



MEMORANDUM

February 28, 2022

To: Subcommittee on Oversight and Investigations Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Hearing on “Lessons from the Frontline: COVID-19’s Impact on American Health Care”

On **Wednesday, March 2, 2022, at 10:30 a.m. (EST), in the John D. Dingell Room, 2123 of the Rayburn House Office Building, and via Cisco WebEx online video conferencing**, the Subcommittee on Oversight and Investigations will hold a hearing entitled, “Lessons from the Frontline: COVID-19’s Impact on American Health Care.” The hearing will examine the coronavirus disease of 2019 (COVID-19) pandemic’s impacts and how providers, the health care system, and patients can prepare for future variants and future public health emergencies.

I. BACKGROUND

Since the Centers for Disease Control and Prevention (CDC) announced the first reported case of COVID-19 in the United States on January 21, 2020, more than 78 million Americans have contracted the virus leading to almost 4.5 million hospitalizations and nearly 940,000 related deaths.¹ COVID-19 can be asymptomatic or cause a range of symptoms and duration. It is typically more severe among older adults and people with underlying medical conditions, and has disproportionately affected people of color.² First identified in December 2021, the Omicron variant of COVID-19, which spreads faster than earlier variants, currently

¹ Centers for Disease Control and Prevention, *Trends in Number of COVID-19 Cases and Deaths in the US Reported to CDC, by State/Territory* ([covid.cdc.gov/covid-data-tracker/#trends_totalcases_currenthospitaladmissions](https://www.cdc.gov/covid-data-tracker/#trends_totalcases_currenthospitaladmissions)) (accessed Feb. 25, 2022); Centers for Disease Control and Prevention, *New Admissions of Patients with Confirmed COVID-19 per 100,000 Population by Age Group, United States* ([covid.cdc.gov/covid-data-tracker/#new-hospital-admissions](https://www.cdc.gov/covid-data-tracker/#new-hospital-admissions)) (accessed Feb. 25, 2022); Centers for Disease Control and Prevention, *United States COVID-19 Cases, Deaths, and Laboratory Testing (NAATs) by State, Territory, and Jurisdiction* ([covid.cdc.gov/covid-data-tracker/#cases_totaldeaths](https://www.cdc.gov/covid-data-tracker/#cases_totaldeaths)) (accessed Feb. 25, 2022).

² Centers for Disease Control and Prevention, *Symptoms of Coronavirus* (www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) (accessed May 29, 2020); Kaiser Family Foundation, *Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19* (Apr. 21, 2020).

accounts for more than 99 percent of all new COVID-19 cases in the United States.³ Since mid-January 2022, the number of new COVID-19 cases each day has steadily decreased and the Omicron wave appears to be waning.⁴

II. STATUS OF THE COVID-19 PANDEMIC

On January 15, 2022, the seven-day moving average of daily new COVID-19 cases reached an all-time high of more than 800,000 cases.⁵ This was almost five times higher than the number of new cases at the peak of the Delta wave in the fall of 2021 and more than three times higher than at the peak of the Alpha wave in the winter of 2020.⁶ The percentage of emergency department (ED) visits by patients diagnosed with COVID-19 was nearly twice as high during the Omicron wave (13.7 percent) as it was during the Delta wave (7.4 percent).⁷ Similarly, the number of new COVID-19 hospitalizations per day was more than 1.75 times higher during the Omicron wave's peak than during the peak of the Delta wave—21,600 versus 12,200 hospitalizations.⁸

Although recent studies indicate that people infected with the Omicron variant experienced milder symptoms and shorter durations of hospital stays compared to those infected with the Delta variant, the death rate per 100,000 during the peak of the Omicron wave was higher than that of the Delta wave.⁹ In addition to the five previously identified variants of concern, three of which were dominant in the United States, the World Health Organization is also following several other COVID-19 variants around the world.¹⁰

³ Centers for Disease Control and Prevention, *Variant Proportions* (covid.cdc.gov/covid-data-tracker/#variant-proportions) (accessed Feb. 18, 2022).

