

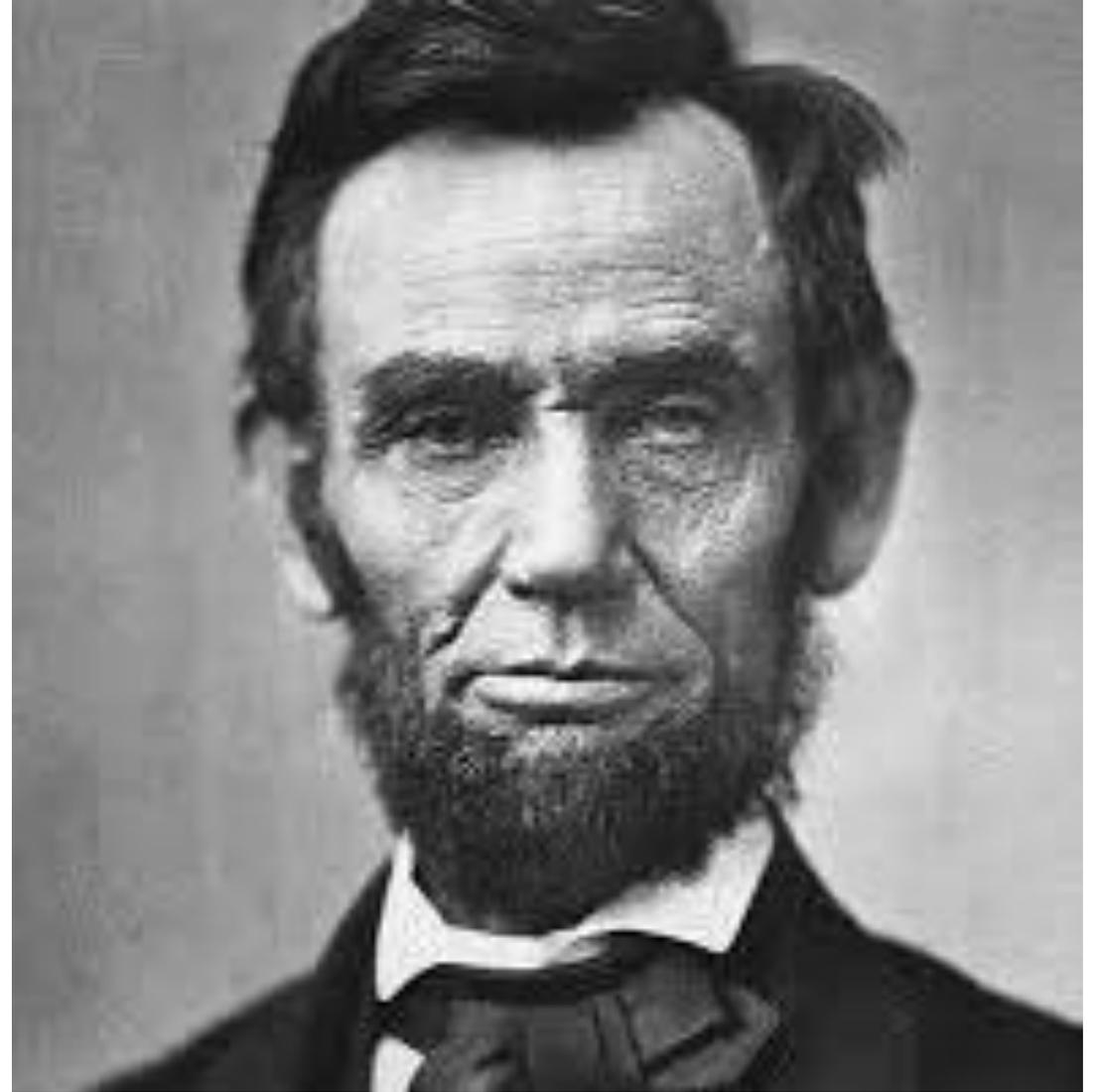


Rising with the occasion of our stormy present
to create a better health care system

**Bob Doherty, Senior Vice President
Governmental Affairs and Public Policy, American College of Physicians**

“We can succeed only by concert. It is not ‘can *any* of us *imagine* better?’ but, ‘can we *all* do better?’ The dogmas of the quiet past, are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As our case is new, so we must think anew, and act anew. We must disenthrall ourselves, and then we shall save our country.”

Abraham Lincoln, Annual Message to Congress, December 1, 1862



Our Stormy Present



*Our occasion too is piled high
with difficulty, and we must rise
with the occasion*

*and think anew and act anew
to save our country*



We must rise with
the occasion of our
stormy present,
and act anew and
think anew:

*On Racism and
Health*

Discrimination and Violence by Public Authorities and Others

Statement attributable to:

Heather E. Gantzer, MD, FACP

Chair, Board of Regents, American College of Physicians

Washington, DC (May 29, 2020) — The American College of Physicians (ACP) is gravely concerned whenever any person is subject to discrimination, racism, harassment and violence, whether it's by police and other public authorities, or by private individuals discriminating and committing violence against others because of their race or other characteristics. It is evident that African-Americans in particular are at risk of being subjected to discrimination and violence against them because of their race, endangering them and even costing them their lives. This should never be acceptable and those responsible must be held accountable. ACP has long held that hate crimes, prejudice, discrimination, harassment and violence against any person based on race, ethnicity, religion, gender, gender identity, sex, sexual orientation, or country of origin is a public health issue.

