



March 22, 2020

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American College of Physicians (ACP), I am writing to share our views on the legislative language of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), H.R. 748, made available earlier today. **While there are provisions in the bill we appreciate and support, ACP believes that significant improvements must be made in any final legislation that passes the House of Representatives and the Senate.** Such improvements must ensure that frontline physicians are supported in providing patients with the best possible care; that patients have access to needed care and are able to afford it, and that the United States has the capacity needed to address this growing national health emergency.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma. They and their patients need more support than the bill currently provides.

Specifically, ACP recommends that a final bill:

1. **Uses all possible means to ensure that there is sufficient funding, manufacturing, supply and distribution capacity to get Personal Protective Equipment (PPE) immediately to every physician, nurse, and health worker on the front lines of caring for patients who may have COVID-19.** ACP welcomes the provisions in the bill to require that the PPE be included in the strategic national stockpile, and provide billions in funding to a Public Health and Social Services

Emergency Fund (which may include funding for PPE). However, the grim reality is that frontline health care workers are not able to get the PPE they need to protect themselves and their patients. Nothing can be more urgent than rapidly increasing the supply and distribution of PPE. It is not evident to us that the legislation, as currently drafted, does enough to ensure this.

2. **Requires that all payers, including self-insured plans, cover and pay for audio-only telephone consultations between physicians and their patients.** While virtual telehealth visits may be covered in some cases by insurers, they typically are paid far less than in-person visits, and do not include traditional audio-only phone calls with patients, only video-enabled telehealth applications. Many patients, especially seniors, have access to phones but not video-enabled telehealth apps. To protect patients from exposure to the virus and conserve resources for the epidemic, physicians are heeding the call to suspend most elective in-person visits and replace them with virtual visits to the extent possible as requested by the CDC, other public health authorities, and their own professional societies. As physicians convert in-person visits to virtual ones, practices are experiencing huge reductions in revenue while still having to pay rent, meet payroll, and meet other expenses without patients coming into their practices. Requiring all payers to cover and reimburse physicians for audio-only will ensure that patients without advanced video-sharing capabilities are able to get care virtually, while helping to sustain physician practices.
3. **Provides dedicated and direct financial support to physicians and their practices through tax relief, no-interest loans, direct payments, payment for virtual visits including phone calls (as noted above) and other measures.** We recognize that provisions in the bill to help businesses may be helpful to many physician practices. For instance, the general payroll tax relief and provisions in the bill to provide advanced tax credits for paid sick and family leave, could be helpful to many physician practices. Yet, more can and should be done **to specifically and directly support physician practices**, recognizing the increased costs and reduced revenue being experienced by physicians on the frontlines of caring for COVID-19 patients, and other physicians whose practices are under severe economic stress as they shift to virtual visits. We understand that there are discussions about adding provisions to reimburse, through grants or other mechanisms, eligible health care “providers” for care-related expenses or lost revenues that are directly attributable to the coronavirus.
4. **Increases Medicare and Medicaid payments for diagnosis, care and treatment of COVID-19 patients. Specifically, a final bill should mandate use of national disaster relief funding or other funding to reimburse physicians 110 percent of the Medicare rates for COVID-19-related care for uninsured persons, and require Medicaid pay parity with Medicare for physician services, particularly primary care.** ACP appreciate that the CARES Act suspends the Medicare sequestration cuts to physicians and hospitals.
5. **Expands health insurance coverage.** As ACP has previously recommended, we believe that final legislation should help and fully fund states in expanding Medicaid eligibility, require presumptive eligibility, and simplify enrollment, among other steps to expand coverage to the most vulnerable.

ACP appreciates that the CARES Act reauthorizes several key programs, including Title VII health professions (including Primary Care Training and Enhancement); Community Health Centers (CHCs),

the National Health Service Corps (NHSC), Teaching Health Centers; and Medicare quality measure endorsement. We also are encouraged that the bill provides \$4.5 billion for the Centers for Disease Control and Prevention; and \$12.7 billion for the Public Health and Social Services Emergency Fund.

ACP appreciates the work being done by Congress to address the COVID-19 public health and economic emergency. We offer the above recommendations in the spirit of improving the legislation so that it provides the support needed to both physicians and patients, and urge that they be included in any final bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. McLean". The signature is written in a cursive style with a large initial "R" and "M".

Robert M. McLean, MD, MACP
President