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Contact Congress to Urge Due Process Rights for Emergency Physicians

H.R. 6910, critical bipartisan legislation to ensure every emergency physician has medical staff due process rights, was recently introduced by emergency physician and member of Congress, Rep. Raul Ruiz, MD (D-CA), and Rep. Roger Marshall, MD (R-KS). The legislation would require the Secretary of Health and Human Services to issue regulations that would provide due process rights for physicians providing emergency medical services.

ACEP worked closely with the sponsor representatives' offices on developing legislation on this important issue for ACEP members. **Now we need you to [reach out to your own members of Congress](#) to urge their support!**

[Click here](#) to send a message to your U.S. House member urging co-sponsorship of H.R. 6910.

Capital Minute

Tune into our newly formatted Capital Minute webinar as we continue to bring you updates on our latest efforts to support and protect emergency physicians in the fight against COVID-19.

[Click here](#) to view the Capital Minute or click on the blue box below.

[Click here](#) to register for the next live ACEP Capital Minute on Thursday, June 11.



COVID Health Care Liability Protection Bill Introduced in House

Today, Reps. Phil Roe (R-TN) and Lou Correa (D-CA) introduced the ACEP-supported “Coronavirus Provider Protection Act,” which would provide liability protections for health care professionals and related health care entities for care related to the COVID-19 emergency response. The language of the bill is very similar to the proposal that was drafted by the Health Coalition on Liability and Access (HCLA) that ACEP participates in and that we have been sharing with Hill offices as part of our follow-up from ACEP’s Virtual Hill Day on April 28.

The legislation is modeled on the volunteer protections that were included in the CARES Act and would:

- Cover services provided during the emergency, as well as 60 days following the termination of the emergency declaration;
- Account for Federal, State, or local guidance or recommendations in response to COVID-19;
- Provide protection for treatment, or lack thereof, due to a lack of resources, including manpower, attributable to COVID-19; and
- Exclude harm as a result of gross negligence or willful misconduct.

To read the text of the bill, [click here](#).

House Approves Modifications to SBA Loans

On Thursday, May 28, the House of Representatives passed legislation to provide flexibility for borrowers under the Small Business Administration’s (SBA) Paycheck Protection Program (PPP), the loan program established to provide stability for small businesses affected by the ongoing COVID-19 response. The bill passed with nearly unanimous support in a 417-1 vote.

H.R. 7010, the “Paycheck Protection Program Flexibility Act of 2020,” allows additional flexibility for the \$670 billion program, easing restrictions on provisions that hindered many employers’ ability to seek loan forgiveness. Under the original provisions of the PPP, borrowers were required to spend seventy-five percent of their total loan on payroll and use the entirety of the loan within eight weeks in order to qualify for loan forgiveness. H.R. 7010 amends the PPP to allow small businesses to use the funds within twenty-four weeks, reduces the seventy-five percent payroll requirement, eliminates the two-year loan repayment restrictions for future borrowers, allows payroll tax deferment, and extends June 30 rehiring deadline.

The Senate is expected to take up similar efforts in the near future, but it remains to be seen whether they will simply pass the House bill or take up a companion bill led by Sen. Marco Rubio (R-FL). Regardless, the need to provide continued stability and flexibility for the PPP stands as one of the few remaining areas of overwhelming bipartisan agreement in the broader COVID-19 legislative response.

Recent Advocacy Efforts to Reduce Barriers to OUD Treatment

COVID-19 is suspected of making opioid use disorder (OUD) more prevalent as anxiety and stress are at particularly high levels—potentially causing more relapses and new opioid users. Over the last couple of weeks, ACEP has written or signed on to three letters as part of [our ongoing efforts](#) to support the removal of the x-waiver requirement and other barriers to treatment for opioid use disorder:

Specifically, ACEP sent a letter to Rep. Tonko (D-NY) supporting H.R. 2482, the “Mainstreaming Addiction Treatment Act of 2019,” which would remove the x-waiver requirement. We also signed onto a letter to congressional leadership written by the Pew Charitable Trusts supporting the same legislation. Finally, we sent a letter to HHS expressing our support for legislative and regulatory actions that would improve access to OUD treatment.

