

## Novel Coronavirus (COVID-19) Policy Priorities

As community transmission of COVID-19 in the United States spreads, emergency physicians remain on the frontlines of caring for those affected. To help ensure our health care system can respond, there is a continued need for policymakers to implement changes to effectively address this growing public health emergency.

### Providing access to care for those infected or suspected to be infected

- Ensure full coverage by payers of testing, diagnosis, and treatment provided in that associated visit without patient cost-sharing.
- Authorize FDA emergency approval for COVID-19 test production by U.S. companies for tests that are already in use around the world.
- Ensure production of medications and supplies relevant to treatment of COVID-19 are prioritized and that they are distributed directly to needed sites of care.
  - Increase transparency of the supply chain for these products to better identify and proactively address potential shortages.
- Maximize alternative testing sites for faster, more cost-effective testing while freeing up hospital capacity for those who need it most and allowing those who test positive to self-quarantine.
- Guarantee telehealth services can be fully utilized by allowing emergency physicians to bill for emergency department evaluation and management (E/M) codes that appropriately reflect the intensity of emergency services.
- Provide resources and accommodations for those without adequate means or space to self-quarantine effectively at home, in order to prevent hospital and emergency department crowding.
- Provide consistent public education on when and where to seek testing (including alternative testing sites mentioned above), when and where to seek care, self-quarantining procedures, home care if infected (including supplies to have on hand, etc).

### Securing an adequate workforce

- Prioritize availability of PPE for emergency physicians and other frontline personnel responding to the epidemic (including EMS, clerical staff, nurses, emergency physicians, etc.). Fully utilize Strategic National Stockpile to maximize dissemination of critically needed PPE.
  - Protect and strongly enforce the rights of emergency physicians and other frontline personnel to wear PPE.
- Temporarily loosen restrictions on hospital privileging and credentialing, and remove barriers that impede workforce movement across state lines, such as licensure and liability protection.
- Ensure health care workers who become infected receive treatment quickly and readily.
- Clarify CDC guidance on the quarantining of health care professionals exposed to COVID-19.
- Review and consider temporary liability protections for the duration of the pandemic for health care professionals who are screening and treating COVID-19 patients.

- Extend all CMS and other such regulatory deadlines by at least 30 days so that emergency physicians and other health care professionals can keep their focus on patients instead of paperwork.

### Ensuring adequate resource allocation

- Ensure federal and state emergency funding is targeted and distributed beyond hospitals, such as for EMS, emergency physicians, and other relevant hospital-based specialty physicians who are not hospital-employed.
- Provide financial stability so emergency physicians can treat patients, maintain readiness, and be fully prepared for patient surges.
  - Congress should suspend Medicare sequestration until at least December 31, 2020;
  - provide an add-on for Medicare outpatient services (using the ED site of service code) that have a primary or secondary diagnosis and/or treatment of COVID-19; and,
  - waive budget neutrality requirements of Section 1848(c)(2) of the Social Security Act for the finalized E/M code proposal for no less than five years.
- Furnish temporary relief for student loan borrowers by providing all necessary flexibility for repayment during this uncertain time.
- Waive for the 2019 and 2020 performance years the budget-neutrality requirement around the Merit-based Incentive Payment System (MIPS) so that resources are available for positive payment adjustments, allowing clinicians who do report and perform well to be rewarded for that significant investment they made in patient care.