



Frontline Physicians Recommend Further Actions to Address COVID-19

March 18, 2020

Our organizations represent more than 600,000 physicians and medical students serving on the front lines of health care. As the nation's frontline physicians, our members will be 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.

During this unprecedented national emergency, our organizations are committed to doing everything possible to prevent and slow the spread of the virus while ensuring that patients get the care they need. However, they can't do it alone; there are specific actions that federal and state governments can take now to support access to and coverage for COVID-19 treatment and prevention.

We appreciate the steps that the administration and Congress have taken thus far to address this public health emergency. President Trump's decision to declare COVID-19 a national emergency under the Stafford Act will be especially helpful in making more federal funding available. We are encouraged that the Centers for Medicare and Medicaid Services (CMS) is rolling out extensive information on payment and coverage for COVID-19 testing under Medicare and other federal programs. The *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020*, H.R. 6074, provides essential funding and a policy response to address COVID-19, including temporarily removing geographic limits on the originating site for telehealth services under Medicare. We urge Secretary Azar to use his authority under H.R. 6074 to remove these restrictions immediately, allowing for Medicare beneficiaries to be seen in their home, so that they can avoid unnecessary travel to originating sites, and for improved access for those in rural and underserved areas. Furthermore, while we are encouraged that CMS has announced that Medicare will begin reimbursing for certain telehealth services, we recommend that CMS begin reimbursing for all medically necessary telephone calls at the same rate as telemedicine encounters, especially for those with mental health and substance use disorders.

There are also a number of policies in the *Families First Coronavirus Response Act* that are essential to addressing the myriad of needs resulting from this public health crisis. Specifically, the legislation takes important steps to provide for coverage of COVID-19 testing, and accompanying office visits, at no cost

to patients. In addition, reimbursement for the costs to laboratories for tests provided to uninsured persons and establishment of personal protection standards for physicians and health care workers are also included in the act. We also support expanding paid family, medical and sick leave, during the COVID-19 outbreak, with federal funding. It is especially important that small to mid-size physician practices have immediate access to federal funding to offset the costs of such paid leave to their employees, thereby sustaining the economic viability of their practices at a time when they are on the frontlines of this national health emergency.

Additional action is needed to facilitate coverage for COVID-19 testing and treatment and ensure sufficient access and capacity and availability of personal protection.

Coverage

1. Establish a COVID-19 special enrollment period for persons to enroll in plans offered through the state exchanges, as several states have done, and through all exchanges administered by the federal government under healthcare.gov.
 - a. Limit new special enrollment periods to Qualified Health Plans to ensure that people are enrolling in meaningful insurance coverage and not in plans, such as short-term limited duration plans and health sharing ministries, which have pre-existing condition exclusions and may not cover COVID-19 treatments.
2. 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 including 1135 waivers made available after the recent National Emergency Declaration.
 - b. The administration should support state efforts to provide continuous Medicaid coverage for 12 months postpartum by expeditiously approving Section 1115 waivers from Illinois and Missouri and working with additional states to ensure that women who rely on the Medicaid program have access to the care they need.
 - c. States should be granted flexibility regarding the application process, benefits, cost-sharing, “provider” participation, prior authorizations, and other requirements.
 - d. The federal government should pay the full state share (i.e. 100 percent FMAP) as it did for Medicaid coverage for Hurricane Katrina-displaced individuals.
 - e. Medicaid payments for primary care should be increased to no less than the Medicare rates, as proposed by the Support Kids’ Access to Primary Care Act of 2020, H.R 6159.
3. The administration and states should simplify the application process and establish presumptive eligibility for Medicaid for COVID-19 testing, diagnosis and treatment. Presumptive eligibility will ensure individuals are covered and that hospitals and other clinicians will be reimbursed for the care they provide.
4. The administration should require broader coverage and payment under all federal health programs for all medical necessary telephone consultations by physicians to patients during the COVID-19 emergency, with zero deductibles and co-payments, and work with other payers to adopt similar policies.
 - a. We are encouraged by CMS’s March 17 announcement that it will expand coverage for certain telehealth services. Yet, it remains unclear if these changes will ensure that all

medically necessary telephone consultations will be covered by Medicare and other federal health programs at no cost to patients, paid at the same level as face-to-face visits, and apply to physicians' phone calls to patients, not just more advanced telehealth services.

- b. Payment for telephone consults will allow physicians to convert face-to-face visits to virtual telephone consultations with patients, thereby freeing up capacity to see patients in the office who require immediate attention for testing, diagnosis, treatment and counselling related to COVID-19. The sooner this is done, the more quickly physicians will be able to free up capacity for an expected surge of COVID-19 patients. In addition, expanded access via telephone and telehealth services will help support the social distancing initiatives requested by local, state and federal governments to contain or control the spread of the virus.

There is precedent for the federal government and the states to partner together to address national health emergencies by expanding and simplifying Medicaid and CHIP enrollment, as documented by a 2018 [Issue Brief](#) by the Medicaid and CHIP Payment and Access Commission.

Health Care Capacity, Testing and Personal Protection Supplies

1. Congress, the administration, and the states should continue to assess, fund, and increase the immediate and longer-term availability of COVID-19 testing.
2. Congress should provide at least an additional \$200 million to the Hospital Preparedness Program, which provides federal funding for health care system readiness during emergencies and disasters.
3. Congress should immediately authorize and appropriate funding for community health centers (CHCs), community mental health centers (CMHCs), and the Teaching Health Center Graduate Medical Education Program (THCs) since 29 million low-income and/or uninsured individuals access care at these facilities.
 - a. Mandatory funding for CHCs 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 appreciated, CHCs require immediate long-term funding stability during a public health emergency.
4. Congress, the administration, and the states should continue to assess, fund and ensure that there is sufficient funding and supply capacity for masks, protective equipment, and other pharmaceutical and medical supplies.
5. The administration should use national disaster relief funding to reimburse physicians 110% of the Medicare rates for COVID-19 related care for uninsured persons.
 - a. The Wall Street Journal reports that there is [precedent](#) for using disaster relief funds to reimburse physicians and hospitals at 110 percent of the Medicare rates for treating persons affected by a national disaster.

Our organizations believe that these additional measures, combined with the actions already being taken by the administration, Congress, and the states, will go a long way to supporting our frontline

physicians by breaking down the barriers to testing, diagnosing, treating and counseling the growing number of Americans at risk from COVID-19.