

Virtual Hill Day Talking Points

PPE

- 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 we bring it home and try and clean and dry it each night [or insert your own story here]
- 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 right now.
 - A joint poll by ACEP and Morning Consult released today found that 97 percent of Americans believe the federal government needs to support efforts to increase access to protective equipment for emergency physicians.
- Even if I can get my own PPE and bring it in from home, some hospitals aren't letting emergency physicians and other frontline personnel wear it—and some are even punishing those of us who have tried!
- My rights as an emergency physician to wear and use PPE, even if I supply it myself, must be protected and strongly enforced.

Liability

- 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.
- I may be (or Many of my colleagues have already been) forced to make extraordinary treatment choices because of insufficient information and/or scarce resources during this unusual time.
- Rather than doing everything possible to try to save every life as would normally be the case, in a disaster it will be necessary to allocate scarce resources to save as many lives as possible.
- 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 simplest approach would be for Congress to 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.
- Another method could be extending Federal Tort Claims Act liability protections for physicians and other clinicians when they provide care to COVID-19 patients or who otherwise are responding to government guidance or protocols.

Hazard Pay

- Emergency physicians and other frontline personnel are risking their lives every day as they continue to see patients in emergency departments (EDs) across the country, often without sufficient personal protective equipment (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.
- 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
- For emergency physicians, this fund should allow us 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):
 - We recognize there are a number of proposals to provide hazard pay for emergency physicians and other frontline personnel, and we appreciate these efforts.
 - 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

- 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.
 - A joint poll by ACEP and Morning Consult just released today found that four in five adults (80 percent) say they are concerned about contracting COVID-19 from another patient or visitor if they need to go to the emergency room, and over 29 percent have actively delayed or avoided seeking medical care due to concerns about contracting the coronavirus (COVID-19)
- 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.
 - In fact, just this Friday, the Administration announced it was suspending the Medicare Advance Payment Program. While that program provided loans that had to be paid back within a relatively short timeframe, and at a significant interest rate, it was only one of three programs emergency physicians could use to seek financial support and keep the doors open during this crisis. Sole reliance on the CARES Act Provider Relief Fund, which must be shared by hospitals, physicians, all other health care providers, and the uninsured, and Small Business Administration loans that have already run out of money once will not be enough.

- 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.