

April 23, 2020

ACEP Virtual Hill Day

Issue and Logistics Briefing Webinar



Agenda

I. Issue Briefing

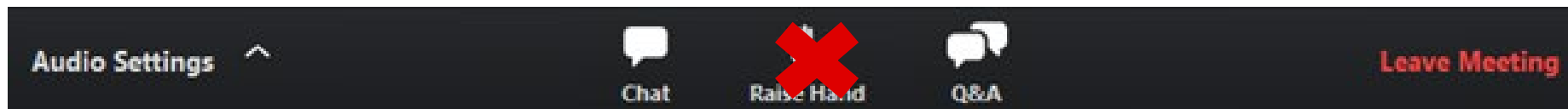
- A. PPE
- B. Liability
- C. Hazard Pay
- D. Coverage

II. Meeting Logistics

III. Q & A



Submit a question at any time during the webinar to be added to the queue for Q&A -- just click this button at the bottom of your screen.



PPE



Background

- Key focus of ACEP advocacy since end Feb
 - ▶ >140,000 messages sent to Congress
 - ▶ Over 4,000 media mentions
 - ▶ Supporting GetUsPPE.org
- Protecting your rights
 - ▶ Collected stories of punitive hospital actions
 - ▶ Shared with CMS, AHA, FAH, CDC, OSHA, and Joint Commissions
 - ▶ Joint Commissions statement 3/31

...I was told to remove my PPE by our security guards because I was frightening our patients. I politely explained my position and that I felt it best to wear. He replied his boss, the lead security for the hospital, was told to not allow this.



The Message

- I put myself and my family at risk each day that I care for patients in the emergency department without sufficient PPE
- Many of us get only 1 N95 mask per week, and try to clean and dry it each night
- Even if I can get my own PPE and bring it in from home, my hospital may not let me wear it

The Ask

- PPE must be prioritized for emergency physicians and other frontline personnel responding to the pandemic
- A multi-pronged approach that includes proactive federal efforts and centralized coordination is necessary
- Full use of the Defense Production Act and depletion of the Strategic National Stockpile are needed to make sure PPE moves through production and to the bedside where it is urgently needed today
- My rights as an emergency physicians to wear and use PPE even if I supply it myself must be protected and strongly enforced.

Liability



Background

- COVID-19 guidance and recommendations from CDC and other federal, state and local government directives is changing how you provide care
- This raises concern about the potential liability for those responding to the pandemic while adhering to these guidance and recommendations, and also facing shortages of supplies, equipment, and medications
- The CARES Act included Good Samaritan language providing federal liability protections for volunteer health care professionals during COVID-19
- But more is needed, both at the state and federal level, and ACEP has been advocating for such protections

The Message

- COVID-19 has drastically changed the way emergency medical care is being delivered in this country
- Emergency physicians do not always have the proper resources – such as personnel, supplies, equipment, hospital beds, and medications – to meet the needs of all patients
- We may be forced to make extraordinary treatment choices because of insufficient information and/or scarce resources during this unusual time.
- In such scenarios, emergency physicians and other health care professionals should be protected from medical liability, unless harm is caused due to gross negligence or willful misconduct

The Ask

- Congress could extend broad civil immunity to physicians and other clinicians for any alleged injury or death while they are providing medical care in response to the COVID-19 pandemic.
- Or, the Federal Tort Claims Act liability protections could be extended to us when we provide care to COVID-19 patients or otherwise respond to government guidance or protocols.

Hazard Pay



Background

- Because you are risking your own health and well-being to provide lifesaving care, as well as making other sacrifices to protect your families, ACEP has advocated for “hazard pay” to acknowledge the risks and potential costs of providing care during this pandemic.
- ACEP provided feedback on and then endorsed a “Dear Colleague” letter led by Rep. Norma Torres (D-CA) promoting hazard pay and other provisions for emergency physicians and other frontline workers.
- The “Heroes Fund” put forward by Senate Democrats, offers an important starting point for this discussion. But its two-tiered approach provides up to \$25,000 of hazard pay (using a flat add-on hourly payment) for those making less than \$200,000, but only \$5,000 for those making more, which does not adequately reflect the risk associated with responding to COVID-19.



