease Control and Prevention (CDC), Connecticut is by far the smallest state to report over 5,000 cases<sup>1</sup> and has the highest COVID-19 hospitalization rate in the nation.<sup>2</sup> These staggering figures have already strained our health care providers and some estimates still put Connecticut days if not weeks away from peak hospitalizations and resource use.

While we appreciate the quick injection of funds through the nearly \$380 million that Connecticut providers received with this first allocation, we are deeply concerned that it is simply not enough to provide the needed relief to one of the nation's hardest hit states. One Connecticut hospital has lost 50 percent of its revenue while making substantial expenditures to provide care during the surge. Further, many providers, like children's hospitals, mental health professionals, and those that treat high numbers of Medicaid patients, are also experiencing financial uncertainty and deserve equitable relief that cannot be delivered solely through reliance on Medicare fee-for-service data.

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<sup>1</sup> *Cases in U.S.*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (last updated Apr. 9, 2020).

<sup>2</sup> Ana Radelat, *CDC tracking study shows high COVID-19 hospitalization rate in Connecticut*, CT MIRROR, Apr. 8, 2020, <https://ctmirror.org/2020/04/08/cdc-tracking-study-shows-high-covid-19-hospitalization-rate-in-connecticut/> (last accessed Apr. 10, 2020).

As you work to rapidly distribute the remaining \$70 billion of CARES Act funding to providers, we request assurances that the formula used prioritizes hot spots like Connecticut in determining funding levels. Further, it must account for providers that are struggling as a result of COVID-19 but receive reimbursements through Medicaid, Medicare Advantage, commercial insurers and other payors, or serve high numbers of uninsured patients, that were not considered in the first tranche.

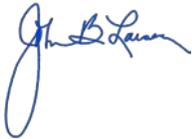
Sincerely,



RICHARD BLUMENTHAL  
United States Senate



CHRISTOPHER S. MURPHY  
United States Senate



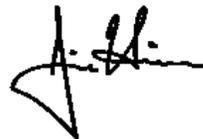
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