



June 2, 2020

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

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

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of the American College of Physicians (ACP), I am writing to urge the Senate to consider additional legislation to respond to the economic devastation and public health care crisis caused by the COVID-19 pandemic. Unless the Senate acts soon, the ability of our nation's internal medicine physicians to provide continuous and comprehensive health care to adults including elderly patients at most risk to infection from COVID-19 remains at risk. Several weeks ago, ACP submitted a [letter](#) to Senate leaders that provided our recommendations for the Senate to act on legislation to address this crisis. Many of these policies were included in H.R. 6800, the HEROES Act that was passed by the House. We urge the Senate to adopt these policies included in the HEROES Act which include:

- Additional emergency funding to help struggling physician practices keep their doors open by partially offsetting revenue losses and increased expenses relative to COVID-19;
- Improvements in the Medicare Accelerated and Advance Payment Program;
- Support for the COVID-19 response workforce by expediting visas for international medical graduates (IMGs) to enter the U.S. for training and patient care, permanently authorizing the Conrad 30 Program, and providing a pathway for IMGs and their families already in the U.S to obtain permanent residency status;
- Expansion of coverage and increases federal funding for Medicaid; and
- Funding for the infrastructure and health system capacity needed to rapidly expand testing and contact-tracing, thereby enabling economic, social and medical care activities to gradually resume on a prioritized basis while mitigating transmission and deaths from COVID-19.

We urge the Senate to enact these policies included in the HEROES Act as soon as possible as well as the following recommendations outlined in this letter.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society 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.

Support for Physicians and Practices

Public Health and Social Services Emergency Fund (PHSSEF)

ACP is pleased that the HEROES Act, H.R. 6800, provides an additional \$100 billion in grants through the PHSSEF, and the Provider Relief Fund (PRF) within it, for hospital and health care “providers” to be reimbursed for health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus.

Many internal medicine specialists who are providing primary and comprehensive care to patients have told ACP that they are just weeks away from closing their doors due to drastic declines in patient volume. We appreciate that HHS has already made general distributions to physicians and hospitals out of the initial \$100 billion of the PRF created by the CARES Act, H.R. 748, and will soon be announcing how the remaining funds will be distributed. We also appreciate that Congress, through the Paycheck Protection Program and Health Care Enhancement Act, H.R. 266, provided an additional \$75 billion in funding for hospitals and physicians. However, unless Congress provides additional funding, and unless HHS takes specific actions now to distribute funds in a way that is prioritized by the recommendations below, many primary care practices will not be able to make it through the duration of the COVID-19 emergency.

As the Senate considers the next COVID-19 relief package, we strongly urge the inclusion of a provision that directs the Secretary of HHS to make a targeted allocation from the PRF to primary care physician practices, similar to the targeted allocation for rural hospitals. The provision should specify that such targeted allocation to primary care:

- A. Be in an amount sufficient to offset lost revenue from all payers including Medicare, Medicaid and commercial insurers, from April 1 through the end of the calendar year, after taking into account disbursements already received by such practices from the general PRF allocations. ACP estimates that such a targeted allocation should offset at least 80 percent of total lost revenue from all payers in order to keep primary care practices open.**
- B. Provide funding for direct increased costs incurred by primary care practices for Personal Protective Equipment (PPE) and other supplies and spending associated with COVID-19.**

We suggest that the targeted allocation to primary care could be disbursed to practices through a single lump payment, through quarterly payments, or through per-patient per-month payments, retroactive to April 1 and through December 31, 2020.

Earlier this week, ACP submitted a [letter](#) to Health and Human Services (HHS) Secretary Azar that requests HHS make a targeted allocation out of the Provider Relief Fund (PRF) to primary care clinicians, and/or their practices, to offset reduced revenue and increased costs related to COVID-19, similar to the targeted allocation made to rural hospitals. Such a targeted primary care allocation should:

1. Be sufficient to offset lost revenue and increased expenses related to COVID-19, after accounting for disbursements they may receive from the PRF general allocations;
2. Be distributed immediately and effectively to primary care clinicians and practices, in time to prevent them from closing in a matter of weeks; and
3. Be continued through CY 2020.