The Message

- I put myself and my family at risk each day that I care for patients in the emergency department, often without sufficient PPE or adequate screening or testing due to ongoing shortages of those resources
- We also face unexpected costs for providing care right now, such as temporary housing to isolate away from our families to keep them safe, child care costs due to school or daycare closures, or costs incurred when we become ill or test positive and are unable to work, among others.

The Ask

- Congress should establish a “hazard pay” supplemental fund to acknowledge these risks and support emergency physicians and others on the front lines of this pandemic
- This fund should allow emergency physicians to qualify for hazard pay of up to \$25,000.
- Given the broad range of employment types that emergency physicians practice in, individual physicians should receive payment directly, applying to the fund using their National Provider Identifier (NPI).
- (If asked): While the “Heroes Fund” proposal recognizes the need to provide hazard pay and provides an important starting point for this discussion, it has a two-tiered approach that would preclude most emergency physicians from receiving hazard pay in an amount commensurate with the risks associated with providing COVID-19 care.

Coverage

 BlueCross® BlueShield®	
Member Name Member Name Member ID XYZ 3456789	Dependents Dependent One Dependent Two Dependent Three
Group No. 023457 BIN 987654 Benefit Plan HIOPT Effective Date 00/00/00	Plan PPO Office Visit \$15 Specialist Copay \$15 Emergency \$75 Deductible \$50
 R	

Background

- As Congress developed the recently-passed CARES Act, there was a renewed effort by Senate HELP and House Energy & Commerce Committees to have their one-sided, insurer-friendly surprise billing proposal included
- ACEP was able to block this, but there is another push for it to be included in “COVID 4.0” expected to be voted on next month
- ACEP sent a letter to Congressional leadership and a grassroots alert to tell Congress that “Now is not the time”
- CARES Act provided for \$100 billion to hospitals and physicians. HHS released first \$30 billion on April 10 and announced additional allocations of the funding yesterday. But acceptance is tied to concerning terms and conditions.
 - ▶ OON clinicians cannot balance bill patients beyond what would have been their in-network cost-sharing responsibility
 - ▶ Insurers have not been required to reimburse providers for COVID-19 related treatment

The Message

- As an emergency physician, I support Congress' previous efforts to protect patients by waiving cost-sharing and mandating coverage by insurers for COVID-19 tests and testing-related services.
- But the limited scope of these protections—only including COVID-19 tests and testing-related services—does not go far enough to protect patients.
- It has also led to ambiguous guidance from the Administration about what specific services must be covered with or without cost-sharing, and what (if any!) reimbursement health plans are required to provide physicians for these vital services.
- While it may seem counterintuitive, EDs across the country have actually experienced a significant reduction in volume (some over 50 percent) since the COVID-19 pandemic began.
- Thus, without immediate federal financial resources and support separate from what is provided to hospitals, fewer emergency physicians will be left to care for patients, a shortfall which will only be further exacerbated as they try to make preparations for future COVID-19 surges.

The Ask

- To truly protect patients and provide frontline clinicians such as emergency physicians with more financial security, Congress should mandate that health plans cover all COVID-19 care, including both testing *and* treatment, without patient cost-sharing and with appropriate reimbursement to the clinicians for all services rendered.
- Such an approach negates the need to hastily include surprise medical billing provisions in future COVID-19 relief legislation.
- Just like myself as an emergency physician, Congress should focus for the time being on dealing with the crisis at hand.
 - ▶ Long-term discussions on surprise billing should be deferred until after we have finished providing care for this initial wave of COVID-19 patients, and we have time to thoroughly deliberate and consider the best way forward.

Additional Possible Topics

- When should we re-open the country? What do we need for that to happen?
- Should other frontline providers be eligible for hazard pay?
- How should OON COVID-19 care be reimbursed by insurers?
- Are you worried about a second wave of infections?

