

July 6, 2026

Ms. Jennifer Thornton
General Counsel
Office of the United States Trade Representative
600 17th St., N.W.
Washington, D.C. 20508

RE: Notice of Determinations and Request for Comments Concerning Actions in Section 301 Investigations of Acts, Policies, and Practices of Various Economies Related to the Failure To Impose and Effectively Enforce a Prohibition on the Importation of Goods Produced With Forced Labor (USTR—2026—0265, USTR—2026—0266), June 5, 2026

Dear Ms. Thornton:

On behalf of our nearly 5,000 member hospitals, health systems and other healthcare organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 healthcare leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the Office of the Trade Representative's proposed duties on certain economies under section 301 of the Trade Act of 1974.

The AHA asks the administration to consider granting exceptions for the vital medications, medical devices, equipment and supplies, personal protective equipment (PPE), and other products essential to caring for patients in America's hospitals, clinics and other settings. We believe such exceptions are important for most goods used in hospitals, and are especially critical for low-margin, high-volume goods (e.g., those that are difficult to produce sustainably using existing domestic capacity).

America's hospitals and health systems strongly support the administration's goal of strengthening domestic manufacturing for drugs, medical devices, PPE and other essential medical supplies. Reducing trade practices that confer an unfair advantage to other nations is a critical component of achieving this goal. Hospitals also strongly support efforts to eliminate forced labor from their supply chains and have engaged in important work over the years with their supply chain partners to reduce the prevalence



of such goods. At the same time, building domestic manufacturing capacity is a complex, years-long process entailing significant logistical complexity and resources for manufacturers, distributors and purchasers such as hospitals and health systems. In the meantime, patients' lives depend on the ready availability of medications, medical devices, equipment and supplies, PPE, and countless other products necessary to deliver safe and effective care. We are concerned that broad tariffs on these critical goods — and any retaliatory action from the countries on which tariffs are imposed — could inadvertently disrupt the availability of diagnostic and treatment tools essential to delivering high quality, safe and effective care.

Despite ongoing efforts to build the domestic supply chain, the U.S. healthcare system relies significantly on international sources for many drugs, devices, supplies, equipment and other products needed to both care for patients and protect our healthcare workers. According to an AHA analysis of Census Bureau data, the U.S. imported over \$75 billion in medical devices and supplies in 2024 alone. These imports include many low-margin, high-use essentials in hospital settings. In the case of medical devices, some are used only once to protect patients from infection, such as single-use blood pressure cuffs, stethoscope covers and sterile drapes. Others are small devices used ubiquitously in hospitals, such as surgical and anesthesia instruments, cautery pencils, needles, syringes and pulse oximeters. The low-margin nature of these products makes them difficult to produce sustainably within the U.S. At the same time, disruption in the availability of these devices would curtail hospitals' ability to perform life-saving surgeries and keep patients safe from contagion, as well as hinder providers' ability to effectively diagnose, monitor and treat patients.

The degree of dependence on international sources also varies by type of product. According to the Food and Drug Administration, about 49% of medical devices used in the U.S. are imported, while another recent analysis showed that nearly 70% of medical devices marketed in the U.S. are manufactured exclusively overseas.^{1,2} An estimated 30% of the medical technology market in the U.S. is imported, while much higher percentages of PPE are sourced internationally.^{3,4} In 2023, Chinese manufacturers provided the majority of the N95 and other respirators used in healthcare, including one-third of the disposable face masks, two-thirds of the nondisposable face masks and 94% of the plastic gloves used.⁵ Disruptions to the availability of this type of essential equipment would put both patients and healthcare workers at risk.

The AHA also continues to urge the administration to preserve the Nairobi Protocol. This policy helps ensure access to imported medical devices that

¹ <https://www.fda.gov/international-programs/fda-globalization>

² <https://www.medicaldevice-network.com/analyst-comment/trump-tariffs-us-medical-device-market/?cf-view>

³ <https://www.advamed.org/wp-content/uploads/2025/07/7.16.25-Medtech-manufacturing-fact-sheet.pdf>

⁴ <https://www.healthcare-brew.com/stories/2025/08/12/pandemic-efforts-us-mostly-imports-ppe>

⁵ AdvaMed presentation, 2023

deliver better outcomes and a higher quality of life for millions of Americans with chronic conditions and disabilities. Hospitals rely on pacemakers and insulin pumps, among other devices that have qualified for Nairobi Protocol exemptions, to treat patients with heart conditions and diabetes. They also provide patients with prosthetic limbs to restore function to patients with mobility and physical impairments and use cochlear implants for patients with permanent or chronic hearing loss. The duty-free treatment available for qualifying products is vital for ensuring affordable access to these devices for patients and their families.

Lastly, the AHA is concerned about the potential for tariffs to raise the costs of delivering care in hospitals and health systems. A recent survey found that 82% of healthcare experts expect tariff-related expenses to increase hospital costs by at least 15%, and 90% of supply chain professionals expect procurement disruptions.⁶ Given that hospital payments are set by government and private payer contracts in advance and cannot be easily adjusted to account for expense increases, the costs would be borne by hospitals directly. As underscored by the AHA's recent "Costs of Caring" report, such cost increases could further compound the broader financial headwinds challenging hospitals' ability to provide care to patients and communities.⁷

Thank you for the opportunity to provide feedback on this notice. The AHA welcomes the opportunity to discuss with your team ways to advance the administration's goals while preserving access to vital medications, medical devices, equipment and supplies, PPE, and other products that help hospitals deliver on their mission of healing and hope. Please contact me if you have questions at ademehin@aha.org.

Sincerely,

/s/

Akinluwa (Akin) A. Demehin
Vice President
Quality and Safety Policy

⁶ <https://www.beckershospitalreview.com/supply-chain/hospital-finance-supply-leaders-predict-15-increase-in-tariff-related-costs/>

⁷ <https://www.aha.org/costsofcaring>