Links to the three letters can be found below:

- [ACEP Support Letter \(HR 2482\) 05-18-20](#)
- [Sign on Letter in Support of MAT Act Final to Congressional Leaders](#)
- [ACEP letter to Secretary Azar on Removing Barriers to OUD Treatment](#)

Regs & Eggs: Summertime is Approaching...Which Means Reg Season is Coming Soon!

Memorial Day marks the unofficial start to summer, and for those of us in the health policy community, summertime is the busiest time of the year: Reg Season! For emergency physicians, the most important regulation is the Medicare physician fee schedule (PFS), which affects physician and other health care professional payments. The proposed PFS regulation comes out in the heart of the summertime (typically the end of June, early July), thereby causing summer to truly be Reg Season!

Read this week's [Regs & Eggs blog](#) to get a heads up on key policies that ACEP is looking out for in the upcoming PFS proposed regulation.

ACEP Responds to Request for Information on the Strategic National Stockpile

Today, ACEP [responded](#) to a request for information (RFI) on the Assistant Secretary of Preparedness and Response's (ASPR's) proposed strategy and structure of the Strategic National Stockpile (SNS) and the role of public-private partnerships in achieving this vision.

In ACEP's comments, we express some concerns about the proposed vision. Overall, ACEP believes that there should be a system in place that contains regional stores of well-rotated stock that is ready for immediate dissemination in the event of weather-related emergencies, earthquakes and tsunamis, and localized biologic or chemical release emergencies. The federal government should be responsible for design, stock rotation, and expense. However, the SNS needs to be integrated into regional and local supply stores, likely those that serve the health care system on a daily basis.

Updates to COVID-19 Financial Support Options

A few changes to existing COVID-19 financial support options were made right before the holiday weekend.

- **Provider Relief Fund:** The [Provider Relief Fund](#) is 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. The Department of Health and Human Services (HHS) is constantly making changes to the program (go to our [ACEP webpage](#) to find up-to-date information about the fund). This past week:

- o HHS announced a [45 day extension](#) to accept the [terms and conditions](#) for Provider Relief Fund payments. This means that you now have 90 days from when you received a payment to either accept the terms and conditions or return the funds. However, HHS had previously [announced](#) that you have until June 3rd to attest to the terms and conditions and submit required revenue information to receive a tranche 2 payment. That seems to possibly conflict with the new announcement (90 days after you first received funding from tranche 1 on April 10th would mean on or around July 9th for most of you). ACEP will let you know if HHS provides a clarification. In the meantime, ACEP suggests that you stick to the June 3rd deadline for attesting to the terms and conditions and submitting financial information required for tranche 2 payments.

- o HHS also provided nearly \$4.9 billion in additional relief funds to [skilled nursing facilities](#) and \$500 million in payments to the [Indian Health Service](#) and tribal hospitals, clinics, and urban health centers.

HHS is close to distributing all of the initial \$100 billion that Congress appropriated in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). However, HHS has not yet stated how it plans to allocate the remaining \$75 billion that Congress provided in the Paycheck Protection Program and Health Care Enhancement Act (the COVID 3.5 package). While many emergency physician groups have already received funding from the Provider Relief Fund, ACEP recognizes that in most cases, the funding they have received does not fully cover their lost revenues and increased expenses due to the pandemic. ACEP is pushing HHS to allocate a portion of the remaining \$75 billion to emergency physician groups to supplement what they have already received.

- **The Paycheck Protection Program (PPP):** PPP loans are still available, and if you are interested in applying, ACEP encourages you to visit the Small Business Administration's (SBA's) [website](#) and review the [frequently asked questions](#) (FAQs) document to find out more details. This past week, the

SBA, in conjunction with the Department of Treasury, issued an [interim final regulation](#) that includes some important clarifications on how to calculate certain costs for the purposes of figuring out the loan forgiveness amount.

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