



Novel Coronavirus (COVID-19) Policy Priorities

As community transmission of COVID-19 in the United States continues to spread, 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 production of medications and supplies relevant to treatment of COVID-19 are prioritized and distributed directly to needed sites of care. Increase transparency of the supply chain for these products to better identify and proactively address potential shortages.
- Ensure full coverage by payers of testing, diagnosis, and treatment provided in that associated visit without patient cost-sharing and appropriate reimbursement to the treating providers. Provide adequate financial resources and personnel to improve testing and contact tracing to monitor and suppress COVID-19.
- Ensure that emergency physicians have the information and resources to effectively and safely receive and administer COVID-19 vaccines. Issues that must be addressed include:
 - Appropriate supply so that emergency medicine care teams receive vaccines in the initial phase of the distribution process, and that emergency departments (EDs) and EMS agencies can receive an ongoing supply to administer to patients in future phases.
 - Sound vaccine administration protocols to ensure recipients are protected from risk of infection, and resources to ensure proper storage and handling within EDs and EMS stationhouses.
 - Consistent and reliable reimbursement across payors so that EDs and EMS agencies can continue to administer the vaccine through all distribution phases. Additional support may be warranted for facilities serving vulnerable and under-resourced populations.
 - National, regional, or state vaccination administration reporting systems to make sure that individuals are receiving vaccines as recommended by public health professionals.
- 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), 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.). Protect and strongly enforce the rights of emergency physicians and other frontline personnel to wear PPE.
 - Fully utilize Strategic National Stockpile and Defense Production Act to maximize dissemination of critically needed PPE using a multi-pronged, transparent approach that includes proactive federal efforts and centralized coordination.
- Ensure physicians and other health care providers may safely secure treatment for mental or other health issues that do not affect patient care without repercussions to licensing, credentialing, or future employment, and reaffirm these services are protected under the Americans with Disabilities Act. Seeking care and support should be strongly encouraged, not penalized.

- Provide temporary liability protections for the duration of the pandemic for health care professionals who are screening and treating COVID-19 and other patients under challenging circumstances with the normal standard of care being impeded by limited access to needed capacity, medication, or equipment.
- Temporarily loosen restrictions on hospital privileging and credentialing, and remove barriers that impede workforce movement across state lines, such as licensure and liability protection.
- Extend all CMS and other such regulatory deadlines as needed 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 through 2021;
 - 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;
 - hold physicians harmless for no less than two years from cuts that would be imposed by the 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;
 - provide economic relief to small businesses, including physician groups, independent contractors, nonprofits such as medical societies operating as 501(c)s, and self-employed individuals through the Small Business Administration (SBA) Paycheck Protection Program and/or Economic Injury Disaster Loans for COVID-19 related assistance; and
 - establish a supplemental fund that would allow emergency physicians who are providing direct care to COVID-19 patients to qualify as individuals for direct hazard/premium pay of up to \$25,000.
- Furnish temporary relief for federal and private student loan borrowers by providing all necessary flexibility for repayment during this uncertain time.
- Waive the budget-neutrality requirement around the Merit-based Incentive Payment System (MIPS) for the 2020 and 2021 performance years 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.

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