379
Participants

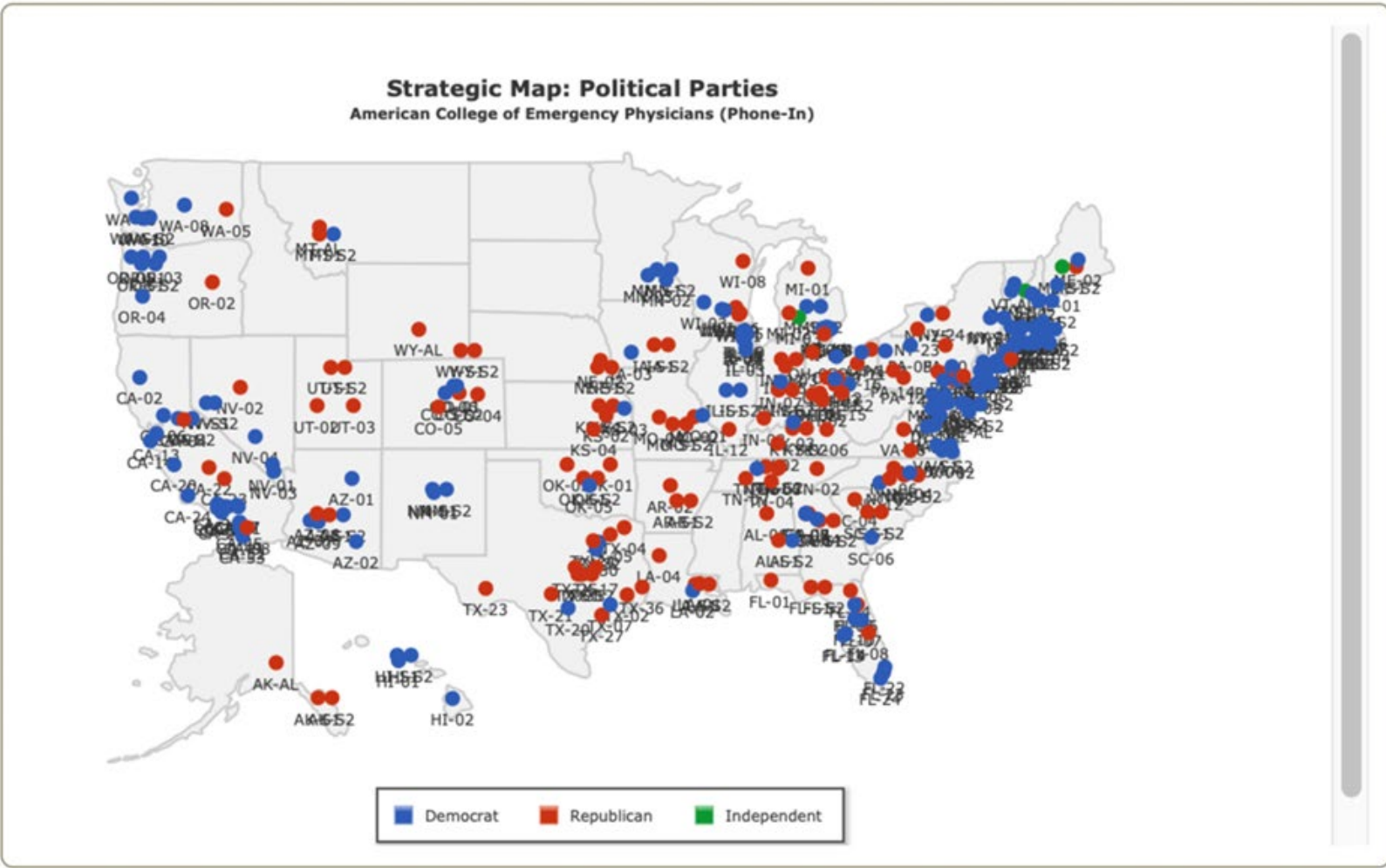
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States