The issue of how to ensure that policing does not result in discriminatory enforcement and violence is a multifaceted and complex one. While we caution against generalizing the egregious actions of some to all or most, a comprehensive and evidence-based approach to understanding and implementing solutions to discriminatory actions and violence against others is imperative, even as individuals who commit such acts and others with decision-making authority must be held accountable for their own actions. ACP is committed to contributing to solutions, from the standpoint of physicians and patients who see first-hand the consequences of discrimination, racism, and violence on individual and population health.

Further details on ACP's positions can be found in ACP's [Position Statement on Recognizing Hate Crimes as a Public Health Issue](#) , in ACP's [Policy on Racial and Ethnic Disparities in Health Care](#) , and in previous statements opposing harassment and discrimination.

We must rise with the occasion of our stormy present, and act anew and think anew:

On Racism and Health

Racism and Health in the United States: A Policy Statement from the American College of Physicians, published 19 June 2020, *Annals of Internal Medicine*

In this policy statement, the American College of Physicians (ACP) examines the prevalence of racism and discrimination in U.S. society and their role as a social determinant of health, specifically looking at the injustice experienced by Black individuals and other people of color. ACP offers recommendations on beginning to address and mitigate racism and discrimination in law enforcement, an issue it has not addressed in previous policy recommendations. ACP commits to developing further policy to address discrimination and racism in health care, medical education, and society, building and expanding on existing policies on racial and ethnic disparities in health care and on hate crimes as a public health issue. ACP commits to being an antiracist organization.

HPPC has approved a new draft policy paper for review and comment on *Health Care*

Disparities Associated With Race, Ethnicity, Religion and Cultural Characteristics and Identity

- Issues examined include racism, discrimination, and social drivers of health that affect Black and Indigenous people, and others based on race, ethnicity, religious, and cultural characteristics and identity: in medical education; in health care; in criminal justice; and in the U.S. educational system.
- The Education Committee, DEI, and EPHRC reviewed an earlier draft of the paper; comments received were considered by HPPC in preparing the current draft
- MPQC is also addressing issues of racism, discrimination and health care disparities in a forthcoming new policy paper on payment and delivery system reform.



Our Stormy Present: COVID-19

200,000 people have died from Covid-19 in the US. That's more than the US battle deaths from 5 wars combined

By [Holly Yan](#), CNN

Graphics by [Shane Csontos-Popko](#), CNN

Updated 1:34 PM ET, Tue September 22, 2020

(CNN) — What happened today seemed impossible to many Americans six months ago.

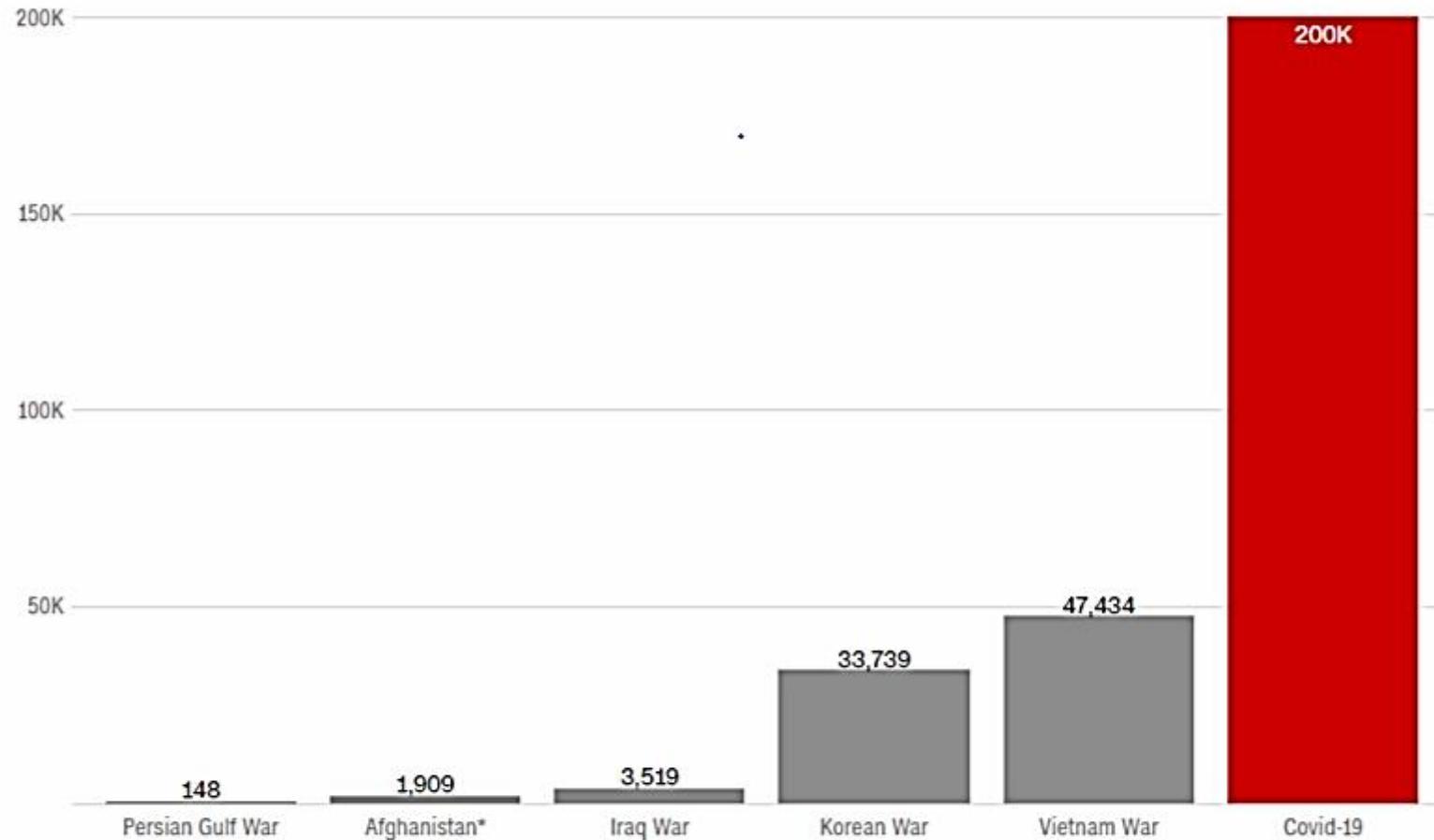
When [Dr. Anthony Fauci](#) predicted in March that Covid-19 could [kill 200,000 people in the US](#), skeptics [lambasted him and accused him of fearmongering](#).