⁴ Centers for Disease Control and Prevention, *Trends in Number of COVID-19 Cases and Deaths in the US Reported to CDC, by State/Territory* (covid.cdc.gov/covid-data-tracker/#trends_dailycases) (accessed Feb. 18, 2022).

⁵ *Id.*

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Centers for Disease Control and Prevention, *Trends in Disease Severity and Health Care Utilization During the Early Omicron Variant Period Compared with Previous SARS-CoV-2 High Transmission Periods—United States, December 2020-January 2022* (Jan. 28, 2022); Joseph A. Lewnard et al., *Clinical Outcomes Among Patients Infected with Omicron (B.1.1.529) SARS-CoV-2 Variant in Southern California*, medRxiv (Jan. 11, 2022); Centers for Disease Control and Prevention, *Trends in Number of COVID-19 Cases and Deaths in the US Reported to CDC, by State/Territory* (covid.cdc.gov/covid-data-tracker/#trends_dailydeaths_7daydeathsper100k) (accessed Feb. 18, 2022).

¹⁰ World Health Organization, *Tracking SARS-CoV-2 Variants* (www.who.int/en/activities/tracking-SARS-CoV-2-variants/) (accessed Feb. 18, 2022).

III. COVID-19 VACCINES ARE KEY TO PANDEMIC RESPONSE

Since December 2020, three vaccines have become available for the prevention of severe COVID-19 disease. Following a series of Food and Drug Administration (FDA) authorizations, CDC recently expanded its vaccination recommendation to include everyone ages five years and older and its booster recommendation to include everyone ages 12 years and older.¹¹ As of February 24, 2022, nearly 69 percent of eligible Americans have been fully vaccinated, and 45 percent have received a booster dose.¹²

Evidence demonstrates that being up-to-date with the COVID-19 vaccine, including getting a booster dose when eligible, is the most effective way to protect against getting infected with the disease.¹³ According to CDC, unvaccinated adults 18 years and older are 16 times more likely to be hospitalized and 14 times more likely to die from COVID-19 than fully vaccinated adults.¹⁴ Moreover, unvaccinated adults are 30 times more likely to be hospitalized and 41 times more likely to die from COVID-19 than fully vaccinated adults who have also gotten a booster dose.¹⁵

Similarly, the most effective way to protect immunocompromised Americans, children under five years old for whom there is not yet an authorized vaccine, and others at higher risk of developing severe COVID-19 disease is to lower the risk of transmission around them. In addition to staying up-to-date with the COVID-19 vaccine, other activities that help protect vulnerable populations include: 1) following isolation and quarantine guidance when infected or exposed; 2) testing if you have symptoms, were exposed, or are going to a gathering; and 3) wearing a well-fitting mask when indoors in a community with high COVID-19 levels.¹⁶

¹¹ Centers for Disease Control and Prevention, *COVID-19 Vaccines for Children and Teens* (www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html) (accessed Feb. 18, 2022); Centers for Disease Control and Prevention, *COVID-19 Vaccine Booster Shots* (www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html) (accessed Feb. 18, 2022).

¹² Centers for Disease Control and Prevention, *COVID-19 Vaccinations in the United States* (covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total) (accessed Feb. 23, 2022).

¹³ Centers for Disease Control and Prevention, *COVID-19 Vaccine Booster Shots* (www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html) (accessed Feb. 18, 2022).

¹⁴ Centers for Disease Control and Prevention, *Rates of Laboratory-Confirmed COVID-19 Hospitalizations by Vaccination Status* (covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination) (accessed Feb. 18, 2022); Centers for Disease Control and Prevention, *Rates of COVID-19 Cases and Deaths by Vaccination Status* (covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status) (accessed Feb. 18, 2022).

