



One Hundred Nineteenth Congress
Committee on Homeland Security
U.S. House of Representatives
Washington, DC 20515

January 21, 2026

The Honorable Kristi Noem
Secretary
Department of Homeland Security
Washington, DC 20528

Dear Secretary Noem:

The Committee on Homeland Security (Committee) is conducting oversight to ensure federal funds previously obligated are disbursed. Accordingly, the Federal Emergency Management Agency's (FEMA) reimbursement payments to hospitals relating to the federally declared COVID-19 disaster under its Public Assistance (PA) program remain severely delinquent and subject to a lack of transparency and communication with recipients and subrecipients. Withholding these funds from the nation's hospitals and public health systems cripples readiness and inhibits ongoing operations ahead of emerging challenges.

The healthcare and public health sector endured some of the most severe impacts from the COVID-19 pandemic. Hospitals were forced to rapidly reallocate resources and modify patient care operations to accommodate successive surges and incurred tremendous costs to hire personnel, purchase new equipment, and provide beds for patients. Consistent surges and disease variants required a long-term recovery response from the hospital system. This unprecedented and sustained response placed an extraordinary burden on hospitals and healthcare providers, and the associated costs continue to strain our nation's public health infrastructure.

It is important that the Department and FEMA ensure the administration of all federal grant dollars is not duplicative and is properly disbursed. Though FEMA attempted various methodologies to accurately assess duplications of benefits, continual changes to which methodologies are used cause additional confusion for hospitals that are awaiting updates on the status of their claims and obligated funds.

Further, the speed, or lack thereof, with which FEMA is processing outstanding recipient claims is concerning. In New York, it is my understanding that more than \$1 billion went through every check and balance but is still pending obligation specifically for hospitals. These concerns are heightened by an internal Department policy requiring Secretarial approval of all grants and contracts greater than \$100,000.¹ In the interests of the nation's hospitals and public health

¹ Press Release, U.S. Dep't of Homeland Sec., Secretary Noem Delivers \$12 Billion in Savings to the American People in 200 Days (Aug. 22, 2025), <https://www.dhs.gov/news/2025/08/22/secretary-noem-delivers-12-billion-savings-american-people-200-days>.

infrastructure, claims which have already been reviewed and approved by FEMA must be swiftly obligated and disbursed, and not subject to additional and potentially duplicative reviews instituted by the Department that also may not comply with the Stafford Act.²

While streamlining FEMA's grant administration is a valiant and shared goal, ongoing delays coupled with the lack of information sharing regarding the status of reimbursement claims places further strain on the ability of hospital systems to adequately manage costs and respond to public health needs. Failure to reimburse these funds creates an unsustainable environment for continued operations. FEMA must expedite the review and obligation of all outstanding COVID-19 hospital reimbursement claims to ease the burden on our nation's health infrastructure.

To assist the Committee in its oversight of this matter, we request a briefing on this matter as soon as possible but no later than January 28, 2026, and the following documents and information from January 21, 2025 through present as soon as possible but no later than February 4, 2026:

1. All documents and communications between and among employees and contractors of the Department of Homeland Security, including but not limited to the Federal Emergency Management Agency, regarding or relating to COVID-19 disaster public assistance reimbursements to hospitals.
2. All documents and communications between and among employees and contractors of the Department of Homeland Security, including but not limited to the Federal Emergency Management Agency, regarding or relating to Secretary review and approval of COVID-19 disaster public assistance reimbursement to hospitals.
3. All documents and communications between employees and contractors of the Department of Homeland Security, including but not limited to the Federal Emergency Management Agency, and the RAND Corporation, and any of its affiliated individuals, regarding or relating to alternate applicant methodology for patient care revenue.
4. A list of all outstanding COVID-19 disaster hospital public assistance reimbursement claims, to include but not limited to application date, location, and dollar amounts.

Per Rule X and XI of the U.S. House of Representatives, the Committee is the principal committee of jurisdiction for overall homeland security policy and has broad authority to oversee "all Government activities relating to homeland security, including the interaction of all departments and agencies with the Department of Homeland Security." Please contact the Committee on Homeland Security Majority staff at (202) 226-8417 with any questions about this request.

² *Robert T. Stafford Disaster Relief and Emergency Assistance Act*, Pub. L. No. 93-288, 92 Stat. 2999 (1974) (codified as amended at 42 U.S.C. § 5121 et seq.).

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Sincerely,



ANDREW R. GARBARINO
Chairman
Committee on Homeland Security

cc: The Honorable Bennie Thompson, Ranking Member
Committee on Homeland Security

Ms. Karen Evans, Senior Official Performing the Duties of the Administrator
Federal Emergency Management Agency