



August 12, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Chuck Schumer  
Minority Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi and Minority Leader McCarthy:

Our organizations represent more than 300,000 physicians and medical students serving on the front lines of health care. As the nation's frontline physicians, our members are diagnosing, testing, treating and counseling millions of patients and their families as the novel coronavirus, COVID-19, spreads throughout the United States and worldwide. They treat patients in rural, urban, wealthy and low-income communities, and are the foundation of the American health care system

While we appreciate the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* and subsequent health care system support, the nation's frontline physicians will need significantly more support to remain viable during our nation's recovery efforts. A recent [survey](#) sponsored by the Larry A. Green Center and the Primary Care Collaborative indicates that nine out of 10 primary care physicians face fundamental operational challenges associated with COVID-19 including accessing personal protective equipment, responding to patients' needs, and remaining in business. ***Primary care practice viability ensures that our nation's physicians can meet the health needs of their patients, manage chronic diseases, and support vaccine administration.*** As you finalize the next COVID-19 package, please consider the following comments.

### **Sustain Primary Care Access**

#### **COVID-19 Patient Care Access**

Maintaining access to health care is essential right now as more states have been determined as infectious disease hot spots and considering the 17.8 million unemployed persons. **We commend the House of Representatives for including language in the HEROES Act eliminating out-of-pocket costs for COVID-19 treatment and vaccines during the public health emergency.** That legislation would also eliminate cost-sharing for prescription drugs under Medicare Part D and Medicare Advantage drug plans and would establish two special enrollment periods for certain individuals who may qualify under Medicare, Affordable Care Act exchange plans, and Veterans Health Administration coverage.

#### **Provider Relief Fund**

The HEROES Act would provide an additional \$100 billion to reimburse hospitals and other eligible healthcare providers for eligible expenses and lost revenue to prevent, prepare for and respond to COVID-19. The HEALS Act provides \$25 billion to the Provider Relief Fund (PRF). In order to sustain primary care practices throughout the nation, **we urge the Congress to dedicate \$20 billion in targeted relief from the PRF specifically to primary care physicians in all practice settings. Recognizing primary care's importance, Congress** approved supplemental funding for community health centers. The AAFP supports community health center funding; however, it is important to note that family doctors provide the same care and treat many of the same patients as those that visit our nation's center centers. Sustaining primary care practices, particularly those small and solo establishments should be a national priority, especially as we consider long term recovery plans, strategies for reducing health disparities, and plan for widespread distribution of an eventual COVID-19 vaccine. A weekly [survey](#) conducted by the Primary Care Collaborative indicates that 47% of primary care professionals have furloughed staff, and 45% reported being unsure whether they would have enough funding to remain in business.

**We have also [called on](#) Congress to fix a tax penalty in the CARES Act by clarifying that Provider Relief Funds and similar funding provided in response to COVID-19 are not taxable, and that entities receiving these funds maintain tax deductions attributable to these funds.**

#### Paycheck Protection Program

The current PPP program expires on Aug. 8, and there were about \$130 billion in remaining funds as of July 24, according to the Small Business Administration, the agency tasked with implementing the program with the Treasury Department. This program has helped many physician practices and other small businesses cover payroll and other expenses during a period of severe loss in revenue caused by the COVID-19 public health emergency. We are encouraged that proposals in Congress provide additional funding for the Provider Relief Fund, but it is imperative **that a portion of this additional funding be specifically dedicated to supporting primary care physician practices**. Any closures of primary care practices would result in a ripple effect across our health care system and the lives of millions of people would be at risk as access to primary care dwindles. In addition, **we urge Congress to extend eligibility for the PPP loan program to include Internal Revenue Code section 501(c)(6) nonprofit organizations** regardless of the number of people they employ. Many 501(c)(6) organizations are small businesses, and the COVID-19 public health emergency has had the same devastating impact on their business operations and ability to retain employees as other small businesses. For example, many medical professional associations generate a significant portion of their revenue by holding conferences and providing essential continuing medical education sessions that help maintain and improve quality patient care. Because the COVID-19 public health emergency has caused these conferences to be cancelled, many professional associations are facing severe financial losses and are in urgent need of financial assistance to remain in business. This could lead to the reduction in other services that benefit patients and are essential to maintaining a strong physician workforce, such as programs that improve the quality and efficiency of physician practices, improve physician satisfaction and wellbeing, or provide a pathway for clinical reentry following a life event such as raising a family.

