



March 24, 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
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:

On behalf of the American College of Emergency Physicians and our 40,000 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 well know, emergency physicians are on the front lines of this pandemic and continue working around the clock to ensure that our patients receive the high-quality lifesaving care they need and deserve.

ACEP appreciates Congress and the Administration working together to support the health care system during this crisis. As we all work to mitigate the effects of the pandemic, ACEP urges you to consider providing direct support for physicians and their practices currently facing the same financial challenges as countless other businesses and industries throughout our nation. 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 coverage 24 hours a day, 7 days a week, 365 days a year.

The impact of the novel coronavirus is particularly hard on emergency physician practices, as our physicians are on the front lines treating COVID-19 patients and are therefore disproportionately exposed to the virus. When an emergency physician is exposed, their group not only has to cover that physician's sick leave, but must still maintain full coverage of the emergency department 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 urge Congress and the Administration to ensure funds are made available specifically for physician practices, especially emergency physician practices, that are suffering the

WASHINGTON, DC OFFICE

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

202-728-0610
800-320-0610
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

financial consequences of the COVID-19 outbreak. In addition to these community funds, 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. This can be accomplished by providing an add-on payment for Medicare outpatient services (using the emergency department site of service code) that have a primary or secondary diagnosis and/or treatment of COVID-19, similar to what Congress is considering for hospital inpatient services. Finally, we ask you to suspend Medicare sequestration until at least December 31, 2020, and to waive 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.

We also greatly appreciate the flexibilities the Administration announced earlier this week to the Merit-based Incentive Payment System (MIPS), including delaying the 2019 performance year data submission date by 30 days and holding-harmless those clinicians who cannot report to MIPS right now. However, we must reward others who have invested heavily and worked hard to comply with the requirements. We therefore call on Congress to waive for the 2019 and 2020 performance years the budget-neutrality requirement around MIPS. That way, there are resources 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.

Thank you once again for your continued efforts to respond to COVID-19. As emergency physicians continue their critical work on the front lines of the response, ACEP appreciates the opportunity to work with you to address both the economic and public health effects of this disease.

Sincerely,

A handwritten signature in cursive script that reads "William P. Jaquis".

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