



ACP Recommends Swift Action to Address COVID-19

The American College of Physicians (ACP) recommends that the Trump administration, Congress, governors, and private sector stakeholders work together to take additional and immediate actions to address COVID-19. We offer the following recommendations on expanding coverage for COVID-19 testing and treatment, removing barriers to care, and keeping our nation's frontline physicians and other health care professionals safe.

ACP recognizes and appreciates that the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, H.R. 6074 will provide essential funding and a policy response to address COVID-19, including temporarily removing geographic limits on telehealth services under Medicare. Yet we believe that more can and should be done by the administration, Congress, the states, and other stakeholders to address the public health emergency created by COVID-19.

The President Should Declare a National Emergency

U.S. Department of Health and Human Services (HHS) Secretary Alex Azar declared a public health emergency under the Public Health Service Act on January 27, 2020 in response to COVID-19. **President Trump should issue an emergency declaration as appropriate for all states, the District of Columbia, and territories for COVID-19.** Doing so will enable states to receive crucial emergency Medicaid waivers and access other resources discussed in detail below.

Expand Coverage and Access to Testing and Treatment

ACP is concerned that cost sharing, which discourages medically necessary care as well as unnecessary care, and coverage gaps may pose a significant barrier to testing and treatment of COVID-19. In general, while ACP is encouraged that health insurance company representatives have announced that they will cover COVID-19 services and waive some or all cost-sharing, federal and state action is necessary to ensure these promises become reality.

1. **The Centers for Medicare and Medicaid Services (CMS) should designate that laboratory tests and services related to diagnosis and treatment of COVID-19 are covered under the Essential Health Benefit package.**
 - a. The administration and Congress should take action to require individual and small group market carriers to cover COVID-19 test and treatment services without cost sharing.
 - b. Prior authorization for such medically necessary services should be eliminated.
2. **Congress should require group plans covered by the Employee Retirement Income Security Act to cover COVID-19 testing and treatment without cost sharing.**

- a. Since most Americans receive health coverage through self-insured plans that are regulated under federal law, Congress needs to enact legislation to ensure that all such plans cover COVID-19 testing and treatment. H.R. 6173 would require group health plans and health insurance issuers offering group or individual health insurance coverage to cover COVID-19 testing without cost sharing.
 - b. Congress should also mandate that prior authorization for such medically necessary services should be eliminated.
3. **Congress and the administration should expedite evaluation by the appropriate bodies and if supported by the evidence, designate COVID-19 tests and related services as covered preventive services without cost sharing.**
 - a. The Affordable Care Act (ACA) mandated that certain highly-rated preventive services and immunizations be covered without cost sharing. The process established by law to make such an assessment should be expedited to the extent possible, exclusive to COVID-19 testing, diagnosis and treatment.
 - b. Congress should amend the provision's timing language, to ensure no-cost coverage is available as soon as possible instead of after a minimum of one year, exclusive to COVID-19 testing, diagnosis, and treatment.
4. **The administration should issue guidance to state governors and Medicaid directors encouraging them to temporarily expand Medicaid coverage eligibility with federal funding.**
 - a. HHS, CMS, and governors should close health insurance coverage gaps by extending Medicaid and CHIP coverage and removing access barriers using state plan amendments, 1115 waivers, and other authorities.
 - b. States should be granted flexibility regarding the application process, benefits, cost-sharing, "provider" participation, prior authorizations, and other requirements.
 - c. The federal government should pay the full state share (i.e., 100% FMAP) as it did for Medicaid coverage for Hurricane Katrina-displaced individuals.
5. **The administration and states should simplify application and establish presumptive eligibility for Medicaid for COVID-19 testing, diagnosis and treatment.**
 - a. Presumptive eligibility will ensure individuals are covered and that hospitals and other clinicians will be reimbursed for the care they provide.
6. **All states should require health insurance plans subject to state regulation cover COVID-19 tests and treatment at no cost to enrollees.**
 - a. States like California, Washington, and New York have mandated benefits, cost-sharing restrictions, eliminated prior authorizations, and encourage medication refills in response to the emergency. Other states must take action.
7. **CMS and the states should suspend Medicaid work requirements to allow for testing and treatment of COVID-19 without having to establish that they meet a state's work eligibility requirements.**
 - a. ACP strongly opposes Medicaid work requirements as creating barriers to care, not limited to COVID-19.
 - b. ACP believes that at a minimum, all such requirements be suspended for duration of the national COVID-19 emergency.