#### Medicare Accelerated and Advance Payment Program

**We support legislation (H.R. 6837/S. 3750) to reinstate the Medicare Accelerated and Advance Payment Program for Part B providers and improve the loan terms to ensure it is available to primary care physicians in need.**

#### Telehealth Policy Extensions

Even as practices resume in-person care in the wake of COVID-19, physicians need adequate and stable telehealth payment to maintain the capacity to provide virtual care to their patients. Although

we appreciate the short-term telehealth extensions through the public health emergency or December 2021, we reassert that long-term policy is needed to ensure physicians have the resources and flexibility to continue caring for their patients remotely beyond the current pandemic. Importantly, any permanent expansion of telehealth must promote care continuity and [prioritize care provided by the patient's medical home](#). **We urge Congress to pass the *Telehealth Expansion Act of 2020 (S. 4230)*** which would ensure that all Medicare beneficiaries can access critical primary care and mental health services via telehealth while protecting the physician-patient relationship.

#### Countercyclical Medicaid Federal Match Assistance Program (FMAP)

Medicaid spending can adjust in response to fluctuations in economic activity. The current formula for sharing Medicaid expenditures between states and the federal government does not allow for a rapid increase in federal contributions when state economic conditions decline, nor does it provide a mechanism for additional federal contributions to stimulate growth during a national recession. Therefore, **it is critical that the FMAP be altered and tied to economic indicators.**

#### Increased Payment for Medicaid Primary Care Providers

Especially during times of crisis, it is critical that physicians be able to take on new patients and have the resources they need to appropriately care for them. To date, 40 million individuals have filed for unemployment and, as people lose access to job-based health coverage, Medicaid will play a vital role in ensuring access to COVID-19 testing and treatment. We urge Congress to increase Medicaid payments to at least Medicare levels for primary care physicians to ensure that they have the resources they need to accept and treat Medicaid patients. **We support the *Ensuring Access to Primary Care for Women and Children Act of 2020 (S.4088)*, which would implement Medicaid parity for two years and during and immediately following any future public health emergency.**

#### Increase the Primary Care Workforce

COVID-19 has both highlighted and exacerbated the physician workforce shortages facing communities throughout the nation. It has demonstrated the urgency of building and financing a robust, well-trained, and accessible primary care system in our country. **We urge Congress to take prompt action to reauthorize and fund, for a minimum of five years, the Teaching Health Center Graduate Medical Education (THCGME) and National Health Service Corps (NHSC) programs** which train and place primary care physicians in underserved communities. Without action by the Congress, these important programs will expire again on November 30, 2020. In addition, **Congress must reauthorize the Conrad 30 J-1 visa waiver program to help alleviate physician shortages** by allowing physicians on J-1 visas to remain in the U.S. without having to return home if they agree to practice in an underserved area for three years.

#### Liability Protections for Physicians

Our organizations strongly support shielding physicians and facilities from lawsuits arising from the provision of health care services during a declared public health emergency. Congress should provide targeted and limited liability protections where health care services are provided or withheld in situations that may be beyond the control of physicians/facilities (e.g., following government guidelines, directives, lack of resources) due to the emergency. The protections should extend only to those who provide care in good faith during the public health emergency (plus a reasonable time, such as 60 days, after the emergency declaration ends), not in situations of gross negligence or willful misconduct. In addition, **Congress should grant immunity from civil actions for alleged negligence to any licensed physician who in good faith renders emergency care without compensation, through the nationwide expansion of Good Samaritan laws.**

#### Public Health and Preparedness

#### National Testing Strategy

Physicians will need to respond to patients seeking advice and counseling to administer new antibody testing, treatments, and vaccines to address a novel viral epidemic. Further flattening the curve may also depend on health care systems' ability to measure the extent of the disease and its impact on society. **We commend congressional leaders for supporting federal, state, and local testing. Considering the ongoing testing needs and emerging infection spikes, we support the HEROES Act's higher investment of \$75 billion to support the nation's diagnostic testing and related activities.** We also support monies to bolster the Centers for Disease Control and Prevention public health infrastructure modernization efforts.

#### Address Health Disparities

Members of racial and ethnic minorities have been disproportionately affected by COVID-19. They are likely to live in densely populated settings or in communities that are farther away from economic resources and medical facilities. They also are likely to live in multi-generational housing and serve as family caregivers. Compared with other groups, minority groups are overrepresented in vocations where they often encounter the public, and often lack paid sick leave. These factors make it challenging for them to follow social-distancing guidelines and result in higher COVID-19 rates.

It is urgent that Congress pass additional legislation to support patients, physicians and businesses as our nation grapples with and recovers from the COVID-19 pandemic. Our organizations look forward to working with you to implement our recommendations. For more information, please contact David Tully, AAFP Director, Division of Government Relations at [dtully@aafp.org](mailto:dtully@aafp.org). or Rich Trachman, ACP Director, Legislative Affairs at [rtrachman@acponline.org](mailto:rtrachman@acponline.org).