But Fauci was right. And the US reached that bleak milestone [much earlier than some experts predicted](#).

<https://www.cnn.com/2020/09/22/health/us-coronavirus-deaths-200k/index.html>

How US Covid-19 fatalities compare to battle deaths in recent wars

Covid-19 has killed more than 200,000 people in the United States. The death toll has surpassed the number of American combat deaths in the country's five most recent wars combined.



Note: Battle deaths include those killed in action or as the result of a wound. They do not include accidental deaths, homicides, suicides or illness-related deaths.

*Afghanistan deaths are as of July 16, 2020.

Source: Congressional Research Service, Johns Hopkins University

Graphic: Sean O'Key, CNN

US death toll from **Covid-19** is

109x higher

than the effects from Hurricane Katrina.

Source: NOAA

US **Covid-19** deaths are equal to having
the 9/11 attacks every day for

66 days

Source: New York City medical examiner's office, National Park Service, US Department of Defense

Since the first known US **Covid-19** death
on February 6, an average of

858+ deaths

have been caused by the disease every day.

Source: Santa Clara County (California) health officials and Johns Hopkins University



Science and Public Health

- ACP scientific and public policy guidance on resuming economic and social activities.
- ECBOR-approved statement in support of wearing of masks and state and local authorities requiring them based on local factors, as part of a comprehensive approach that includes communication on wearing masks, social distancing, handwashing, disinfecting surfaces.
- ACP, CMSS, Group of 6, and other letters urging the administration to support science and evidence, the CDC, and Dr. Fauci.
- ACP objected to the administration's decision to withdraw from WHO.
- Funding for PPE, testing, contact tracing included in the House-passed HEROEs bill—ACP is advocating for robust funding in final agreement with the Senate.

ACP joined with 78 other leading organizations in an open letter, published in the 9/22 WSJ (DC edition)
Calling for Science, not Politics, to Lead Us Out of COVID-19

“The deadly COVID-19 pandemic has caused national economic disruption and generated significant uncertainty for many Americans. The development of safe, effective vaccines and treatments are essential to protect the public’s health and restore the nation’s economy. As we persevere and eagerly anticipate the end of the pandemic, we need trusted guidance from our nation’s leaders. To promote public health and economic recovery, government decisions must be based on evidence – not politics or individual interests.”



1700 K Street, NW | Suite 740 | Washington, DC 20006
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 www.agingresearch.org
 @Aging_Research

Science – Not Politics – Will Lead Us Out of COVID-19

The deadly COVID-19 pandemic has caused national economic disruption and generated significant uncertainty for many Americans. The development of safe, effective vaccines and treatments are essential to protect the public’s health and restore the nation’s economy.

As we persevere and eagerly anticipate the end of the pandemic, we need trusted guidance from our nation’s leaders.

To promote public health and economic recovery, government decisions must be based on evidence – not politics or individual interests. Decisions perceived as influenced by political priorities lower the public’s confidence in science, research, innovation, and public health efforts. Already, 78 percent of Americans worry the COVID-19 vaccine approval process is being driven by politics rather than science.¹ The leaders of our federal agencies—even if they serve as political appointees—must be independent voices that are guided by evidence and the integrity of their agencies’ employees.

By clearly explaining the processes in place to ensure scientific rigor, federal agencies and government leaders will build the confidence and public trust necessary for America to meet this challenge. Leaders should directly address public concern and skepticism about the rapid development of COVID-19 vaccinations, including expressed worries that “steps are being skipped” or questions about safety. Focusing on the well-established guidelines for federal approval, rather than factors impacting the timing of an authorization, will foster trust and bolster the public’s willingness to receive a COVID-19 vaccine. Federal agencies and government leaders can also partner with trusted clinician, patient, and minority community organizations to build confidence through transparent communications. We will not be able to fully “return to normal” until an effective vaccine is widely available and accepted as safe.

Evidence derived from clinical trials that meet FDA standards should drive assessment of which COVID-19 therapeutics are safe and effective. In times of crisis, it is natural to want to offer hope to those facing hardship. However, federal agencies need to continue to support the existing, formal scientific efforts that allow for the study of the safety and efficacy of experimental therapeutics. Authorizing widespread use prematurely may impede participation in the types of comparative studies needed to illustrate the safety and effectiveness of a treatment.

Routine, rapid, accurate, and easy-to-access COVID-19 testing—followed by timely and efficient contact tracing—is needed to help prevent community spread. Individuals exposed to a person with COVID-19 should be tested, even if they are not (yet) exhibiting symptoms. Known asymptomatic carriers must be

¹ [STAT/Harris Poll, August 2020.](#)

directed to isolate to reduce community spread. The ability to rapidly test, contact trace, and quarantine individuals with a confirmed COVID-19 infection will empower America to restore a robust national economy and safely allow in-person school attendance.