¹⁵ *Id.*

¹⁶ Centers for Disease Control and Prevention, *COVID-19 Vaccine Booster Shots* (www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html) (accessed Feb. 18, 2022); Centers for Disease Control and Prevention, *Quarantine and Isolation*

IV. UNPRECEDENTED DEMANDS ON HEALTH CARE PROVIDERS

A. Pandemic Impact on Health Care Providers

Numerous studies have confirmed the adverse impact of the pandemic on health care workers. For example, a study conducted between May and October 2020 found that health care workers experienced work overload, burnout, and feelings of anxiety or depression with nursing assistants, medical assistants, social workers, and inpatient workers, as well as women, Black and Hispanic health care workers reporting higher stress scores.¹⁷ An April 2021 survey found that more than half of frontline health care workers say worry and stress related to COVID-19 has led to adverse health impacts, with three in ten having needed mental health care.¹⁸ Further, a September 2021 poll of health care workers found that 18 percent have quit their jobs and among those who kept their job, 19 percent have considered leaving the health care industry altogether.¹⁹

B. Strain on Health Care System

The COVID-19 pandemic has placed a substantial strain on our nation's health care system. While hospital capacity has varied as different variants moved through the United States, as of February 24, 2022, nearly 78 percent of hospital inpatient beds and 75 percent of ICU beds were occupied.²⁰ High ICU bed use, especially above 75 percent, has been shown to lead to additional excess death.²¹ A survey conducted by the Department of Health and Human Services (HHS) Office of the Inspector General found that hospitals reporting high-occupancy also reported negative outcomes such as

(www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html) (accessed Feb. 18, 2022); Centers for Disease Control and Prevention, *Self-Testing At Home or Anywhere* (www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html) (accessed Feb. 18, 2022); Centers for Disease Control and Prevention, *Use and Care of Masks* (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html) (accessed Feb 26, 2022).

¹⁷ American Medical Association, *Half of Health Workers Report Burnout Amid COVID-19* (July 20, 2021) (www.ama-assn.org/practice-management/physician-health/half-health-workers-report-burnout-amid-covid-19).

¹⁸ KFF, *KFF/Post Survey Reveals the Serious Mental Health Challenges Facing Frontline Health Care Workers a Year into the COVID-19 Pandemic* (Apr. 6, 2021) (press release).

¹⁹ *Nearly 1 in 5 Health Care Workers Have Quit Their Jobs During the Pandemic*, Morning Consult (Oct. 4, 2021) (morningconsult.com/2021/10/04/health-care-workers-series-part-2-workforce/).

²⁰ Department of Health and Human Services, *HHS Protect Public Data Hub: Hospitalization Utilization* (protect-public.hhs.gov/pages/hospital-utilization) (accessed Feb. 25, 2022).

²¹ Centers for Disease Control and Prevention, *Impact of Hospital Strain on Excess Deaths During the COVID-19 Pandemic—United States, July 2020- July 2021* (Nov. 19, 2021).

staff burnout and trauma, staffing shortages, and delays in care resulting in patients presenting with more serious conditions.²² Hospital capacity not only affects patient care and potential outcomes, but also adds to the burden borne by the health care workforce. Data for February 2022 showed that an average of over 400 hospitals in the United States reported daily critical staffing shortages, down from the more than 1,100 hospitals reporting such shortages at the height of the Omicron wave.²³ However, the situation remains more dire in five states, where 30 or more hospitals on average in each state reported daily critical staffing shortages in February 2022.²⁴

C. Pandemic Impact on Patients Beyond COVID-19

Temporary disruptions in routine and nonemergency medical care can increase morbidity and mortality risk associated with treatable and preventable health conditions and might contribute to reported excess deaths.²⁵ Yet, since the onset of the pandemic, hospitals and health care providers have had to defer elective procedures, ranging from endoscopies to some cancer treatments, and Americans have deferred seeking medical care either due to concerns about COVID-19 exposure or due to the health care system's lack of capacity.²⁶ According to a CDC study, four in ten adults reported delaying or avoiding medical care because of COVID-19 in the early days of the pandemic, with one in eight overall—and higher for Black and Hispanic adults—delaying or avoiding urgent or emergency care.²⁷ Health care providers have been concerned that delays in care, including screenings and preventive measures, can lead to delayed diagnoses of certain cancers and other chronic, life-threatening illnesses.²⁸

²² Health and Human Services Office of the Inspector General, *Hospitals Reported That the COVID-19 Pandemic Has Significantly Strained Health Care Delivery* (Mar. 2021) (OEI-09-21-00140).

