

COVID-19 TOWN HALL Q&A – June 3, 2020

QUESTION TOPIC INDEX	
<ul style="list-style-type: none"> • Telehealth • Advocacy and Government Relations • Health of the Public and Science • Practice Advancement 	
<p>Thank you for joining our spirited and informative discussion with Representatives Phil Roe, MD, R-Tenn., and Ami Bera, MD, D-Calif. We received a lot of questions for our guests and were unable to get to them all. We would encourage you to watch the program again. If the question is still not answered, we would suggest reaching out to your member of Congress. If you need help identifying your elected officials, send us an email at grassroots@aafp.org.</p>	
MEMBER QUESTIONS	AAFP RESPONSES
TELEHEALTH	
<p>What is the AAFP doing to advocate for telehealth reimbursement expansion?</p>	<p>The AAFP has been a strong advocate for reimbursement expansion of telehealth services. We will continue to advocate for appropriate payment for telehealth during the remainder of, and after, the current public health emergency.</p>
<p>What is the AAFP doing to advocate for telephone-only visits to be reimbursed at the same level as video visits for established Medicare patients when the COVID-19 pandemic has ended?</p>	<p>The AAFP is engaging in discussions with the Centers for Medicare and Medicaid Services (CMS) and commercial payers to determine which telehealth coverage and reimbursement changes should be extended beyond the current public health emergency in order to maintain patient access to care, provide sufficient payment to practices and promote telehealth within the context of comprehensive primary care.</p> <p>It is the AAFP's policy that physicians should be paid for services that are reasonable and necessary, safe and effective, medically appropriate and provided in accordance with accepted standards of medical practice. The technology used to deliver the service should not be a consideration.</p>
ADVOCACY AND GOVERNMENT RELATIONS	
<p>How can we create accountability to implement the 21st century police brutality task force recommendations?</p>	<p>The AAFP supports the recommendations outlined in President Barack Obama's 2015 Final Report of the President's Task Force on 21st Century Policing. The AAFP particularly agrees with the statement that "law enforcement agencies should adopt and enforce policies prohibiting profiling and discrimination based on race, ethnicity, national origin, religion, age, gender, gender identity/expression, sexual orientation, immigration status, disability, housing status, occupation or language fluency."</p> <p>The AAFP supports the universal adoption of evidence-based de-escalation techniques and use of the lowest</p>

	<p>level of force when force becomes necessary to maintain safety.</p> <p>Those initiatives have not been included as priorities under the current administration. AAFP members can continue to let their federal and state policymakers know of the AAFP's policies and their personal commitment to ending policy brutality.</p>
<p>Why are physicians not allowed to apply for assistance from the Coronavirus Aid, Relief and Economic Security (CARES) Act if they already received aid?</p>	<p>The Department of Health and Human Services (HHS) has made two general disbursements under the Provider Relief Fund. The first disbursement was issued on April 10, 2020, to entities that billed Medicare in 2019 and was based on the entity's share of 2019 Medicare fee-for-service (FFS) revenues. The second disbursement was made on April 24, 2020, also to entities that billed Medicare in 2019. The second disbursement was based on the entity's share of 2018 revenues across payers to provide help to those who treat fewer Medicare patients (such as pediatricians or those with a high number of Medicare Advantage patients). However, HHS is applying the new methodology (i.e., all payers) to the entire \$50 billion distributed through the first two allocations. As a result, the total payment received by a provider between the first and second payments combined is based on the new methodology. If the first payment met or exceeded the total payment for which the provider is otherwise eligible, he or she may not receive a second payment. This may explain why you may not have received a second disbursement. The Overview of HHS Provider Relief Fund Payments and Updated Guidance further explains these scenarios.</p>
<p>Does the AAFP believe the United States should be pulling out of the World Health Organization (WHO)?</p>	<p>We released a press release, AAFP Deeply Concerned About Funding Cuts to WHO During Pandemic, that outlines our position.</p>
<p>What is the AAFP's and Congress' role in pushing HHS and CMS to implement policies that are directed toward providing financial relief to primary care practices?</p>	<p>The AAFP's first "Week of Action" encourages AAFP members to use online meetings and social media to lobby elected officials. We <input type="checkbox"/> provided tools for our members to press Congress to stabilize, strengthen and sustain primary care.</p> <p>The AAFP has also directly urged Congress in letters, testimony and other advocacy in support of financial relief for family physicians here, here, here, here, here and here.</p>