The nation looks to the leaders of our health care agencies to establish and maintain confidence in public health guidance, vaccines, and therapeutics. By sticking to science, you build public faith in the process. Stand strong and we will join with you to communicate that scientists are leading the way to ensure treatments and vaccines are safe and effective – and in turn – lead the nation to full recovery.

AcademyHealth	Biophysical Society
Aging Life Care Association	CancerCare
AliveAndKickin	Caregiver Action Network
Alliance for Aging Research	Coalition for the Life Sciences
Alpha-1 Foundation	Consortium of Social Science Associations
Alstrom Syndrome International	Entomological Society of America
American Academy of Family Physicians	Epilepsy Foundation
American Academy of Neurology	EveryLife Foundation for Rare Diseases
American Academy of Pediatrics	Families USA
American Anthropological Association	Federation of American Scientists
American Association for Dental Research	FORCE: Facing Our Risk of Cancer Empowered
American Association of Colleges of Pharmacy	Friends of Cancer Research
American Association on Health and Disability	Global Healthy Living Foundation
American College of Obstetricians and Gynecologists	Global Liver Institute
American College of Physicians	GO2 Foundation for Lung Cancer
American Geriatrics Society	HealthyWomen
American Medical Association	Hermansky-Pudlak Syndrome Network
American Nurses Association	Infectious Diseases Society of America
American Pharmacists Association	Lakeshore Foundation
American Psychiatric Association	Lupus and Allied Diseases Association, Inc.
American Society for Cell Biology	Lupus Foundation of America
American Society of Consultant Pharmacists	Men’s Health Network
American Society of Tropical Medicine and Hygiene	Mended Hearts
Arthritis Foundation	MLD Foundation
Association of American Medical Colleges	National Association of Social Workers (NASW)
Association of Black Cardiologists	National Breast Cancer Coalition
Association of Jewish Aging Services	National Communication Association
Association of Schools and Colleges of Optometry (ASCO)	National Consumers League
Asthma and Allergy Foundation of America	National Foundation for Infectious Diseases
Big Cities Health Coalition	National Health Council
	National Hispanic Medical Association
	National Medical Association
	National Minority Quality Forum

National Organization for Rare Disorders	Spina Bifida Association
National Psoriasis Foundation	StopAlb.org
National Treasury Employees Union (representing the employees of FDA)	The Arc of the United States
NBIA Disorders Association	The Gerontological Society of America
Phelan-McDermid Syndrome Foundation	The Mended Hearts, Inc
Prevent Blindness	Thomas J. Long School of Pharmacy, University of the Pacific
Prostate Cancer International	Tribal Ground LLC
Public Affairs Council	USP

Support for Physician Practices



Congress and the administration to prioritize support for physician practices, particularly:

Primary care practices
IM subspecialty practices
Smaller practices (15 or fewer)
Practices providing care in underserved communities



Payers should pay for phone calls and telehealth at same level as in-person visits



Congress should increase Medicaid payments (pay parity)



HHS/CMS to provide relief from reporting and preauthorization



HHS should extend telehealth flexibility

Support for
Practices:
*Major advocacy
accomplishments*



Payment for phone calls at same rate as in-person visits



Increase flexibility for telehealth visits



\$175 billion in emergency funding for physicians and hospitals



Stockpiling and funding for PPE, invocation of Defense Production Act



More money added to Payroll Protection Program



Delays in MIPS reporting programs

The impact of COVID-19 on practices has been

COVID-19 PRIMARY CARE SURVEILLANCE WEEK 9: May 8 - 11 PRACTICES REPORT

A HEROIC BUT POTENTIALLY TRAGIC STORY IS EMERGING

WARNING WARNING IMPACT ON COMMUNITY

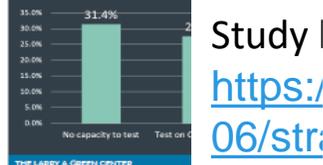
19% HAVE TEMPORARILY CLOSED

80% have patients who struggle with virtual health due to internet or technical limitations

WARNING WARNING IMPACT ON CLINICIANS

28% SAY AT AN A WORKING HOURS ARE DOWN: 72% SAY CLINICIANS ARE WORKING LESS THAN BEFORE PANDEMIC; 65% SAY NURSES ARE WORKING LESS

CAPACITY FOR COVID-19



Study | <https://www.healthaffairs.org/2020/06/strategic-project>

THE PRACTICE OF MEDICINE

By Sanjay Basu, Russell S. Phillips, Robert Phillips, Lars E. Peterson, and Bruce E. Landon

Primary Care Practice Finances In The United States Amid The COVID-19 Pandemic

ABSTRACT Due to the novel coronavirus disease (COVID-19), virtually all in-person outpatient visits were cancelled in many parts of the country between February and May 2020. We sought to estimate the potential impact of COVID-19 on operating expenses and revenues of primary care practices. Using a microsimulation model incorporating national data on primary care utilization, staffing, expenditures, and reimbursements, including telemedicine visits, we estimated that primary care practices over the course of calendar year 2020 would be expected to lose \$67,774 in gross revenue per full time physician (the difference between 2020 gross revenue with COVID-19 and the anticipated gross revenue if COVID-19 had not occurred, interquartile range: -\$80,557, -\$54,990). We further estimated that the cost would be \$15.1 billion at a national level to neutralize the revenue losses caused by COVID-19 among primary care practices. This could more than double if COVID-19 telemedicine payment policies are not sustained. [Editor's Note: This Fast Track Ahead Of Print article is the accepted version of the peer-reviewed manuscript. The final edited version will appear in an upcoming issue of Health Affairs.]