We recognize and appreciate that HHS has made general distributions to physicians and hospitals out of the PRF created by the CARES Act, including to primary care. However, such disbursements are not sufficient to keep many from closing. The general allocations also require that primary care competes for limited PRF dollars with others eligible for the fund, in a way that overlooks the unique challenges facing primary care. A targeted allocation to primary care would ensure that primary care gets the direct and dedicated funding needed to survive.

Accelerated and Advance Payment Program

ACP supports the provisions in H.R. 6800 that require CMS to make adjustments to the Accelerated and Advance Payment Program, which largely align with ACP's letter to [CMS](#) and its letter to [Congress](#) on this topic. These changes include extending the recoupment period to begin 365 days after receipt of the payment, after which the recipient will have one year to repay the advance; reducing the per-claim recoupment amount from 100 percent to 25 percent to allow practices to continue billing Medicare while paying back the advance; and lowering the interest rate for loans made under the program to one percent if they are not repaid within the required timeframe, rather than the current interest rate of 10.25 percent.

ACP further asks that Congress specifically direct the Secretary of HHS to resume the Medicare Accelerated and Advance Payment Program, in conjunction with making these needed improvements to the program. This is critically important as practices continue to need to make adjustments to respond to the pandemic's spread in different areas of the country, while also providing necessary ongoing care to their broader patient population. This program serves to assist with practice cash flow issues, which will continue to be an issue beyond the immediate near term as practices face an extremely uncertain timeline for resuming full operations.

Funding and Access to Small Business Loans

We ask the Senate to approve provisions in H.R. 6800 that make changes to the Paycheck Protection Program (PPP) to provide businesses with fewer than 500 employees the ability to cover payroll costs with up to a \$10 million fully guaranteed loan at one percent in order to keep workers paid and employed. Businesses that maintained their payroll may also be allowed to receive loan forgiveness on a paycheck protection loan over an eight-week period in order to rehire workers who were furloughed. **This legislation makes several changes to the PPP that are supported by ACP including:**

- A carve out in the PPP that would ensure 25 percent of the funds be used specifically for small businesses with 10 or fewer employees to guarantee they are fully able to access PPP assistance;
- Flexibility in the covered period for borrowers in the PPP by extending the 8-week period to 24 weeks and extending the covered period from June 30 to December 31;
- An extension of the Paycheck Protection Program to December 31;
- Removal of the requirement that 75 percent of loan proceeds be used for payroll.

This legislation also provides an additional \$10 billion for the small business Economic Injury Disaster Loan (EIDL) program. This loan is designed to provide economic relief to businesses that are currently experiencing a temporary loss of revenue due to the COVID-19 pandemic and will not have to be repaid. These grants potentially could provide financial assistance to physician practices who have faced a severe decline in revenue resulting from seeing fewer patients during this national emergency.

We support additional funding for the EIDL program and changes to the PPP to ensure that small businesses will receive the funds needed to sustain their businesses, including physician practices. We look forward to working with the Small Business Administration and the Department of Treasury to ensure effective implementation of these programs so that physician practices can readily qualify.

Payment for audio-only phone calls by all payers

An additional policy that has not been approved in the House or Senate but is imperative to sustain physician practices at this time is for **Congress to approve a mandate that all payers pay for all audio-only phone calls and telehealth services that take place between patients and their physicians at the same rate as in-person visits, as the Centers for Medicare and Medicaid Services (CMS) has done for Medicare.**

ACP was pleased by the April 30, 2020, [announcement](#) from the CMS that they will begin paying for telephone calls between patients and their physicians at a rate equal to in-office visits. Not

reimbursing for telephone visits—at a payment level on par with in-person visits—disproportionally affected physicians and practices taking care of elderly and underserved patients. Many of these patients are managing multiple chronic conditions, do not have smartphones, or may have a smartphone, but do not know how to use video conferencing platforms.

