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Congress Passes \$2 Trillion COVID-19 Rescue Package

On Wednesday, March 25, the Senate passed H.R. 748, the "Coronavirus Aid, Relief, and Economic Security (CARES) Act" in a 96-0 vote, and the House of Representatives passed the bill early Friday afternoon by voice vote. President Trump signed the bill into law just hours after the House passed it. The \$2 trillion rescue package provides additional emergency aid to respond to the COVID-19 pandemic.

ACEP staff worked with legislators throughout the crafting of this legislation to secure important policy priorities, and now continue to analyze the bill and work with legislators and regulators to anticipate how these funds will be made available. There are a number of significant provisions for emergency physicians on the front lines of the COVID-19 pandemic response, including:

- **\$100 billion Public Health and Social Services Emergency Fund** available to hospitals and Medicare or Medicaid enrolled suppliers and providers, among others.
- **No "surprise billing" provisions.** Despite efforts by insurers, White House officials, and some lawmakers, the legislation **DOES NOT** include provisions related to surprise medical billing. Other health care programs such as Community Health Centers (CHCs), the Teaching Health Center Graduate Medical Education (THCGME) program, and related "extenders" that lawmakers had sought to pair with surprise medical billing legislation were extended through November 30, 2020.
- **More PPE, testing kits, and syndromic surveillance.** Multiple provisions to purchase additional PPE, distribute COVID-19 testing kits, and improve syndromic surveillance.
- **Temporary lift of the Medicare sequester.** The sequester reduced Medicare payments to physicians and other providers by 2%. The bill temporarily lifts the 2% reduction until December 31, 2020.
- **Expanded SBA loan funds.** Expands SBA loan funding for companies with fewer than 500 employees, including independent contractors and self-employed individuals, to help cover payroll, such as employee salaries, paid sick or medical leave, insurance premiums, as well as mortgage, rent, and utility payments.
- **Promotes more telehealth use.** Includes various provisions to fund and promote use of telehealth services.
- **Student loan relief.** Defers student loan payments, principal, and interest for six months through September 30, 2020, without penalty to borrower for all federally-owned loans. ACEP continues to advocate for relief for privately-owned loans as well.

- **Additional provisions ensuring no cost-sharing for COVID-19 testing.** Requires insurers to pay for COVID-19 testing without cost-sharing, and to pay either the rate specified in a contract between the provider and insurer, or, if there is no contract, a cash price that providers must post online.
- **Drug and supply chain transparency.** Multiple provisions to expand transparency on supply chain issues and drug shortages, including reports on US dependence on critical drugs and medical supplies and equipment produced in foreign countries.
- **Good Samaritan liability protections.** Provides “Good Samaritan” liability protections under the Volunteer Protection Act (VPA) for physicians who provide volunteer medical services during the public health emergency related to COVID-19 and other public health emergencies.
- **Permanently aligns 42 CFR Part 2 Regulations with HIPAA.** Permanently allows for additional care coordination by aligning the 42 CFR Part 2 regulations, which govern the confidentiality and sharing of substance use disorder treatment records, with HIPAA with initial patient consent. Unlike most other provisions, this change is not limited to the COVID-19 response and is a permanent policy change.
- **GPCI extension.** Extends the Physician Work Geographic Index floor through December 1, 2020.
- **Medicaid Community Mental Health Services Extension.** Extends and provides additional funding for the Medicaid Community Mental Health Services demonstration program through November 30, 2020.

With passage of this legislation, Congress is expected to recess until April 20, 2020, barring any unforeseen emergencies that require legislators to return to Washington. Additional COVID-19 legislative packages are expected, so ACEP continues to communicate with policymakers to ensure the needs of emergency physicians are addressed in the ongoing effort to mitigate the public health impacts of this pandemic.

Thank you for Taking Action: COVID-19 Grassroots Advocacy Update

Thank you for taking action and making the voice of emergency medicine heard on Capitol Hill and around the country! Our legislative success is a direct result of your advocacy on behalf of your profession and patients. ACEP’s advocacy campaigns targeting ACEP members, their friends, colleagues and families, and the public generated more than 125,000 communications to legislators on Capitol Hill. Over 20,000 communications were sent to legislators as a result of [our public campaign](#) and over 105,000 communications were sent as a result of [our campaign targeted to ACEP members](#).

Regs & Eggs Blog: ACEP’s Telehealth Advocacy During COVID-19 Pandemic

Last week, the Centers for Medicare & Medicaid Services (CMS) [announced](#) major temporary expansions to existing telehealth policies under Medicare in an effort to enable patients to communicate with their doctors remotely during this national emergency. From the moment CMS put out this guidance, many of you have reached out with questions about what this means for emergency physicians and emergency medicine more generally. ACEP staff have been in constant contact with CMS to try to answer your questions and resolve outstanding issues.

Read the blog for an overview of what policies are in place now and what we are continuing to work out with CMS: <https://www.acep.org/regsandeggs>.

CMS Issues MIPS Relief

The Centers for Medicare & Medicaid Services (CMS) [announced some needed relief](#) to Merit-based Incentive Payment System (MIPS) reporting requirements. MIPS is the major quality reporting program in Medicare for physicians.

2019 Performance Period

You were originally required to submit your 2019 performance data by March 31, 2020. CMS is EXTENDING the deadline for reporting to April 30, 2020. However, if you do not submit MIPS data by April 30, 2020, you will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 MIPS payment year (i.e. if you don't report, you will be held harmless).

2020 Performance Period

CMS is still evaluating options for providing relief around participation and data submission for 2020. ACEP has sent some recommendations to CMS that balance the need to protect physicians who are understandably unable to report with appropriately rewarding those that are able to report.

This MIPS relief was one of the major requests that ACEP included in [our letter to the Secretary of the Department of Health and Human Services \(HHS\)](#) on March 13th.

Is your Hospital Restricting PPE or Being Punitive When you Wear it?

ACEP is listening to you. After hearing a growing number of reports over the past week of emergency physicians being restricted by their hospital from wearing PPE or even being punished for doing so (whether the PPE was supplied by the hospital or personally obtained), **ACEP has been in discussions with the Joint Commissions and OSHA advocating for official guidance or clarification from them to hospitals so that your rights to wear PPE are protected.**

We've been asked to provide them with specific examples of such occurrences and are therefore reaching out to you here for your help. **If you've experienced such PPE restrictions or been sanctioned or punished in any way by your hospital for wearing it, please email Laura Wooster** with a short description of what happened at lwooster@acep.org.

Please rest assured that **no identifying information will be passed along** to the Joint Commission or OSHA; all individual physician names and hospitals will be redacted before I send any collected anecdotes on to them. Please note that while first-hand accounts are greatly preferred, if you do know of such actions against a colleague **at your own hospital only**, these could be helpful to us as well, as long as they contain sufficient detail that you are confident is accurate.

ACEP is Continually Tracking Other Federal Updates and Guidance

Federal agencies have been continually providing new COVID-19 guidance. ACEP tracks federal agency announcements and provides updates on our [website](#). Keeping checking our website for the latest information that impacts emergency physicians.

Additional COVID-19 Resources

- In case you missed it, [here](#) is the ACEP all member update that went out this week on our work battling COVID-19 across the country.
- We recently updated <https://www.acep.org/COVID-19> with our [current policy priorities](#).
- [Click here](#) to view ACEP's patient facing COVID-19 website. Resources include [Stop the Spread: A Patient Guide to the Novel Coronavirus \(COVID-19\)](#), which provides tips on how to [minimize the risk](#) of contracting the virus and how to determine whether patients should [visit an emergency department](#).

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