



May 21, 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 share our recommendations for a bipartisan legislative package that the Senate should develop in the near future to address the ongoing public health emergency caused by the Coronavirus. While we are greatly appreciative that Congress has already enacted four major legislative packages to address this unprecedented public health crisis, the Senate still needs to take further action to support physicians and their practices so that they can continue to provide care on the frontlines at a time when they are needed most.

We ask that the Senate consider drafting additional legislation, and work in a collaborative bipartisan fashion with the House, to respond to the continuing COVID-19 public health emergency and urge you to include the following policy priorities:

- Require that the U.S. Department of Health and Human Services (HHS) make a targeted allocation out of the Provider Relief Fund (PRF) to primary care physicians and their practices to offset lost revenue and increased expenses, sufficient to keep their doors open;
- Require that all payers pay for audio-only phone calls and telehealth at the same rate as in-person visits;
- Support the COVID-19 response workforce by providing loan forgiveness for medical students, residents, and physicians furnishing COVID-19 care, increase funding for clinician scholarship and loan repayment programs, permanently authorize the Conrad 30 J-1 visa program, and provide more visas for International Medical Graduates (IMGs) visas and pathways to permanent legal status for IMGs;
- Fund 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; and
- Continue increased federal funding for Medicaid.

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

Targeted PRF Allocation to Primary Care

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. While the general allocations of PRF funding have been and may continue to be of help to many primary care practices, ACP believes that Congress must ensure that the next tranche of PRF disbursements are directed expressly to primary care.

Specifically, ACP strongly urges the Senate to include in the next COVID-19 related legislation 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.

Internal medicine specialists and other primary care physicians have an essential role in delivering 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 will soon close without additional support.¹ They must be supported by Congress to continue providing their patients the care they need.

Payment for audio-only phone calls by all payers

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.*

Specifically, ACP recommends that the Senate include in the next COVID-19 legislation 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.

Support for the Physician Workforce

Before the Coronavirus crisis, estimates were that there would be a shortage of 21,100 to 55,200 primary care physicians by 2032.² 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. For residents, COVID-19 is inflicting additional strain as they are redeployed from their primary training programs, thus putting their own

¹ https://www.commonwealthfund.org/blog/2020/primary-care-and-covid-19-pandemic?utm_source=alert&utm_medium=email&utm_campaign=Delivery%20System%20Reform

² <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>

health on the line caring for the sickest patients, many without appropriate personal protective equipment. Residents and graduated medical students have an average debt of over \$200,000, yet will not necessarily be supported by other programs that provide direct financial support to hospitals and other physicians. In addition, international medical graduates (IMGs) are currently serving on the frontlines of the U.S. health care system, both under J-1 and H-1B training visas and in other forms. These physicians serve an integral role in the delivery of health care in the United States. IMGs help to meet a critical workforce need by providing health care for underserved populations in the United States. They are often more willing than their U.S. medical graduate counterparts to practice in remote, rural areas and in poor underserved urban areas. More must be done to support their vital role in health care delivery in the United States.

Specifically, the Senate should include the following measures in any future Coronavirus relief package to forgive student loan debt for medical students, residents, and physicians on the frontlines of COVID-19, expand loan repayment and scholarship programs of the National Health Service Corps (NHSC), permanently reauthorize the Conrad 30 program for international medical graduates (IMGs), and authorize additional immigrant visas for physicians:

- A. *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.
- B. *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. |
- C. *The Conrad State 30 and Physician Access Reauthorization Act, S. 948, which would permanently reauthorize the Conrad State 30 J-1 visa waiver program.*** The College has long recognized the value IMGs and their contributions to health care delivery in this country. Many IMGs provide care in medically underserved areas by participating in J-1 visa waiver programs, including the Conrad 30 program. We support the reauthorization of this program without delay, and also believe that it should be made permanent to give physicians with J-1 visas certainty that they may continue to practice in underserved areas. This legislation also includes a provision

that would address the current backlog in the system for physicians on J-1 visas who wish to acquire a green card to move to a more permanent residency status.

- D. *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.

COVID-19 Testing, Contact Tracing, and Health System Capacity

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. The federal government must provide the necessary resources to states and localities to do COVID-19 testing, contact tracing and follow-up, public health workforce, PPE, health system surge capacity and support for other necessary public health functions to allow for the resumption of economic and social activities on a prioritized, gradual and safe basis.

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.

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.

Increase the Federal Contribution to Medicaid

State economies are sustaining a massive decrease in revenues during the COVID-19 public health emergency and the Federal Matching Assistance Percentage (FMAP) increase provides a welcome cash infusion. The extra funding is especially important as Medicaid enrollment is expected to increase during the pandemic. The higher FMAP should be extended and/or increased by the Senate as state budgets will need sufficient time to stabilize after the COVID-19 public health emergency ends.

ACP urges the Senate to extend and/or increase the temporary 6.2 percent increase in the Federal Match Payment for certain Medicaid spending contained in the Families First Coronavirus Response Act, H.R. 6201, and the CARES Act, H.R. 748, past the duration of the public health emergency caused by COVID-19.

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 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