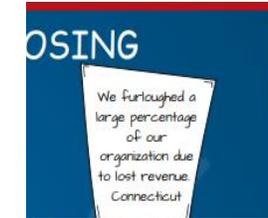
DOI: 10.1377/hlthaff.2020.00794
HEALTH AFFAIRS 39, NO. 9 (2020): -
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The People-to-People Health Foundation, Inc.

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Russell S. Phillips is director of the Center for Primary Care and the William Applebaum Professor of Medicine and professor of global health and social medicine, Harvard Medical School.

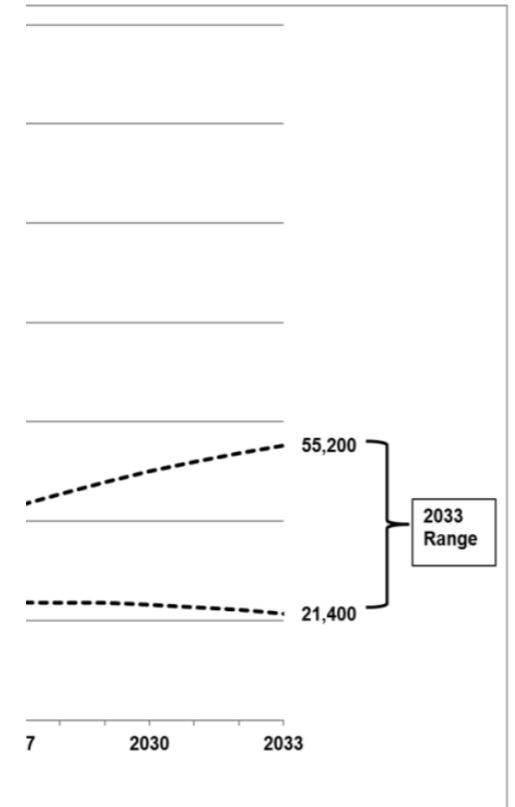
Robert Phillips is the executive director of the Center for Professionalism and Value in Health Care, American Board of Family Medicine, in Lexington, Kentucky.

Lars E. Peterson is vice president of research at the



June 18, 2020 (week 14)

Shortfall Range, 2018-2033



Save Primary Care Campaign

ACP and other allied organizations initiated a campaign to influence Secretary Azar to make a targeted allocation of Provider Relief Funds to Primary Care, sufficient to keep their doors open.

- Offset at least 80% of lost revenue through 2020
- Offset expenses for PPE, other expenses related to COVID-19
- Be paid in a way that would rapidly be available to practices, through lump sum, quarterly, or PPSM payments
- ACP also advocating for more opportunities for primary care practices to receive PPSM payments instead of pure FFS

The campaign resulted in dozens of Tweets to Secretary Azar and letters of support



Organizations supporting #SavePrimaryCare and targeted primary care allocation include:

- American Academy of Family Physicians
- American Association for Community Affiliated Health Plans
- American Association of Nurse Practitioners
- American Board of Internal Medicine Foundation
- American College of Physicians
- Association of Departments of Family Medicine
- Council of Academic Family Medicine
- Council of Accountable Physician Practices, part of the American Medical Group Association
- Milbank Memorial Fund
- North Carolina Academy of Family Physicians
- National Center for Primary Care at Morehouse School of Medicine
- NCQA
- Pacific Business Group on Health
- Primary Care Collaborative
- Primary Care Development Corporation
- The Larry A. Green Foundation
- St. Louis Area Business Health Coalition
- Society of General Internal Medicine
- URAC
- X4 Health



Preserving Medicare Physician Fee Schedule Wins for Primary and Comprehensive Care



Summarized Recommendations for Proposed 2020 Physician Fee Schedule Changes

- **Finalize updated Evaluation and Management (E/M) payment proposals including accepting the E/M codes, CPT guidelines, and RUC recommended values exactly as implemented by the CPT Editorial Panel and submitted by the RUC.**
- **Finalize the proposal to eliminate use of history and/or physical exam for purposes of determining the level of E/M code.** The College greatly appreciates CMS working to address the significant problems with the documentation of E/M visits and proposing to allow the choice of medical decision making (MDM) or time to decide the level of office/outpatient E/M visit, along with updated guidelines for both.
- **Provide additional clarity on what will be accepted for time-based and MDM-based documentation, either in the final rule or through sub-regulatory guidance.** Ensure auditing guidelines and procedures are updated and aligned to focus on both time-based and MDM-based notes, and applied consistently by all auditing organizations.
- **Reverse the decision to decline to accept the desktop computer used in examination rooms as a direct medical expense.** The computer is dedicated to each individual patient throughout the visit to collect history, share and discuss lab and test results, and document the visit. It is an essential tool in conducting today's office visits and should be recognized as a direct medical equipment cost.
- **Expand care management services by leveraging expected future savings to offset the cost of new reimbursable Principal Care Management (PCM) codes.** Work with Congress to devise a plan to return funds saved in Medicare Part A back to Part B in the form of positive updates to the Medicare conversion factor. Non-face-to-face services such as care management services are increasing in use because they are critically important to keeping patients healthy and saving costs down the road by reducing unnecessary hospital admissions, readmissions, and emergency room visits.

Preserving wins for Primary and Comprehensive Care

- Medicare law requires that changes in RVUs that increase total MPFS payments must be offset by an across-the-board budget neutrality cut to the conversion factor ($RVU \times \$CF = \text{payment}$), resulting in deep cuts to some specialties that do not bill for the services with RVU increases, and reduced \$ gains for those who do.
- ACP supports waiving BN for the 2021 MPFS, as long as this is not accompanied by policy changes to delay or diminish the gains for primary and comprehensive care. (Waiving BN has a multi-billion dollar price tag associated with it).