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Meetings

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Republican

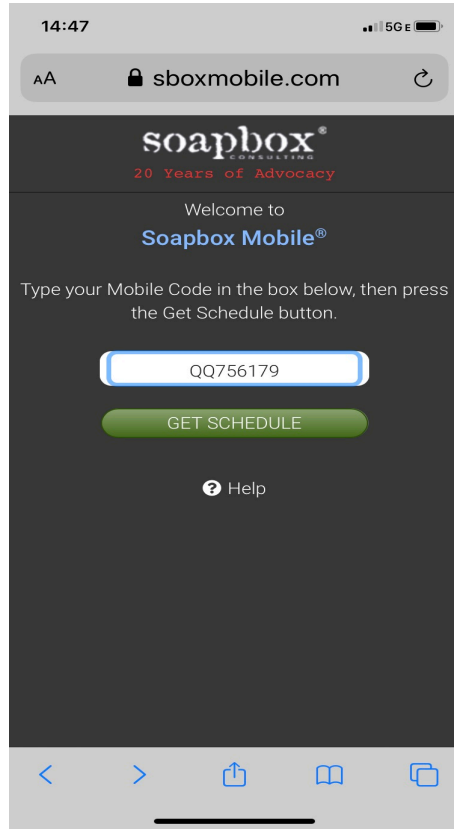
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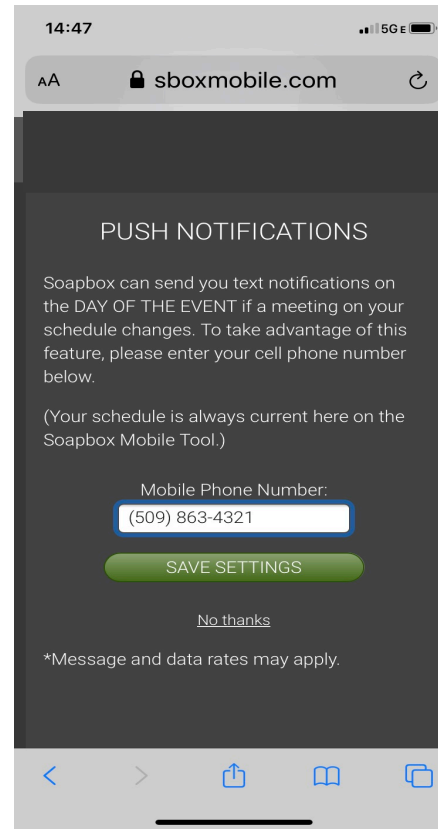


