

March 27, 2020

Alex Azar  
Secretary  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington DC 20201

Dear Secretary Azar:

On behalf of our 38,000 members, the American College of Emergency Physicians (ACEP) thanks you for your continued efforts to respond to the novel coronavirus (COVID-19). As you know, it is critical to ensure that our nation's emergency physicians and health care system have the resources they need to treat patients in response to this global pandemic.

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The “Coronavirus Aid, Relief, and Economic Security (CARES) Act” provides \$100 billion to the Public Health and Social Services Emergency Fund to “prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus.” The Department of Health and Human Services (HHS) will be responsible for allocating the \$100 billion appropriation to providers and suppliers that apply for funds. **We strongly request that HHS prioritizes funding for frontline health care workers, especially emergency physicians, who are risking their lives combatting the virus and are at the highest risk of being exposed and missing work.**

Many may assume that because emergency physicians work in hospitals that any financial aid to those entities would be sufficient to cover the needs of health care workers as well; however, most emergency physicians are not directly employed by hospitals. Rather, they contract with the hospital to provide emergency department (ED) coverage 24 hours a day, 7 days a week, 365 days a year. When an emergency physician is exposed to COVID-19, their group not only has to cover that physician's sick leave, but must still maintain full coverage of the ED which often requires hiring temporary help to fill that gap. This locum tenens support is often more expensive as well. Thus, the emergency physician practice is put under greater financial strain and risk than other types of physician practices that are able to stop seeing patients when the physician is unavailable. **We need specific financial support for emergency physicians who are either already treating COVID-19 patients or are in the process of preparing for a surge of those patients that we anticipate will need emergency services in the coming weeks.**

Given the critical role emergency physicians play in combatting this epidemic and the importance of ensuring a healthy and productive emergency workforce, we recommend that HHS:

- Prioritize applications for funding from emergency physician groups;
- Reserve at least fifty percent of the funding for physician groups who are on the frontlines dealing with the crisis rather than other Medicare providers or suppliers who are not directly treating COVID-19 patients;
- Streamline the application process, ensuring that it is not burdensome for emergency physician groups to apply for the funding; and
- Ensure that applications are processed in a timely manner and that funds are rapidly distributed to those practices in critical need of additional resources.

We appreciate the opportunity to share our comments. If you have any questions, please contact Laura Wooster, ACEP's Associate Executive Director of Public Affairs at [lwooster@acep.org](mailto:lwooster@acep.org).

Sincerely,

A handwritten signature in black ink that reads "William P. Jaquis". The signature is written in a cursive, flowing style.

William P. Jaquis, MD, MSHQS, FACEP

ACEP President