Stimulus/COVID-19 bill

- HEROEs bill passed by the Democratically-controlled House of Representatives provided support and funding for most of ACP's top priorities.
- The GOP Senate leadership introduced a more limited bill that was filibustered by the Democratic minority.
- While ACP hopes to get as many of priorities included in the final bill-- testing and tracing; PPE; support for practices; support for IMGs; Medicaid pay parity; telehealth flexibilities; liability protections— negotiations between the House and Senate, and the White House, remain sidetracked.

Thinking anew and acting anew:
on how to be an effective
advocate.

No in-person Leadership Day?
Then we had to find another way.

Advocacy in Action

[Leadership Day](#)

[Climate Change Toolkit](#)

[Virtual Advocacy Toolkit](#)

[HOME](#) > [ADVOCACY](#) > [ADVOCACY IN ACTION](#) > [VIRTUAL ADVOCACY TOOLKIT](#)

Virtual Advocacy Toolkit

Engage with your Lawmakers on ACP's Key Priority Issues

ACP has developed a virtual advocacy toolkit to enable members to engage with their members of Congress on key ACP policy priorities.

The toolkit is a virtual platform that includes different advocacy mediums such as sample letters, submitted electronically through our Legislative Action Center (LAC), sample talking points, for use in telephone conversations with lawmakers and/or staff, and sample tweets, for use through social medium platforms like Twitter.

ACP has also developed issue briefs on each priority that includes background/context on the issue as well as the "ask of Congress." Chapters can utilize (and send) these issue briefs if/when they correspond with congressional staff. All materials are designed to be succinct and user-friendly to help facilitate advocacy through a virtual platform.

Educational Materials

- [Tips on Virtual Advocacy Mediums](#) 
- [Tips on Engaging in Social Media](#) 
- Background/Tip Information about Congress:
 - [Chart of key congressional committees](#) 
 - [List of physicians in Congress](#) 
 - Telephone numbers for [House](#)  and [Senate offices](#) 

Actionable Virtual Advocacy Materials

Support and Sustain Primary and Comprehensive Care

- CMS should implement increases in Medicare payments for undervalued Evaluation and Management (E/M) Services and complex visits on January 1, 2021 as scheduled without any delay or transition;

ACP's Virtual Advocacy Toolkit: priorities for Congress

1

Support and Sustain Primary and Comprehensive Care

2

Support Policies to Ensure Sufficient Numbers of Internal Medicine Specialists

3

Ensure Access to Affordable and Essential Medications

4

Support Frontline Clinicians with loan forgiveness, support for IMGs

ACP policy on a COVID-19 vaccine

- We are organizing an internal effort to expand ACP policy and guidance to members and the public relating to COVID-19 vaccines, addressing approval and distribution, bioethics, prioritization for vaccines, vaccine hesitancy, and the circumstances of persons who are at greatest risk as a consequence of racism and discrimination, yet will be more distrustful of vaccines, and likely, underrepresented in clinical trials; and practical barriers including in physician practices.
- Will involve public policy, scientific policy, ethics, Center for Quality, and practice support.



Our Stormy Present: The Election

- It's often said that the next election is the most consequential one in our lifetimes—but this one lives up to the billing.
- President Trump and Vice President Biden have fundamentally different views on coverage, on climate change, on gun violence, on women's health and reproductive rights, and our system of government—on just about *everything*, as do the Republican and Democratic parties.

Trump v Biden: coverage

Issue	President Trump	Vice President Biden
Affordable Care Act	Supports a lawsuit before the Supreme Court calling for the ACA to be overturned. Has not proposed an alternative. GOP was unable to pass an alternative when it controlled House and Senate. Touts repeal of the ACA's individual insurance tax as meeting his promise to end the ACA, though most of the law remains. Has implemented regulations to weaken ACA protections and benefits.	Proposes to build on the ACA, add a public option, increase value of tax credits, expand Medicaid and Medicare.
Pre-existing conditions and Essential Benefits	Says he will protect pre-existing conditions but has not said how. Supported bills in Congress that would have repealed the ACA's pre-existing condition protections. Issued a final rule to allow sales of "short-term plans" that do not have to cover essential benefits for pre-existing conditions. Broadened conscience exemptions for contraception coverage. Supported legislation to give states the option to design own benefit packages with federal block grants.	Proposes to preserve the ACA's pre-existing condition protections and reverse rule to allow short-term plans, expand essential benefit requirements, eliminate contraception exemptions, give everyone a choice of a public option with guaranteed essential benefits.

Trump v Biden: coverage

Issue	President Trump	Vice President Biden
Public option/single payer	Opposes a public option or single payer plan (sometimes called “Medicare for All) as “socialism.” Asserts that a public option will cause everyone to lose private insurance that they like. Favors giving states, employers and individuals more choices of private insurance.	Proposes to give everyone, whether covered through their employer, buying insurance on their own, or going without coverage altogether, the choice to purchase a public health insurance option like Medicare. The public option will reduce costs for patients “by negotiating lower prices from hospitals and other health care providers.” https://joebiden.com/healthcare/

Trump v Biden: coverage

Issue	President Trump	Vice President Biden
Medicaid	Supports converting Medicaid to a block grant program to states, with the federal contribution limited to a set per capita amount, adjusted for emergencies and other circumstances. Allows states to impose work requirements as a condition of eligibility.	Would prohibit states from imposing work requirements. Proposes to offer premium-free access to the public option for individuals who would be eligible for Medicaid in states that have not expanded it. States that have expanded Medicaid would have the choice of moving them into the new public option. Ensure people making below 138% of the federal poverty level get covered by automatically enrolling these individuals when they interact with public schools) or other programs for low-income populations (such as SNAP). https://joebiden.com/healthcare/

Trump v Biden: Rx pricing

President Trump

Issued [Advanced Notice of Proposed Rulemaking](#) in October 2018 to [limit prices under Medicare for certain drugs administered by physicians, based on international reference prices](#) (but did not issue proposed or final rule) and signed [executive order](#) in September 2020 to test “most favored nation” drug pricing model for certain high-cost Medicare Part B and Part D drugs; not yet implemented.

