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ACEP Virtual Hill Day 2020

ACEP's Virtual Hill Day, a re-imagining of the Leadership and Advocacy Conference (LAC), was held on Tuesday to resounding success. 474 emergency physicians from 45 states participated in 306 conference call meetings with federal legislators and/or their healthcare staff, with close to half of the meetings being held with members of Congress themselves or senior staff. ACEP members and Congressional participants successfully discussed how lawmakers can ensure our health care heroes have the protection and support they need to battle the COVID-19 pandemic. ACEP was one of the first groups in DC to conduct a virtual fly-in of this magnitude, and is now being looked to as a model for future such meetings.

To prepare registrants for their virtual meetings, the ACEP Washington DC staff and Christopher Kush with Soapbox Consulting held an [issue briefing webinar](#) and a Team Leader prep call on April 23rd.

While we usually discuss a few key issues with legislators during LAC, this year, we focused only on the response to COVID-19. ACEP members shared stories about their experiences on the front lines of the pandemic while highlighting the following issues related to COVID-19.

- **PPE:** Prioritize availability of PPE for emergency physicians and other frontline personnel responding to COVID-19, fully utilize the Strategic National Stockpile and Defense Production Act (DPA) to maximize production and disbursement of these vital resources, and protect the rights of emergency physicians to wear and use PPE.
- **Liability:** Extend broad civil immunity to physicians and other clinicians for any injury or death alleged to have been sustained as a result of an act or omission in the course of providing medical services in response to COVID-19. Alternatively, provide Federal Tort Claims Act liability protections to physicians and other clinicians providing care to COVID-19 patients.
- **Hazard Pay:** Provide up to \$25,000 directly to emergency physicians and other frontline health care personnel who are risking their lives every day as they treat COVID-19 patients.
- **Coverage:** Patients should be held harmless no matter where they seek care and should not be penalized if their insurer failed to provide an adequate network of providers. Emergency physicians should be reimbursed a fair and reasonable amount by insurers for their services and this should include the cost-sharing amount that has been waived for patients.

[Click here](#) to view the issue document that was shared with legislators in advance of Tuesday's meetings.

We want to hear about your experiences with our very first Virtual Hill Day. **Share some of your key takeaways on social media with the hashtag #ACEPHillDay.**

Regs & Eggs Blog: Don't Blink! Changes to Financial Support Options Are Happening Non-stop!

Things are shifting rapidly, and if you blinked this past week, you may have missed another update that the Department of Health and Human Services (HHS) made to the financial support options that you and your group may be relying on during this difficult time.

Read this week's [Regs & Eggs blog](#) for a recap of what changes HHS made to these programs and where to go to find out more details.

In addition, we are continually updating [our website](#) with information about the current financial support options, including the Small Business Administration loans, the Medicare Advance Payment Program (which has now been suspended), and the Provider Relief Fund-- a \$175 billion pot of funding appropriated by Congress to help health care providers with health care related expenses or lost revenues due to COVID-19.

New ACEP/MC Poll: Nearly A Third Delaying or Avoiding Medical Care During Pandemic

A new poll ACEP conducted through Morning Consult reveals that nearly a third of American adults are delaying or avoiding medical care. The poll also shows strong support for federal efforts to protect those on the frontline; nearly all respondents (97 percent) believe the federal government needs to support efforts to increase access to protective equipment for emergency physicians. And, nine in 10 believe that emergency physicians should receive hazard pay as they risk their lives to protect patients. View the [press release](#), the [infographic](#) and the [full results](#).

Coverage was highlighted in [Modern Healthcare](#) and local daily newspapers across the country. ACEP continues to warn the public about the [danger](#) of delaying care as patient volumes drop in many communities.

CMS Releases EMTALA FAQs

This week, CMS released [frequently asked questions \(FAQs\)](#) about the temporary EMTALA changes and waiver that the agency has granted.

As you may recall, ACEP held a webinar on April 3 with CMS to discuss EMTALA and telehealth policies. A recording of the webinar is found [here](#) and a transcript [here](#).

Finally, for additional information on EMTALA, please see the [EMTALA chapter in ACEP's Field Guide](#). Please note that ACEP will be updating this chapter of the Field Guide to incorporate information from the new FAQs.

Physician Virtual March for PPE: Masks 4 Our Lives

Resident physicians and other medical providers at Yale are holding a [virtual rally](#) on May 2nd at 2 pm EDT to call for adequate PPE for frontline medical providers and the community during the COVID-19 pandemic. There is an incredible lineup of speakers including ACEP member, [Dr. Megan Ranney](#), an organizer at [GetUsPPE.org](#). ACEP has been partnering with GetUsPPE to work with corporate and nonprofit partners to help expedite the production and delivery of PPE to frontline health workers. ACEP launched the #GetUsPPE campaign to highlight and amplify these efforts. We urge you to show your support!

[Click here](#) to learn more and to register for the event.

CDC Updates Guidance on Criteria for Healthcare Personnel with Confirmed or Suspected COVID-19 Returning to Work

On Thursday, the CDC updated the [return to work guidance](#) to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of cultural viral shedding and will be revised as additional evidence becomes available. This also aligns with the [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#) which added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.

CMS Announces Additional Temporary Regulatory Flexibilities

On Thursday, the Centers for Medicare & Medicaid Services (CMS) released an [interim final rule \(IFR\)](#) that establishes new regulatory flexibilities in addition to the policies [CMS previously announced at the end of March](#). Click [here](#) for a short summary of the key policy changes included in the IFR.

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