8. **Congress should mandate and provide federal funding so that all employers will implement paid family and medical leave.**
 - a. Such paid leave should apply to all employed persons to facilitate testing and treatment for COVID-19, and for purposes of facilitating mandatory or voluntary self-quarantine and social distancing to reduce the spread of COVID-19.
 - b. H.R. 6150 would require employers to provide seven days of accrued sick leave with an additional 14 days available during a public health emergency, such as COVID-19.
9. **The administration should issue—and if appropriate, encourage states to establish—a Special Enrollment Period (SEP) for the insurance markets/exchanges established by the ACA, allowing individuals to sign up for coverage outside the usual enrollment period.**
 - a. SEPs are authorized under the law to allow for plan enrollment for special circumstances. ACP believes that COVID-19, as public health emergency, qualifies as such a special circumstance.
 - b. Washington recently designated a 30-day SEP to allow qualified uninsured individuals to enroll in health insurance provide through the state’s exchange.

Funding the Public Health Response

1. **Congress should fully fund the Hospital Preparedness Program, which provides federal funding for health care system readiness during emergencies and disasters.**
2. **Congress should immediately authorize and appropriate funding for community health centers (CHCs) since many low-income and/or uninsured individuals access COVID-19 care at these facilities.**
 - a. Mandatory funding for CHCs is due to expires at the end of May 22, 2020.
 - b. While the additional \$100 million for health services grants to CHCs provided by Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, H.R. 6074, is welcome, CHCs require immediate long-term funding stability for during a public health emergency.

Ensure Sufficient Supply of Protective Equipment

1. **Congress should ensure that the \$500 million for masks, protective equipment, and other pharmaceutical and medical supplies provided by H.R. 6074 is sufficient.**
 - a. Congress should immediately provide additional emergency supplemental funding if this need is not being met.
2. **Federal and state governments and other stakeholders should work with manufacturers of personal protective equipment, and provide sufficient funding, to ensure an adequate supply.**
 - a. ACP is also concerned that there may not be sufficient supplies of personal protective equipment available to meet the urgent and growing need related to testing and treatment of COVID-19.

Facilitate use of telehealth for COVID-19 testing and treatment

1. **Medicare, the states, and other authorities and stakeholders should ensure that unnecessary barriers to using telehealth services to patients are lifted.**
 - a. ACP is pleased that the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, H.R. 6074, authorized CMS to temporarily lift restrictions on telehealth services for COVID-19 testing and treatment.
 - b. While CMS has provided some initial guidance on application of these changes, ACP encourages the agency to provide clear direction on provision, billing and documentation of such services.
 - c. State regulatory authorities, other federal agencies, and other stakeholders should identify and lift restrictions on telehealth for COVID-19 testing and treatment.

Ensure access to COVID-19 testing and treatment for resident non-citizens

1. **The Department of Homeland Security should establish that health care facilities will be immigration enforcement-free zones so that immigration status does not prevent a person from seeking care.**
 - a. The COVID-19 response should not be linked to immigration enforcement in any manner.
2. **The administration should suspend the public charge rule to allow for Medicaid coverage, testing, and treatment of legal non-citizen residents seeking testing and treatment for COVID-19.**
 - a. ACP strongly opposes the public charge rule as creating barriers to care, not limited to COVID-19.
 - b. ACP believes that at a minimum, the administration and states should suspend public charge prohibitions on Medicaid coverage to allow for COVID-19 testing and treatment for undocumented individuals who would otherwise be eligible for Medicaid due to income or other reason.