**Novel Coronavirus (COVID-19) Policy Priorities**

As anticipation grows for more widespread community transmission of COVID-19 in the United States, emergency physicians are on the frontlines of caring for those affected. To help ensure our health care system is prepared, policymakers will need to implement a number of changes to effectively address the unique needs of this growing public health emergency.

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

- Consider implementing 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.
- Designate alternative sites of care for patients with respiratory symptoms to prevent contamination of other patients and reduce the amount of personal protective equipment (PPE) that health care workers use. To prevent hospital and emergency department crowding, provide resources and accommodations for those without adequate means or space to self-quarantine effectively at home.
- Provide 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).
- Ensure production of medications and supplies relevant to treatment of COVID-19 is 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.

**Securing an adequate workforce**

- Prioritize availability of PPE for emergency workers and other frontline personnel responding to the epidemic (including EMS, clerical staff, nurses, emergency physicians, etc.).
- Temporarily loosen restrictions on hospital privileging 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.

**Ensuring adequate resource allocation**

- Ensure full coverage of testing and diagnosis by payers without patient cost-sharing.
- Temporarily remove the originating site limitation under the Centers for Medicare and Medicaid Services telemedicine rules and add emergency telehealth services to the list of approved Medicare telehealth services.
- Ensure federal and state emergency funding is targeted and distributed beyond hospitals, such as for EMS and emergency and other relevant hospital-based specialty physicians who are not hospital-employed.