Now, as physicians convert in-person visits to virtual ones in response to the Coronavirus public health emergency, 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. *Accordingly, Congress should require all payers to cover and reimburse physicians for audio-only telephone visits at the same rate as an established patient in-person visit. This will ensure that patients without advanced video-sharing capabilities are able to get ongoing, continuous, and coordinated care virtually, while helping to sustain physician practices.*

Support for the Physician Workforce

Supplementing the COVID Response Workforce

Before the Coronavirus crisis, estimates were that there would be a shortage of 21,100 to 55,200 primary care physicians by 2032.¹ Now, with the specter of closure for many physician practices or near-retirement physicians not returning to the workforce due to COVID-19, it is even more imperative that the Senate take action to bolster the physician workforce. Many residents and medical students are playing a critical role in responding to the COVID-19 crisis and providing care to patients on the frontlines.

We support numerous provisions within the HEROES Act that would provide support for additional physicians and clinicians to treat patients in underserved areas as well as patients with COVID-19. We support a section of H.R. 6800 that would permanently authorize the Conrad 30 program, support International Medical Graduates (IMGs) and their families, and temporarily ease certain immigration-related restrictions to allow IMGs and other critical healthcare workers to assist in the fight against COVID-19. This section would:

- Permanently authorize the Conrad 30 J-1 Visa program, which allows states to sponsor foreign-trained physicians to work in medically underserved areas in exchange for a waiver of the physicians' two-year foreign residence requirement. The base number of annual Conrad waivers available to each state is increased from 30 to 35, with a demand-based sliding scale to determine the number of available waivers in future years;
- Expedite green cards for IMGs and their families who have approved immigrant visa petitions if they are engaged or will engage in COVID-19 related research or patient care;

¹ <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

- Require the Department of Homeland Security and the Department of State to expedite the processing of nonimmigrant petitions and visa applications for medical professionals and researchers who will engage in COVID-19 work or participate in graduate medical education training programs and increase the ability of non-immigrant physicians to change status;
- Provide flexibility to hospitals, medical facilities, and other employers of non-immigrant healthcare workers to quickly transfer employees to administer direct patient care or telemedicine in COVID-19 hot spots, engage in research and development of COVID-19 vaccines and cures, and provide other services as needed to address the emergency;
- Provide special immigrant status for non-immigrant COVID-19 related healthcare workers and their families and protections for surviving spouses and children should the health care worker die during the COVID-19 pandemic.

In addition to the measures outlined above in the HEROES Act, the Senate should also approve *The Healthcare Workforce Resilience Act, S. 3599, which would authorize immigrant visas for health care clinicians, including up to 15,000 physicians who are eligible to practice in the United States or are already in the country on temporary work visas. The visas would provide a pathway to employment-based green cards. ACP urges the Senate to pass this legislation in order to meet the nation’s health care workforce needs and growing physician workforce shortage that have been made more critical by the increased need for more physicians to treat COVID-19 patients.*

Forgive Student Loan Debt and Protect Student Borrowers

We urge the Senate to approve measures not only to expand the physician workforce but also relieve the heavy financial burden for medical students, residents, and physicians who are playing a critical role in responding to the COVID-19 crisis. We ask the Senate support the following measures to provide additional debt relief for medical students, residents, and physicians on the front lines of COVID-19 as well as those in the National Health Service Corps:

- ***The Student Loan Forgiveness for Frontline Health Workers Act, H.R. 6720, which would forgive student loans for physicians and other clinicians who are on the frontlines of providing care to COVID-19 patients or helping the health care system cope with the COVID-19 public health emergency.*** The bill would forgive both federal and private student loans for physicians and clinicians with no limit on the amount of debt relief granted. The bill’s forgiveness would include the student debt of graduate-level education for physicians, medical residents, medical fellows, and medical students who provide COVID-19-related health care services.
- ***The Health Heroes 2020 Act, S. 3634, which would surge investment resources for the National Health Service Corps’ scholarship and loan repayment programs for***

health clinicians—including physicians—to serve in areas with health workforce shortages. S. 3634 would help cover the education costs for about 300,000 clinicians through providing \$25 billion for NHSC programs in fiscal year 2020. In addition, the bill would increase the NHSC’s annual mandatory funding from \$310 million to \$690 million annually for fiscal years 2021 to 2026 to help sustain this clinician pipeline. |

Coverage and Protections from Out-of-Pocket Costs

Increase in the Federal Contribution to Medicaid

ACP supports a section of the HEROES Act that would increase the Federal Matching Assistance Percentage (FMAP) payment by 14 percentage points through June 30, 2021. At a time of financial instability, this would ensure State governments have the resources they need to continue providing critical services. This legislation would also ensure **no cost-sharing for COVID-19 treatment and would** eliminate cost-sharing for Medicaid beneficiaries for COVID-19 treatment and vaccines during the COVID-19 public health emergency. **We urge the Senate to approve this measure in its next COVID-19 relief package.**

In previous letters, we have urged Congress to increase the federal match for Medicaid past the duration of the public health emergency caused by COVID-19 and we are pleased to support this provision. State economies are sustaining a massive decrease in revenues during the COVID-19 public health emergency and the FMAP increase provides a welcome cash infusion.

Improvements to COVID-19 Testing Infrastructure and a National System for COVID-19 Testing, Contact Tracing, Surveillance, and Mitigation

On May 6, 2020, ACP released a paper outlining the best methods to expand COVID-19 testing and contact tracing of COVID-19 cases. Entitled, [*Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity: A Clinical and Public Policy Guidance from the American College of Physicians*](#), this paper offers detailed public policy guidance to federal, state, and local authorities to “re-open” certain economic, social and medical care activities in a phased and prioritized way, *based on the best available evidence*, in a manner that mitigates risk (slows and reduces the spread of COVID-19, and associated deaths and other harm to patients) and rapidly expands health system capacity to diagnose, test, treat, conduct contact tracing (with privacy protections), and conduct other essential public health functions.

While ACP applauds Congress for providing \$25 billion for testing and contact tracing contained in the Paycheck Protection Program and Health Care Enhancement Act, H.R. 266, more needs to be done to ensure that states and communities have the public health capacity to partially and safely resume economic and social activities, as described in our new guidance. **ACP strongly supports the provision in the HEROES Act to require that Secretary of HHS to update the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020.** The updated plan shall identify the types and levels of testing necessary to monitor and contribute to the control of COVID-19 and

inform any reduction in social distancing. In addition, the updated strategic testing plan must include specific plans and benchmarks with clear timelines, regarding how to ensure sufficient availability and allocation of all testing materials and supplies, sufficient laboratory and personnel capacity, and specific guidelines to ensure adequate testing in vulnerable populations and populations at increased risk related to COVID-19, including older individuals, and rural and other underserved areas.

ACP also recommends that the Senate consider the recommendations made in an April 27, 2020, bipartisan [letter](#) from Andrew Slavitt, former CMS Administrator during the Obama administration, Dr. Scott Gottlieb, former FDA Commissioner during the Trump administration, and other former public officials and non-governmental public health experts, calling on Congress to *authorize and appropriate \$46.5 billion* to successfully contain spread of the virus.

Specifically, ACP recommends that the Senate should include in its next Coronavirus relief package detailed requirements to allow certain economic and social activities to be resumed in a phased and prioritized way, based on the best available evidence, in a manner that mitigates risk.

Conclusion

We offer these recommendations in the spirit of providing the necessary support to physicians and their patients going forward. We urge the Senate to work with the House 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 the crisis caused by the COVID-19 public health emergency. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline W. Fincher MD". The signature is written in a cursive, flowing style.

Jacqueline W. Fincher, MD, MACP
President