Issued [proposed rule](#) in February 2019 (withdrawn in July 2019) and signed [executive order](#) in July 2020 [to ban prescription drug rebates in Medicare Part D](#); not yet implemented.

Proposed [restructuring Medicare Part D Benefit Design](#), including cap on out-of-pocket drug spending (FY Budget 2021; not implemented).

(Kaiser Family Foundation, <https://www.kff.org/report-section/president-trumps-record-on-health-care-issue-brief/>)

Vice President Biden

Proposes to “repeal the existing law explicitly barring Medicare from negotiating lower prices with drug corporations. Limit launch prices for drugs that face no competition and are being abusively priced by manufacturers.” End pharmaceutical corporations’ tax break for DTC advertisement. Improve the supply of quality generics. <https://joebiden.com/healthcare/>

Trump v Biden: women's health, abortion and reproductive health care

President Trump

Seeks to appoint a Supreme Court justice to fill the seat created by Justice Ginsburg's death who would overturn *Roe v Wade*, asserting that he is a "pro-life" president that has done more than any other president to limit access to abortion. Implemented rules to broaden conscience and religious exemptions to coverage of contraception. Ended federal funding for Planned Parenthood.

Vice President Biden

Favors repeal of the Hyde Amendment that bans federal funding for abortion. Seeks to codify *Roe v. Wade*, and "do everything in its power to stop state laws that . . . violate the constitutional right to an abortion" including laws that impose restrictions on clinicians who provide abortions (such as requiring hospital privileges), parental notification requirements, mandatory waiting periods, and ultrasound requirements. Would restore federal funding for planned Parenthood. <https://joebiden.com/healthcare/>

Trump v Biden: firearms-related deaths and injuries

President Trump

Promises to defend the 2nd Amendment and has falsely stated that Biden would eliminate it. President Trump in the past has expressed support for expanding background checks, but he has not pursued it as a legislative priority, and has not campaigned on it. Opposes ban on assault weapons.

Vice President Biden

Seeks to end civil liability protections for firearms manufacturers, ban the manufacture and sale of assault weapons and high-capacity magazines, regulate possession of existing assault weapons under the National Firearms Act, buy back the assault weapons and high-capacity magazines already in our communities, enact universal background checks, incentivize state extreme risk protection (red flag) laws, limit gun purchases to 2 per month.

<https://joebiden.com/gunsafety/>

Trump v Biden: climate change

President Trump	Vice President Biden
<p>Has called climate change a hoax and has suggested that scientists don't know if the planet is warming, has predicted that it will soon begin to cool. Withdrew from the Paris Accord. Issued numerous rules to reduce regulation of carbon emissions.</p>	<p>Pledges to re-enter the Paris Accord on "Day One" of his administration. Proposes plan "to Build a Modern Infrastructure, Position the U.S. Auto Industry to Win the 21st Century with technology invented in America, Achieve a Carbon Pollution-Free Power Sector by 2035 Make Investments in Energy Efficiency in Buildings . . Pursue . . . Investment in Clean Energy Innovation Advance Sustainable Agriculture and Conservation . . ." https://joebiden.com/climate-plan/</p>

Trump v Biden: COVID-19

President Trump

- Asserts that his steps to address COVID-19, including restricting some travel from China in the early stages of the pandemic, have been successful in reducing the spread of the virus and deaths.
- Signed and administered laws 3 major pieces of bipartisan legislation to address COVID-19 and the economy, including relief funding to physicians and hospitals, no-interest loans, funding for testing.
- Invoked Defense Production Act on a limited basis to manufacture PPE.
- Expanded telehealth flexibilities and provided COVID-19 related regulatory relief from federal agency reporting requirements.
- Developed “Warp Speed” initiative to accelerate development, testing and approval of vaccines; sent a guidance to states to prepare for distribution as early as November 1, possibly using FDA emergency use approval before stage 3 trials are complete. Claims that Biden and Harris are seeking to undermine public confidence in a vaccine for political reasons.
- Promoted unproven therapies for COVID-19. Made repeated claims at odds with government scientists and external experts and the evidence.
- Questions the need for masks and other social distancing requirements and has sponsored rallies that do not require masks and social distancing. He has pushed for schools, businesses and states to “re-open” to restore economic activity and individual freedom even when public health experts have advised otherwise.

Vice President Biden

- Asserts that President Trump mislead the American people by downplaying the seriousness of the virus, noting that Trump was quoted and recorded by writer Bob Woodward as acknowledging the grave risk of the virus in February while his public remarks said otherwise.
- Cites evidence that President Trump and his administration have pressured or silenced public health scientists within federal agencies so as not to undermine his push to re-open the economy and downplay the virus.
- Asserts that President Trump’s response and neglect have led to tens of thousands of unnecessary deaths.
- Says that he does not trust Trump on approval of a COVID-19 vaccine but trusts Dr. Fauci.
- Issued a plan that emphasizes testing and tracing, social distancing, mask wearing, and relying on public health experts and science to determine the next steps. <https://joebiden.com/covid-plan/>

What does the evidence show?