Using the Mobile Tool for the Call-In

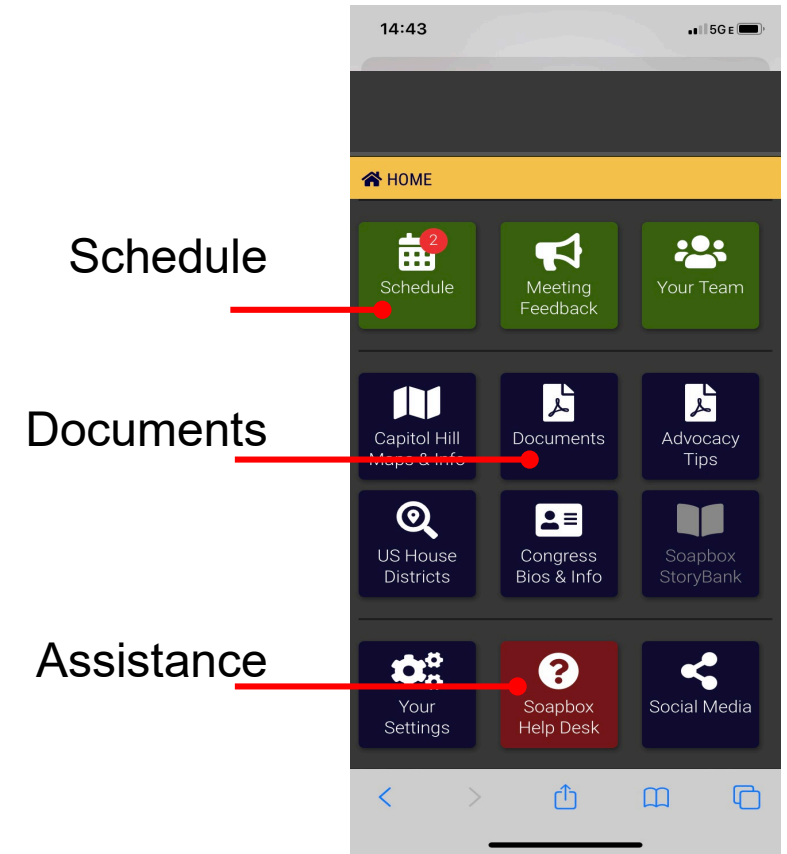
1. Log-in



2. Accept Push Notifications



3. Main Screen



Using the Mobile Tool for the Call-In (Part II)

4. Your schedule

soapbox[®]

HOME > SCHEDULE LEGEND

2:30 PM – Sen. Roy Blunt (with Alexandra McPhee, LA) MO-S (R) Room: SR-260 [Ldr] YY Note: Pls call (877) 567-1262, then dial pin # 6926 290.

Feedback Get Me There Meeting Roster

TBA – Sen. Josh Hawley (with Sean Cooksey, Counsel) MO-S (R) Room: SR-212 [S.Jud-Full] (New) and/or Eric Teetsel Note: Pls call (877) 567-1262, then dial pin # 6926 290.

Feedback Get Me There Meeting Roster

Call-in info at end
of each meeting
line

5. We need feedback right after your call

soapbox[®]

HOME > SCHEDULE > FEEDBACK

MEETING: 2:30 PM – Sen. Roy Blunt (MO-S-R) [Ldr]

With whom did you conference call?(Member/Staff/or both) If staffer, please give name

What issues did you cover in the meeting?

Did the Member (or staff) ask any questions? (Please note any questions to which HRC should respond)

Were there any commitments made by you or the Congressional office? (Please note who made them & any dates for response)

What was the tone of the meeting? Were there any particular problems, information needs or advice that would help move this Member on the issues or help in future lobbying?

Upload a photo of the meeting (optional):
Choose File No file chosen

SUBMIT

Cancel

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for LIVE assistance:
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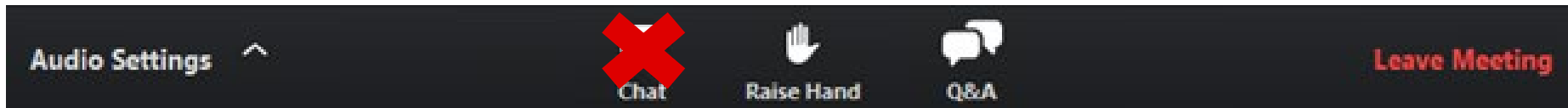
Call-In Reminders

- Please do not delay or interrupt the call if you have challenges with the technology.
 - Call in 15 min early to test your phone; ask Team Leader for assistance before scheduled call time.
 - Follow any audible prompts to get live assistance via the platform.
 - Call Soapbox Help Desk at (202) 362-5910.
- Please put your phone on mute when not speaking. Please keep other people, pets, electronics, appliances, etc. out of the room during the call to further minimize distractions.
- Please allow designated Team Leader to open and close the conversation – and allow the Team Leader to manage all other aspects of the call.
- Ave length of call will be 15-20 mins. Time is at a premium; be as clear and succinct with your stories and statements as possible. Do not monopolize the conversation.
- Fact sheets will be sent in advance to Capitol Hill offices by Soapbox, and should also be available under document icon of Soapbox Mobile Tool.
- Do not share or post call-in information. Team Leader may choose to end the call if unknown parties show up.
- Advocates should each complete and submit feedback reports via the Soapbox Mobile Tool immediately following each call.

**Soapbox Help Desk for
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Questions?

Click this button at the bottom of your screen to ask a question



Contact Information

- **For questions regarding ACEP Legislative Issues:**
 - Laura Wooster at lwooster@acep.org
 - Brad Gruehn at bgruehn@acep.org
- **For questions regarding your schedule:**
 - Call Soapbox Help Desk at (202) 362-5910
- **Any other questions regarding Virtual Hill Day:**
 - Jeanne Slade at jslade@acep.org

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Thank You