

March 12, 2020

Contact Your Representative and Ask Them to Urge House Leadership to Withdraw Provision in Coronavirus Funding Package

The House of Representatives today is expected to vote on a supplemental funding package, [H.R. 6201, the Families First Coronavirus Response Act](#), released last night by House Democratic leaders related to the outbreak of the novel coronavirus (COVID-19).

While the AHA appreciates Congress' efforts to fund many important areas related to the COVID-19 outbreak, we are concerned about a provision currently in the bill that requires the Occupational Safety and Health Administration (OSHA) by one month after the bill's enactment to establish a COVID-19 emergency temporary standard (and subsequently a permanent standard) that would require health care sector employers (and any other sectors whom the Centers for Disease Control and Prevention (CDC) and OSHA identifies as having elevated risk) to develop and implement a comprehensive infectious disease exposure control plan with the level of infection control precautions set to at least the level of SARS from 2007 and provide no less protection than precautions mandated by state OSHA plans. More details on the provision are below.

Please contact your representative and urge House leadership to withdraw this provision from the spending package. This provision would be impossible to implement in hospitals due to the severe lack of availability of N-95 respirators. If this provision were to be enacted, hospital inpatient capacity would be dramatically reduced.

MORE INFORMATION ON THE PROVISION

This provision is tied to the SARS virus, which has been scientifically proven to be transmitted through the air ("airborne"), in addition to spread through droplets and on surfaces. Protecting health care workers from SARS required N-95 respirators for routine care.

In contrast, COVID-19 by all current evidence is droplet and contact spread, and thus does not require N-95 respirators during routine interactions between health care providers and patients. Currently, the CDC allows for regular masks if there is low supply of N-95 respirators for routine care. CDC does require N-95 for certain

procedures (aerosolizing procedures). For several weeks, the World Health Organization's guidance has been regular masks for routine care (not N-95 respirators).

In addition, the Centers for Medicare & Medicaid Services requires hospitals to be in compliance with CDC standards. CDC closely follows scientific evidence and updates its standards as more becomes known about emerging pathogens. As the world's leading and most trusted organization on disease prevention, CDC should continue its critical role in developing standards, and there should not be conflicting, duplicate or unnecessary regulatory burden placed on hospitals.