June 1, 2020

Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington DC 20201

Dear Secretary Azar:

On behalf of our 40,000 members, the American College of Emergency Physicians (ACEP) thanks you for your continued efforts to respond to the novel coronavirus (COVID-19).

Over the last couple months, the Department of Health and Human Services (HHS) has distributed most of the $100 billion Public Health and Social Services Emergency Fund appropriation that was included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (the Provider Relief Fund) to health care providers. $50 billion of the Fund was allocated in the form of a general distribution to health care providers based on the lesser of two percent of providers' 2018 (or most recent complete tax year) net patient revenue or the sum of incurred losses for March and April.

While ACEP appreciates HHS' attempt to distribute funds proportionally to providers affected by the COVID-19 pandemic, we believe that the funds distributed thus far have not sufficiently covered the increased expenses and decreased revenues that emergency physician groups in particular have faced. We have previously demonstrated[1] that $3.6 billion is needed to be specifically allocated towards emergency medicine groups and to the emergency physicians who practice within them, who are repeatedly risking their lives combatting the virus and are at the highest risk of being exposed and missing work. To date, emergency physician groups have in total received **only 7 to 15 percent** of this $3.6 billion need. **HHS should reserve a portion of the $75 billion that Congress provided in the Paycheck Protection Program and Health Care Enhancement Act to cover the remaining portion of the request and truly help emergency physicians with their lost revenues and increased expenses due to COVID-19.**

In reiterating our previous $3.6 billion request, we would like to highlight a few aspects of emergency medicine that are unique from other provider types and specialties and that are the reason why it is critically important to ensure that emergency medicine groups and the emergency physicians who practice within them receive this additional financial support.

[1] ACEP's letter laying out the $3.6 billion request can be found at: https://www.acep.org/globalassets/new-pdfs/advocacy/acep-follow-up-letter-to-secretary-azar-on-cares-act-funding-04.03.2020.pdf

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- ***Most Emergency Physicians are Part of Independent Groups and are Not Employed by the Hospital:*** Many may assume that because emergency physicians work in hospitals, that any financial aid to those hospital entities would be sufficient to cover the needs of health care workers as well. However, most emergency physicians are not directly employed by hospitals. Rather, they are independent entities that contract with the hospital to provide emergency department (ED) coverage 24 hours a day, 7 days a week, 365 days a year. When an emergency physician is exposed to COVID-19, their group (rather than the hospital) must cover that physician's sick leave as well as maintain full coverage of the ED, which frequently requires hiring temporary emergency physicians (like locum tenens physicians) to fill that gap, often at a higher cost. Thus, the emergency physician group is under greater financial strain and risk that aid to hospitals cannot address.

  The majority of the $50 billion general distribution funding has been allocated to hospitals[2], and we have heard from our members that hospitals have not directly distributed the funding they received to the physicians or other medical professionals that provide services within the hospital.

- ***Lost ED Visits Cannot be Rescheduled***: As you may know, EDs across the country have experienced a significant reduction in volume of since the COVID-19 pandemic began. This reduction has been caused in part by the Administration's (entirely appropriate) call for Americans to stay at home, which in turn has led to fewer accidents and other traumatic injuries. While fewer accidents and injuries is a good thing, unfortunately, we have also seen that individuals that needed to seek immediate care for medical emergencies either delayed care or avoided care altogether due to a fear of being exposed to COVID-19 while in the ED. According to a recent poll conducted by ACEP and Morning Consult, 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 ED. [3]

  Many health care clinicians who provide non-emergency and scheduled services may be able to eventually make up some of their own lost visits after the pandemic ends by rescheduling a portion of their patient population who were unable to be treated during the pandemic.[4] However, this is not possible for emergency cases. Individuals who needed emergency treatment due to an acute condition but avoided it during the pandemic are not going to the ED after the pandemic ends—at that point, it is too late, and these individuals may have died or experienced significantly negative health outcomes.

- ***Increased Expenses in Emergency Medicine:*** While many individuals are avoiding the ED, the patients that do come in are sicker than usual, increasing the time and average expense for care exponentially. As well, specific to COVID-19, additional expenses include having had to develop and implement protocols for alternative sites of care, telehealth capabilities, purchase of personal protective equipment (PPE), and other new administrative costs (such as triaging and treating

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2 "Distribution of CARES Act Funding Among Hospitals" *Kaiser Family Foundation*, May 13, 2020: https://www.kff.org/coronavirus-covid-19/issue-brief/distribution-of-cares-act-funding-among-hospitals/.

3 "Public Poll: Emergency Care Concerns Amidst COVID-19" *American College of Emergency Physicians,* April 28, 2020: https://www.emergencyphysicians.org/article/covid19/public-poll-emergency-care-concerns-amidst-covid-19.

4 "Amid 'dire' losses, some eye restart of hospital elective surgeries" *Healthcare Financial Management Association,* April 27, 2020: https://www.hfma.org/topics/news/2020/04/amid--dire--losses--some-eye-restart-of-hospital-elective-surger.html.

patients with potential COVID symptoms in ways that limit possible exposure to the disease). Furthermore, keeping an ED fully staffed 24 hours a day, seven days a week has also become significantly more costly, as EDs have to maintain and staff separate areas to treat COVID-19 (such as a tent located right outside the ED that needs to be fully staffed) and all other patients. All these additional costs are weighing down on emergency physician groups as they try to maintain the minimum staffing levels necessary to serve patients night and day in the ED and prepare for surge staffing when COVID-19 cases actually do increase in their area.

Emergency physicians should NOT be worried about keeping the ED doors open or having enough PPE and supplies to effectively and safely do their jobs. **EVERY** emergency physician and emergency physician group needs to be supported during this difficult time. We need American's health care safety net to be fully functional both now and in the future as our country begins to reopen.

For the safety and well-being of the American public, emergency physicians must be supported and protected. We believe that fulfilling the remaining portion of our initial $3.6 billion request will ensure that emergency physicians on the front lines have the resources they need to stay operational, manage future surges of COVID-19 cases, and keep the safety net intact going forward.

If you have any questions, please contact Laura Wooster, ACEP's Associate Executive Director of Public Affairs at lwooster@acep.org.

Sincerely,

William P. Jaquis, MD, MSHQS, FACEP

ACEP President