²³ Department of Health and Human Services, *Average Number of Critical Staffing Shortage Reports by State* (healthdata.gov/Hospital/Average-Number-of-Critical-Staffing-Shortage-Repor/aa98-9v4v) (accessed Feb. 22, 2022).

²⁴ *Id.*

²⁵ Centers for Disease Control and Prevention, *Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns—United States, June 2020*, MMWR 69(36);1250–1257 (Sept. 11, 2020).

²⁶ *Id.*; Centers for Medicare & Medicaid Services, *CMS Adult Elective Surgery and Procedures Recommendations: Limit all non-essential planned surgeries and procedures, including dental, until further notice* (Apr. 7, 2020) (www.cms.gov/files/document/covid-elective-surgery-recommendations.pdf); Johns Hopkins, *Types of Surgery* (www.hopkinsmedicine.org/health/treatment-tests-and-therapies/types-of-surgery) (accessed Feb. 23, 2022).

²⁷ *See* note 25.

²⁸ *The Health System Isn't Ready for an Advanced Cancer Surge*, Vox (Feb. 14, 2022) (www.vox.com/coronavirus-covid19/22841229/covid-19-us-cancer-screenings).

Prior to the pandemic, people of color and low-income individuals faced greater barriers to accessing health care and experienced poorer quality when they did.²⁹ These conditions did not improve during the pandemic, with Black, Hispanic, indigenous, other people of color, and LGBTQI+, as well as rural communities experiencing higher rates of COVID-19 infections and complications.³⁰ While telehealth use increased access to care for some during the pandemic, research demonstrated that there are disparities in its use including across different ages, incomes, race, and ethnicity.³¹ The delay and disruption of health care during the pandemic has exacerbated underlying health disparities in the United States.³²

V. FEDERAL ACTION

A. Congressional Action

To date, Congress has passed six COVID-19 relief laws, including the American Rescue Plan Act of 2021 (ARP) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), providing more than \$484 billion in funding to HHS for COVID-19 relief efforts.³³ These funds made critical health care workforce investments possible, such as \$103 million to improve retention and promote mental health and wellness among the health care workforce and \$8.5 billion for providers who serve rural Medicaid, Children’s Health Insurance Program, or Medicare patients.³⁴ Additionally, last December, the House of Representatives passed the Dr. Lorna Breen Health Care Provider Protection Act and the Senate followed suit on February 17,

²⁹ KFF, *Disparities in Health and Health Care: 5 Key Questions and Answers* (May 11, 2021) (www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/).

³⁰ Elizabeth Ann Andraska et al., *Health Care Disparities During the COVID-19 Pandemic*, *Semin Vasc Surg.* (Sept. 2021) (www.ncbi.nlm.nih.gov/pmc/articles/PMC8349792/).

³¹ Niharika Dixit et al., *Disparities in Telehealth Use: How Should the Supportive Care Community Respond* (Feb. 2022) (pubmed.ncbi.nlm.nih.gov/34668075/#:~:text=However%2C%20there%20are%20disparities%20in,telehealth%20portal%2C%20and%20policy%20levels.)).

³² See note 31.

³³ Government Accountability Office, *COVID-19: Significant Improvements Are Needed for Overseeing Relief Funds and Leading Responses to Public Health Emergencies* (Jan. 2022) (GAO-22-105291).

³⁴ Department of Health and Human Services, *Biden-Harris Administration Award \$103 million in American Rescue Plan Funds to Reduce Burnout and Promote Mental Health and Wellness Among Health Care Workers* (Jan. 20, 2022) (press release); Department of Health and Human Services, *HHS Announces the Availability of \$25.5 Billion in COVID-19 Provider Funding* (Sept. 10, 2021) (press release).