Objectively, the record shows that while the President Trump and his administration have done some good things, particularly with telehealth and CMS regulations, it did not take necessary and timely action to slow the spread of COVID-19, downplayed it and repeatedly claimed it would just disappear, did not do enough to ensure testing, pushed too fast on re-opening while the virus was and is still spreading, promoted opposition to social distancing and mask wearing, and have undermined and pressured scientists, greatly harming the credibility of CDC and the FDA. A substantial number of people likely died unnecessarily as a result, and public confidence in a vaccine will be less because of public perception that politics, not science, guided approval.



Our Stormy Present: Supreme Court

- President Trump and Majority Leader McConnell and pledged to fill the seat created by Ruth Bader Ginsburg's death, before the election or during a post-election lame duck session of the Senate, with a conservative that likely would favor overturning Roe v Wade; expand religious exemptions to benefit mandates; be more likely to vote to overturn the ACA; take an "originalist" view of the 2nd amendment, and more likely to rule in favor of businesses and states challenging federal regulations and mandates including on climate change. Result could be a 6-3 conservative super-majority.

COVID-19 shows
US
*Better is
Possible.*

ACP's New
Vision shows
how.

- Imagine a **New Vision for Better Health Care**, in which
 - *Every American has affordable coverage,*
 - *At a cost that they and the country can afford,*
 - *With essential services covered at no cost to patients,*
 - *With payment and delivery systems reformed to focus on value to patients and support the value of the care provided by internists and*
 - *Overcoming barriers to care including social determinants and discrimination in care, and investment in public health, are prioritized*
- Imagine that this vision, and the policies to attain it, were in place when COVID-19 hit our country.
- Is there any question *Better is Possible?*

ACP's New Vision is comprehensive, interconnected and holistic, addressing key barriers to care



- Our 4 papers point the way to a health care system that will:
 - Achieve affordable coverage for all
 - Ensure that coverage is portable (not dependent on employment or residence) and covers all essential, evidence-based care
 - Eliminate cost-sharing that creates barriers to high value care
 - Reduce wasteful spending on administration and associated burdens on clinicians
 - Lower costs and increase affordability
 - Redesign payment and delivery around what's best for patients
 - Create policies to address social determinants, health care disparities, and discrimination against vulnerable persons
 - Redirect resources to addressing urgent public health challenges



ACP envisions a health care system where:

Everyone has coverage for and access to the care they need, at a cost they and the country can afford.

Social factors that contribute to poor and inequitable health (social determinants) are ameliorated; barriers to care for vulnerable and underserved populations are overcome; and no person is discriminated against based on characteristics of personal identity.

Payment and delivery systems put the interests of patients first, by supporting physicians and their care teams in delivering high-value and patient-centered care.

Spending is redirected from unnecessary administrative costs to funding health care coverage and research, public health, and interventions to address social determinants of health.

Clinicians and hospitals deliver high-value and evidence-based care within available resources, as determined through a process that prioritizes and allocates funding and resources with the engagement of the public and physicians.

What if ACP's New Vision had been in place now?

- No one would have lost health insurance because they lost a job.
- No one would be unable to afford testing, treatment, hospitalizations and medications.
- Physicians would not have been at such risk of losing revenue because they no longer would be paid based on volume (FFS) but on value.
- Primary care physicians would be paid more, and the value of primary care supported—especially important during a pandemic.

What if ACP's New Vision had been in place now?

- Physicians would have been freed of unnecessary administrative, billing, and reporting requirements—and not just on a temporary emergency basis.
- Money would have been saved from less spending on administration and instead invested in public health, coverage, and research.
- Health information technology would have been redesigned around what's best for patients and their physicians, instead of being a tool to get paid.

What if ACP's New Vision had been in place now?

- Policies would have been in place to ensure no one was discriminated against based on race, ethnicity, gender, gender identity, sex, sexual orientation and other personal characteristics.
- The US would have invested in understanding and ameliorating social determinants—like the ones contributing to higher mortality from COVID-19.
- We would have prioritized public health.
- We would have fewer people dying from gun violence.
- We would have fewer Black women dying from childbirth.

Why do we need a New Vision for U.S. Health Care?

“U.S. health care costs too much; leaves too many behind without affordable coverage; creates incentives that are misaligned with patients' interests; undervalues primary care and public health; spends too much on administration at the expense of patient care; fails to invest and support public health approaches to reduce preventable injuries, deaths, diseases, and suffering; and fosters barriers to care for and discrimination against vulnerable individuals.”

Better is Possible!

Why do we need a New Vision for US Health Care?

“ACP rejects the view that the status quo is acceptable, or that it is too politically difficult to achieve needed change.

Dr. Atul Gawande wrote, ‘Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.’ By articulating a new vision for health care, ACP is showing a willingness to try to achieve a better U.S. health care system for all. We urge others to join us.”

From *Envisioning a Better U.S. Health Care System for All: A Call to Action* by the American College of Physicians

This was true in January. It is even more true today.

**Better is
Possible**

**ACP's New
Vision shows
the way**



Our Stormy Present

Our occasion is piled high with difficulty, and we must rise with the occasion

Through ACP's advocacy against racism, supporting patients and physicians to mitigate the harm from COVID-19, and our New Vision for US Health Care,

we are thinking anew and acting anew

to create a better health care system for all and help save our country.





Better is Possible