



April 23, 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 express our strong support for key provisions of the Paycheck Protection Program and Health Care Enhancement Act, the Senate Amendment to H.R. 266, and to share our initial recommendations for additional steps that need to be taken to support physicians and their practices during the COVID-19 pandemic.

ACP is pleased that the Paycheck Protection Program and Health Care Enhancement Act includes additional funding to support the financial viability of physicians and their practices, although more will be required to keep their doors open. Specifically, ACP is pleased that the bill provides \$320 billion to replenish the funds available for the Paycheck Protection Program (PPP). Many physician practices attempted to apply for the forgivable paycheck protection loans that were authorized by the CARES Act, only to find that money for the program had run out in just two weeks, and with the Small Business Administration (SBA) no longer accepting applications, leaving them and millions of other businesses without access to the loans. This, combined with substantial losses of revenue for practices as they have largely converted to virtual visits that pay less than in-office visits, has brought many practices—especially smaller primary care practices—to the brink of having to lay-off or furlough staff, or even to having to shutter their practices. The additional funding for the Paycheck Protection Program is a critical and much-needed lifeline for physicians and their practices.

Our members learned from their experiences the first time around with the PPP program that ensuring effective implementation of the program is essential so that physician practices can readily qualify to receive these loans.

ACP is also pleased that the bill authorizes an additional \$75 billion for the Public Health and Social Services Fund (PHSSEF). While we believe the initial distribution of \$30 billion from that fund, and recently-announced plans by the U.S. Department of Health and Human Services (HHS) to distribute additional monies to physicians and hospitals out of the \$100 billion level previously authorized by the

CARES Act, has and will be of help to many struggling practices, such disbursements haven't been—and likely won't be—sufficient to offset the losses of revenue experienced by physicians and their practices that would be needed to keep their doors open.

The additional \$75 billion for the PHSSEF can be a big help, provided that HHS prioritizes physicians and their practices for funding. ACP has previously called on Congress to direct HHS and CMS to allocate at least 30 percent of the emergency fund to support physicians and practices. Although the bill does not include a specific allocation to physicians as ACP requested, it is important that Congress ensure that a substantial portion of the newly authorized \$75 billion for the PHSSEF is prioritized to support physicians and their practices with the greatest need, and who are especially critical to patient care during the COVID-19 public health emergency.

Specifically, Congress should exercise oversight of HHS to ensure that PHSSEF funds are distributed in a way that is prioritized to:

1. Primary care physician practices, which are critical to providing primary, preventive and comprehensive care not only to patients with symptoms or diagnoses of COVID-19, but also to patients with other underlying medical conditions, including medical conditions like heart disease and diabetes that put them at greater risk of mortality from COVID-19. Many studies have shown that the availability of primary care in a community is associated with reduced preventable mortality and lower costs of care, yet recent surveys suggest that many practices will soon close without additional support.
2. Smaller practices (e.g. 15 and fewer clinicians), which lack the resources to stay open with substantially lower revenues and administrative staff to apply for loans and other forms of assistance.
3. Internal medicine subspecialists, who diagnose, manage, and treat patients with the most complex chronic illnesses, including conditions that put patients at the highest risk of mortality from COVID-19, but also patients with other complex conditions whose lives literally depend on care from internal medicine subspecialists. If their practices close, patients will lose access to the care they need to keep them alive and well.
4. Physicians in underserved rural and urban communities. The experience with COVID-19 suggests many patients are at higher overall risk of mortality and morbidity due to social determinants and racial and ethnic characteristics, particularly for the African-American community. Such patients are more likely to be found in underserved communities. It is essential to keep the practices that care for them open.

ACP believes the most effective way to prioritize support for such practices out of the PHSSEF, particularly primary care practices, will be for HHS to provide per-patient per-month (PPPM) prospective payments, adjusted for patient demographics and health status, sufficient to offset their revenue losses and keep their practices open. We will be sharing our recommendations to HHS and Congress soon on how to disburse PHSSEF funds using such PPPM payments.

ACP applauds Congress for providing \$25 billion for testing and contact tracing. In a policy statement that ACP issued last week, the College identified five key elements that need to be in place before restrictions established by state and local governments to mitigate spread of COVID-19 could be eased

in a phased, safe, and effective manner, including the availability of “Widespread administration of a reliable method of testing for COVID-19 and accurate/reliable emerging antibody testing, on a scale to accurately determine that a sustained downward trajectory is being evidenced and sustained.” The Paycheck Protection Program and Health Care Enhancement Act’s funding for testing will be an important step to making such testing available.

ACP realizes and is greatly appreciative of the fact that, since the beginning of March, Congress has enacted three major pieces of legislation to address this unprecedented public health crisis, which includes numerous programs to help support and sustain physicians and their practices and begins to provide desperately needed personal protective equipment (PPE) for frontline physicians, nurses and other health care workers; increases health care capacity; and expands access to affordable testing and treatment. These programs are beginning to make a positive difference for physicians and their patients. We believe the Paycheck Protection Program and Health Care Enhancement Act will contribute to sustaining physicians and their practices by increasing funding for both the PPP and the PHSSEF.

Yet more will need to be done to support patients and their physicians. As Congress begins work on a stimulus four bill, ACP urges Congress to ensure that it includes provisions to support the continued viability of physician practices, including more funding for the PHSSEF prioritized to primary care physicians and other physicians as discussed above, such as providing PPPM payments to primary care physicians to mostly offset their losses of revenue. Congress should also ensure that CMS makes changes to the Accelerated and Advanced Medicare Payment Program to reduce the interest rate to zero percent and allow more time for physicians to repay the loans. In addition, Congress should take additional steps to expand coverage; address drug shortages and price-gouging, ensure that every physician and frontline health care worker has access to PPE, expand liability protections; fund public health responses, and address social determinants of health, among other priorities. Our April 13 letter to Congress, as summarized [here](#), includes recommendations that were partly but not fully addressed and those should be included in the next stimulus legislation. ACP will be providing additional detailed recommendations soon on the stimulus four bill.

We offer these recommendations in the spirit of providing the necessary support to physicians and their patients going forward. We urge Congress to work in a bipartisan manner to ensure that these policies are enacted without further delay to meet the health care and economic challenges that we face during this crisis

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. McLean". The signature is fluid and cursive, with the first name being the most prominent.

Robert M. McLean, MD, MACP
President