2022.³⁵ The bill would require HHS to establish grant programs and conduct activities intended to address the behavioral health and well-being among health care professionals.³⁶

Last November, this Committee passed a range of health care bills, including legislation that would provide support to the health care workforce and expand access to important preventive services.³⁷ In addition, the Build Back Better Act, passed by the House of Representatives in November 2021, included key provisions to invest in the public health infrastructure and workforce and to strengthen the direct care workforce for home- and community-based services and the maternal health workforce.³⁸

B. Biden Administration Action

The Biden Administration has taken a series of recent steps to increase the availability of tests, masks, vaccines, and therapies to make COVID-19 preventive and treatment measures more accessible for Americans. On January 19, 2022, for instance, the Administration began mailing rapid tests to Americans—four per household—for free with the goal of distributing a total of one billion tests.³⁹ As of January 15, 2022, private health insurers are required to cover at-home COVID-19 tests. Medicare beneficiaries will soon be able to obtain eight over-the-counter COVID-19 tests per month for free.⁴⁰

On January 18, 2022, the Administration announced it will make more than 400 million N95 masks from the Strategic National Stockpile (SNS) available to Americans for free via thousands of retail pharmacies and community health centers across the country.⁴¹ Additionally, 350 million surgical, FDA-cleared N95 masks are currently being held in the SNS and are intended for health care workers.⁴² Through unprecedented coordination across public health agencies and private partners, more than 550 million doses of COVID-19 vaccines have been

³⁵ H.R. 1667.

³⁶ *Id.*

³⁷ House Committee on Energy and Commerce, *Pallone Applauds Committee Passage of 12 Bipartisan Bills* (Nov. 17, 2021) (press release).

³⁸ H.R. 5376.

³⁹ White House, *Fact Sheet: The Biden Administration to Begin Distributing At-Home, Rapid COVID-19 Tests to Americans for Free* (Jan. 14, 2021) (Fact Sheet).

⁴⁰ Department of Health and Human Services, *Biden-Harris Administration Requires Insurance Companies and Group Health Plans to Cover the Cost of At-Home COVID-19 Tests, Increasing Access to Free Tests* (Jan. 10, 2022) (press release).

⁴¹ *Biden plans giveaway of 400M masks as Omicron surges*, Politico (Jan. 18, 2022) (www.politico.com/news/2022/01/18/biden-free-masks-omicron-surge-527335).

⁴² Department of Health and Human Services, *A Record Setting Deployment* (Jan. 21, 2022) (ASPR Blog).

administered.⁴³ Finally, as of February 21, 2022, the Biden Administration had distributed more than 6 million courses of COVID-19 therapeutics to states and territories.⁴⁴

VI. WITNESSES

The following witnesses have been invited to testify:

Megan Ranney, M.D., M.P.H.
Emergency Physician
Rhode Island Hospital

Tawanda Austin, M.S.N., R.N., N.E.-B.C.
Chief Nursing Officer
Emory University Hospital Midtown

Daniel Calac, M.D.
Chief Medical Officer
Indian Health Council, Inc.

Laura E. Riley, M.D.
Obstetrician and Gynecologist-in-Chief
New York Presbyterian Hospital

Lucy McBride, M.D.
Internist
Private Practice

⁴³ Centers for Disease Control and Prevention, *Trends in Number of COVID-19 Vaccinations in the US* ([covid.cdc.gov/covid-data-tracker/#vaccination-trends_vacctrends-total-cum](https://www.covid.cdc.gov/covid-data-tracker/#vaccination-trends_vacctrends-total-cum)) (accessed Feb. 25, 2022).

⁴⁴ Department of Health and Human Services, *State/Territory-Coordinated Distribution of COVID-19 Therapeutics* (www.phe.gov/emergency/events/COVID19/therapeutics/distribution/Pages/data-tables.aspx) (accessed Feb. 25, 2022).