<p>Personal protective equipment (PPE) and testing supplies remain scarce and costly. Does the AAFP anticipate that the federal government will address the shortages? Will Congress or the Treasury Department clarify whether the cost of PPE supplies can be taken into consideration when calculating eligibility for forgiveness for Paycheck Protection Program (PPP) loans?</p>	<p>PPP loans may be used to cover payroll costs, interest on mortgages, rent and utilities. PPE supplies would not be considered an eligible expense for PPP loans.</p> <p>PPE supplies would be an eligible expense for Economic Injury Disaster Loan (EIDL) funding. In addition, PPE supplies are an eligible expense when determining whether you can keep disbursements from the CARES Act Provider Relief Fund.</p>
<p>The Medicare Accelerated Payment Program and Advance Payment Program offered the hope of critical funds, but they were halted. Those funds would have provided, until at least the end of this calendar year, resources primary care practices needed to keep their practices open. Is the AAFP advocating for the next COVID-19 relief bill to include a provision to reinstate and extend these programs?</p>	<p>The AAFP has urged CMS and Congress to restore and extend the Medicare Accelerated Payment Program and Advance Payment Program here, here and here.</p>
<p>The COVID-19 pandemic has underscored that FFS payment is an inappropriate structure to meaningfully resource primary care. This public health emergency should accelerate shifts to more sustainable models of care, such as prospective, global payments for primary care. Does the AAFP believe there is support in Congress and the administration to shift away from FFS for primary care?</p>	<p>The Innovation Center within CMS is testing primary care payment models that move away from fee-for-service. An example is the Primary Care First Model, which is scheduled to begin January 1, 2021.</p>
<p>AAFP members have seen an increase in the use of electronic communications by our patients. However, many of our patients, particularly in rural and underserved areas, lack access to reliable internet service. Does the AAFP believe Congress will address this problem in a future infrastructure bill?</p>	<p>It is likely that Congress will provide federal funds to support rural broadband access programs. The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, which must be negotiated with the Senate, contains several provisions related to broadband and telecommunications access, including:</p> <ul style="list-style-type: none"> • \$4 billion in funding for emergency broadband connectivity • \$1.5 billion in funding for connectivity and devices for students without broadband access • Expanding broadband connectivity subsidies for health care providers, authorizing \$2 billion in additional funding for the Federal Communication Commission's (FCC's) Rural Health Care Program, expanding eligibility to health care providers in urban areas • Telecommunication provider obligations, including restricting service termination, late fees and data caps

	<p>Legislation passed in response to COVID-19 contained some provisions to address broadband infrastructure issues, including \$25 million for the United States Department of Agriculture (USDA) Distance Learning, Telemedicine and Broadband Program to prevent, prepare for and respond to COVID-19.</p> <p>Further, there seems to be a growing recognition among members of Congress that broadband access is a major impediment to scaling telehealth and there is bipartisan support for addressing this issue.</p>
<p>The topic of health disparities has been widely discussed in the media and Congress. Family physicians and health experts understand these issues. The COVID-19 pandemic certainly elevates the inequities that exist. How do you think Congress will respond to this challenge for COVID-19 and in the future?</p>	<p>A disproportionate number of individuals from racial and ethnic minority groups have contracted and died from COVID-19. There have been calls to improve data collection, which the AAFP supported. Policymakers have taken this effort further by introducing bills, such as one to establish a COVID-19 Racial and Ethnic Disparities Task Force and share patient outcomes data. The task force would include representation from medical professions, community organizations and policy experts. The legislation would also require regular reports to the Federal Emergency Management Agency (FEMA) and Congress on a number of issues, including the factors contributing to current health disparities. Proposals such as this may be included within an upcoming relief bill.</p>
<p>HEALTH OF THE PUBLIC AND SCIENCE</p>	
<p>I ordered COVID-19 immunoglobulin M (IgM) and immunoglobulin G (IgG) tests for a patient. The result came back positive for IgG. What does that mean?</p>	<p>Given the limited data on the currently available antibody tests, there is not a clear answer. It could possibly mean that the patient has recovered from COVID-19 and has IgG antibodies. Unfortunately, many of the IgG tests may cross-react with antibodies to other coronavirus infections, so a positive result may not be specific to SARS-CoV-2.</p> <p>Read the package insert with the test or contact the testing location for more information. Additionally, the presence of IgG antibodies does not necessarily indicate immunity, so patients should be counseled to continue to take precautions, including face coverings, hand hygiene and social distancing in accordance with the guidance in their local area. The AAFP has more information here.</p>
<p>Why aren't our family physician practices doing our own contact tracing?</p>	<p>Local public health offices are organizing contact tracing efforts. Resources are available from the CDC and the AAFP, which can be found here.</p> <p>Additionally, contract tracing beyond the patient has implications for confidentiality and Health Insurance Portability and Accountability Act (HIPAA) requirements.</p>

<p>What is the AAFP's stance on the number of vaccines children and adults receive and vaccine resistency?</p>	<p>The AAFP is an official liaison to the Advisory Committee on Immunization Practices (ACIP) to the CDC and reviews the evidence and provides recommendations on immunizations.</p>
<p>PRACTICE ADVANCEMENT</p>	
<p>Please clarify the AAFP's checklist to prepare physician offices for COVID-19. It uses the term "respirators" in the inventory checklist. Does this imply N95 or above? Is the AAFP implying that in every patient encounter, an N95 filtering facepiece respirator (FFR), elastomeric, etc., must be used (and that surgical masks do not suffice)?</p>	<p>Here is our updated guidance: clinical staff should wear facemasks, gowns, eye protection and gloves when caring for patients with suspected COVID-19. Follow the recommendations of your local health department regarding the use of PPE in care of non-ill patients.</p> <p>The CDC also provides guidance here.</p>
<p>I am concerned about the exposure to unprecedented medical liability we face due to COVID-19. What is the AAFP's thoughts on limited tort reforms?</p>	<p>The AAFP joined more than 100 health care and business associations in a letter to Congress calling for temporary and targeted liability protections to safeguard businesses, nonprofit organizations, educational institutions, and health care providers and facilities from unfair lawsuits as they respond to the COVID-19 pandemic.</p>
<p>I received a PPP. Do I now have 24 weeks to spend it instead of eight?</p>	<p>The Paycheck Protection Program (PPP) Flexibility Act passed both the House and Senate and is awaiting signature by President Trump. If signed, this legislation will give small businesses up to 24 weeks (instead of eight weeks as originally provided) to use the emergency PPP loans and still qualify for forgiveness.</p>