March 17, 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 urge you in the strongest possible terms to quickly enact an economic stimulus bill—“Phase 3”—to address the national threat of the Coronavirus Disease 2019 (COVID-19). ACP has specific recommendations, as detailed below, that we strongly believe are necessary to be included in any legislative package that Congress passes in the near future. Internal medicine specialists and all physicians on the front lines of the COVID-19 crisis need unprecedented and swift congressional action in order to continue treating their patients with the SARS-CoV-2 virus.

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.

To address the COVID-19 national emergency, there is an urgent need for the federal government to provide direct and increased payments to physicians and their practices, without budget neutral offsets, to allow them to sustain and ramp up capacity to test, diagnosis, treat and counsel patients; obtain necessary supplies including personal protection equipment; and maintain the financial viability of their practices. ACP has heard from many of its members, in large and small practices alike, that the economic viability of their practices is at risk because of increased expenses associated with COVID-19 and reduced revenue from cancellation of office visits and replacing them with virtual visits (both video visits and telephone visits) that often are not reimbursed by payers, or reimbursed at lower levels than face-to-face visits. CMS should also suspend regulatory and reporting requirements during the duration of the national emergency:
Specifically, ACP recommends the following:

1. Mandate and fund an increase in Medicaid payments to physicians to no less than the Medicare rates, without requiring that physicians apply for such increased payments.
   A. At a minimum, Medicaid payments for primary care services should be increased to no less than the Medicare rates.
2. Telehealth services should be covered and reimbursed by federal programs at the same payment level as in-person physician visits (i.e., at parity).
   A. Direct the Secretary of HHS to require broader coverage and payment under all federal health programs for all medically necessary telephone and video consultations by physicians to patients during the COVID-19 emergency, with zero deductibles and co-payments, and work with other payers to adopt similar policies.
   B. While ACP is encouraged by CMS’s announcement today that it will expand coverage for certain telehealth services, these changes still will not ensure that all medically necessary telephone consultations will be covered by Medicare and other federal health programs at no cost to patients, paid at the same level as face-to-face visits, and apply to physicians’ phone calls with patients, not just more advanced telehealth and technology-enabled services.
   C. Payment for all medically necessary telephone and video consults will allow physicians to convert face-to-face visits to virtual telephone consultations with patients, thereby freeing up capacity to see patients in the office who require immediate attention for testing, diagnosis, treatment and counselling related to COVID-19.
3. 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.
4. Suspend Medicare sequestration cuts to physicians and hospitals.
5. Increase the 2020 Medicare Physician Fee Schedule dollar conversion factor by an amount sufficient to offset the increased costs and lost revenue being incurred by practices related to COVID-19.
6. Provide payroll tax relief, advance tax credits, and other changes in tax policy directed specifically at physician practices to support practice viability and sustainability for the duration of the national emergency.
7. Provide CMS with flexibility and the necessary regulatory authority to make changes to how the Quality Payment Program is implemented during the national emergency.
8. Increase the $500 million for masks, protective equipment, and other pharmaceutical and medical supplies already provided to the Public Health and Social Services Emergency Fund by the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, H.R. 6074 to adequately protect physicians and other clinicians treating COVID-19 patients.
   A. Provide immediate and direct federal financial support/stipends to physicians and their practices to obtain masks and other personal protective equipment (PPE) so they can continue treating patients while reducing the risk that they themselves will be sickened by the virus.
9. Expand paid family, medical and sick leave with federal funding while ensuring that physician practices have immediate access to federal funding or tax relief to offset the costs of such paid leave to their employees.
A. While ACP supports the provisions in the Families First Coronavirus Response Act to expand paid medical and family leave, this could result in a substantial financial outlay by physician practices of 50 – 500 employees before any tax credits may become available to offset such costs. (Practices with fewer than 50 employees can be excluded from this provision).

B. We recommend that Congress provide a way for such practices to get tax relief at the same time as costs are incurred by practices for providing additional medical and family leave to their employees.

We commend you for acting in such a timely fashion due to the seriousness of the public health threat caused by the SARS-CoV-2 virus and many of our patients having COVID-19 as a result. We believe that the patients being treated by internal medicine specialists would benefit greatly from the above recommendations and request that they are included in any economic stimulus package being currently considered by Congress. We stand ready to work with you as you continue to work to pass legislation to formulate the federal government’s continued and comprehensive response to COVID-19.

Sincerely,

Robert M. McLean, MD, MACP
President