



American Academy
of Pediatrics



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April 28, 2020

Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Financial Relief for Obstetrician-Gynecologists, Pediatricians, and Family Physicians

Dear Secretary Azar:

On behalf of the undersigned organizations, who together represent more than 260,000 physicians, thank you for your work to date in response to COVID-19, a global pandemic and serious public health threat. We recognize and appreciate the actions the Department of Health and Human Services (HHS) has taken to support physician practices during this public health emergency, including the disbursement of funds provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. However, the distribution to date has favored physicians who care primarily for patients with Medicare coverage, leaving physicians with few to no Medicare-enrolled patients behind. It is critical that frontline physicians who may not participate in Medicare fee-for-service, in whole or in part, including obstetrician-gynecologists, pediatricians, and family physicians, have the resources they need to continue providing essential health care to patients amid the pandemic and in the months to come.

After the Administration indicated that Medicaid providers would be prioritized in a second wave of funding, we were troubled by the recent announcement from HHS that the next allotment of the Provider Relief Fund is again being distributed to physicians and other providers who have billed Medicare.ⁱ The situation facing frontline physicians is dire. Obstetrician-gynecologists, pediatricians, and family physicians are facing dramatic financial challenges leading to substantial layoffs and even practice closures. These challenges threaten patients' access to medically necessary and time-sensitive care during and after the public health emergency. We remain hopeful that an announcement is forthcoming on how frontline physicians who likely do not bill Medicare will receive financial relief.ⁱⁱ We want to continue working with you to ensure direct financial relief can be delivered quickly and **we request an opportunity to speak with you as soon as possible.**

Many of our members who treat few to no Medicare-enrolled patients were either excluded from the first \$30 billion in relief funds, or received very few funds compared to other specialties, since funds were distributed solely based on Medicare fee-for-service claims. Those same physicians who did not file Medicare fee-for-service claims in 2019 are not eligible for the additional \$20 billion from the

“general allocation” announced on April 23 and, instead, must wait for a future allocation of funding. Adding to our concern is the recent Centers for Medicare and Medicaid Services (CMS) announcement regarding the discontinuation of the Medicare Advanced Payment Program for Part B providers, which further limits physicians’ access to capital and may increase demand and competition for other relief funds.ⁱⁱⁱ Those of our members who do receive a very small proportion of their revenue from Medicare, and therefore are eligible for additional funds from the “general allocation,” should be prioritized when HHS distributes the remaining \$20 billion in relief. Given that most women’s health, pediatric, and family practices have received less financial relief to date, we recommend that HHS provide these practices with a larger proportion of funds relative to their reported revenue than is provided on average across specialties. Delays in and limitations on relief funding may be untenable for many practices.

If our member physicians cannot access urgently needed financial relief, their practices may close and patients will lose access to critical care – consequences that have already begun to manifest. Just this week, new data on childhood immunizations were released showing a 50 percent drop in administration of measles, mumps and rubella shots, a 42 percent drop in diphtheria and whooping cough shots, and a 73 percent decline in HPV vaccines.^{iv} These dangerous declines put the country at risk of a secondary outbreak of a vaccine-preventable illness during COVID-19 and portend a challenging environment when schools eventually seek to reopen. Emergency Departments are reporting troubling spikes in child abuse injuries, and police departments indicate 911 calls related to intimate partner violence are increasing.^{v,vi} Our Nation also faces a persistent and unacceptable maternal mortality crisis, which could be worsened by COVID-19. Heart disease and stroke are the leading causes of maternal deaths, accounting for 34% of deaths between 2011-2015.^{vii} Identifying and treating risk factors such as cardiac conditions, hypertension, and preeclampsia are essential to preventing maternal mortality and severe morbidity. Women with these comorbidities are also at a higher risk of contracting COVID-19.^{viii} If women's health practices are forced to close, many women may lose access to this essential care, exacerbating both our maternal health and public health crises. Primary care physicians will treat an estimated 3.2 million patients for upper respiratory and lower upper respiratory infections and pneumonia (representing around 6.6 million visits), potential COVID patients who require screening, between March and May 2020.^{ix} Put simply, our physician members need to be able to keep their doors open and continue treating patients.

We appreciate that the Administration has repeatedly recognized that an alternative method is required to calculate and distribute relief funds to our members and other clinicians who do not have Medicare fee-for-service claims. We acknowledge that HHS does not have ready-to-use, aggregated claims data for Medicaid and commercial payers as it does for Medicare fee-for-service. Nonetheless, we urge HHS not to let this barrier further delay much-needed financial relief to practices that have been largely excluded from federal relief efforts to date. Our organizations want to continue collaborating with HHS. We have suggested approaches that HHS could use and we are on hand to work with you on additional proposals. Our organizations recommend that HHS use a methodology to disburse these funds that both ensures all of our members receive adequate financial assistance and allows the agency to distribute them as quickly as possible.

We stand ready to work with HHS to support our nation’s frontline physicians, and to maintain access to essential preventive and acute care services amid and after the COVID-19 pandemic. Should you have

any questions please contact Stephanie Glier (sglier@aap.org), Stephanie Quinn (squinn@aafp.org), and Meredith Yinger (myinger@acog.org).

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists

ⁱ Comments by Ambassador Deborah Birx, White House COVID-19 Task Force Coordinator, White House press briefing, April 8. Comments by Administrator Seema Verma, White House press briefing, April 7.

ⁱⁱ <https://www.hhs.gov/about/news/2020/04/23/hhs-announces-cares-act-funding-distribution-to-states-and-localities-in-support-of-covid-19-response.html>

ⁱⁱⁱ <https://www.cms.gov/newsroom/press-releases/cms-reevaluates-accelerated-payment-program-and-suspends-advance-payment-program>

^{iv} <https://www.nytimes.com/2020/04/23/health/coronavirus-measles-vaccines.html>

^v <https://www.pbs.org/newshour/health/why-child-welfare-experts-fear-a-spike-of-abuse-during-covid-19>

^{vi} <https://www.nbcnews.com/news/us-news/police-see-rise-domestic-violence-calls-amid-coronavirus-lockdown-n1176151>

^{vii} Centers for Disease Control and Prevention. Pregnancy Related Deaths. May 2019. Available at: <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

^{viii} Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). April 17, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

^{ix} AAFP analysis of 2017 Medical Expenditure Panel Survey Data