



April 14, 2020

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
Washington, D.C. 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy:

**WASHINGTON, DC OFFICE**  
2121 K Street NW, Suite 325  
Washington, DC 20037-1886

202-728-0610  
800-320-0610  
[www.acep.org](http://www.acep.org)

**BOARD OF DIRECTORS**

William P. Jaquis, MD, MSHQS, FACEP  
*President*  
Mark S. Rosenberg, DO, MBA, FACEP  
*President-Elect*  
Jon Mark Hirshon, MD, MPH, PhD, FACEP  
*Chair of the Board*  
Gillian R. Schmitz, MD, FACEP  
*Vice President*  
Christopher S. Kang, MD, FACEP  
*Secretary-Treasurer*  
Vidor E. Friedman, MD, FACEP  
*Immediate Past President*  
Stephen H. Anderson, MD, FACEP  
L. Anthony Cirillo, MD, FACEP  
John T. Finnell II, MD, MSc, FACEP  
Jeffrey M. Goodloe, MD, FACEP  
Alison J. Haddock, MD, FACEP  
Gabor D. Kelen, MD, FACEP  
Aisha T. Terry, MD, MPH, FACEP  
Ryan A. Stanton, MD, FACEP

**COUNCIL OFFICERS**

Gary R. Katz, MD, MBA, FACEP  
*Speaker*  
Kelly Gray-Eurom, MD, MMM, FACEP  
*Vice Speaker*

**EXECUTIVE DIRECTOR**

Dean Wilkerson, JD, MBA, CAE

On behalf of the American College of Emergency Physicians (ACEP) and our 39,000 members, thank you for your continued efforts to respond to the novel coronavirus (COVID-19), both in terms of its public health and economic impacts. As you know, emergency physicians are on the front lines of this pandemic and continue to work around the clock to ensure that our patients receive the high-quality lifesaving care they need and deserve. As emergency physicians continue to risk their lives every day trying to manage and stop the spread of COVID-19, we ask Congress to support our health care workers as we battle the most significant public health crisis our country has experienced in more than a century.

ACEP's singular focus over the past several weeks and today is ensuring that emergency physicians have the resources they need to stay safe and continue to provide care for the many COVID-19 patients that are coming into our nation's emergency departments (EDs). Unfortunately, it appears some are now viewing this time as an opportunity to include one-sided, insurer-favored surprise medical billing provisions in COVID-19 relief legislation. The coronavirus has resulted in extraordinary strain on our health care safety net, and now is not the time to introduce divisive surprise billing legislation into the critical debate Congress is having about how to additionally respond to the pandemic. This would serve only to further upend our health care system and divert desperately needed resources away from those working tirelessly on the front lines.

Emergency physicians have been working without any respite for weeks on end to respond to COVID-19. Some emergency physicians are in critical care with the illness themselves, and some have even lost their lives due to this illness. Many emergency physicians and other health care providers are struggling just to get the personal protective equipment (PPE) needed to keep themselves and their families safe, often cobbling together home-grown solutions or using bleach to clean the single mask per week their hospital was able to provide for them, hoping that will be enough to protect them. Some have quarantined themselves from their families to avoid exposing them to the virus, even sleeping in their car or a tent outside their home. The stress of living and working in such an environment is without precedent, but emergency physicians continue working 24 hours a day, 7 days a week, to provide high-quality care for patients.

ACEP strongly agrees that it is critical to protect patients from surprise medical bills, and we firmly believe that a thoughtful, measured federal solution is possible to achieve. However, those discussions should wait 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. To take such an action in the midst of this crisis would be exceptionally demoralizing to the thousands of emergency physicians and other health care providers who are completely focused on their patients at this time. If done incorrectly, the impact of such a proposal would disrupt the health care system and eliminate any incentive for insurers to negotiate fairly (if at all) with physicians – the vast majority of whom are already in-network.

ACEP has worked with legislators in good faith for several years to develop a solution for out-of-network billing disputes between insurers and providers, and we remain committed to finding a fair and equitable approach that takes patients out of the middle. In fact, ACEP was the first medical society to support the bipartisan “Consumer Protections Against Surprise Medical Bills Act of 2020” (H.R. 5826) that passed out of the House Ways and Means Committee, and also supports the continued efforts of the Senate’s bipartisan price transparency workgroup led by Senator Bill Cassidy (R-LA). We therefore urge legislators to strike an appropriate balance without tipping the scales too far in favor of one entity over another.

Once again, thank you for your ongoing efforts to focus on providing the resources emergency physicians need to respond to the COVID-19 pandemic. Like you, we strongly agree that patients must be protected from surprise medical bills, but these proposals deserve their due consideration from Congress outside of the response to the COVID-19 pandemic. ACEP stands firm in our commitment to resolving the issue of surprise medical bills, but Congress must do so in a way that ensures patients continue to have access to the emergency care they need, especially during this uniquely challenging time. Should you have any questions, please do not hesitate to contact Laura Wooster, MPH, ACEP’s Associate Executive Director for Public Affairs, at [lwooster@acep.org](mailto:lwooster@acep.org).

Sincerely,



William P. Jaquis, MD, MSHQS, FACEP  
ACEP President