



May 7, 2020

The Honorable Nancy Pelosi  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Kevin McCarthy  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American College of Physicians (ACP), I am writing to share our recommendations for additional legislation to not only sustain the health care and economic needs of our nation, but also steps that must be taken to support physicians and their practices during this national emergency caused by the COVID-19 global pandemic. We are greatly appreciative that Congress has enacted four major legislative packages to address this unprecedented public health crisis, which includes numerous programs to help physicians and their practices, begins to provide desperately needed personal protective equipment (PPE) to frontline physicians, nurses and other health care workers, increases health care capacity, and expands access to affordable testing and treatment. While these programs are beginning to make a positive difference for physicians and their patients, more still needs to be done.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

We ask that as Congress continues to consider drafting additional legislation to respond to the COVID-19 public health emergency, we urge you to focus on the following seven priorities:

- 1. Increase funding for the Provider Relief Fund (PRF) and ensure that a dedicated and substantial portion of it is prioritized to support physicians and their practices based on need, and expressly ensure that sufficient and direct funding is provided to make primary care**

practices whole for lost revenue and increased expenses related to COVID-19 through the end of the calendar year;

2. Mandate restoration of the Medicare Advance Payment Program and make improvements to it to lengthen the pay-back period and lower the interest rate to zero;
3. Mandate that all payers pay for audio-only phone calls and telehealth at the same rate as in-person visits, as the Centers for Medicare and Medicaid Services (CMS) has done for Medicare;
4. Mandate Medicaid physician pay parity, especially for primary care physicians;
5. Support the physician workforce by enacting legislation to provide loan forgiveness for frontline medical students, residents, and physicians; and reauthorize the Conrad State 30 J-1 visa waiver program and provide a pathway to immigrant visas for International Medical Graduates (IMGs);
6. Ensure access to Medicaid by increasing the federal contribution;
7. Fund the public health capacity needed to partially and safely resume certain prioritized economic and social activities at a state and community level, consistent with ACP's new [guidance](#) on *Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity*.

## Priority: SUPPORT FOR PHYSICIAN PRACTICES

### Provider Relief Fund (PRF)

ACP appreciates the steps that Congress has taken in previously-enacted legislation to support physicians and their practices, and the portion of the \$30 billion in disbursements to date out of the PRF that has been distributed to physicians has been of help to many practices. The U.S. Department of Health and Human Services (HHS) has announced plans to disburse much of the remaining \$100 billion from the Public Health and Social Services Emergency Fund (PHSSEF) as originally funded by Congress through the CARES Act to hospitals and physicians, yet it is not clear that such disbursements will be prioritized to physicians based on need and especially, to primary care. ACP is pleased that the Paycheck Protection Program and Health Care Enhancement Act, H.R. 266, provides an additional \$75 billion to the PHSSEF for the PRF to distribute. However, unless Congress provides additional funding, and unless HHS takes specific actions now to distribute funds in a way that is prioritized by the recommendations below, many primary care practices, smaller practices, and practices in underserved and rural communities will not be able make it through the duration of the COVID-19 emergency.

**ACP recommends that Congress increase funding for the PRF, sufficient to stop physician practices from closing, and specifically ensure that disbursements from the PRF *prioritize new and remaining PRF funding* to those with the greatest need, especially primary care physicians and their practices:**

- A. **Direct the Secretary of HHS to rapidly and automatically disburse PRF funds to physicians and their practices based on lost revenue and increased costs.** Such lost revenue and increased costs could be determined by physicians attesting to: (1) additional expenses incurred by a practice related to COVID-19, for example additional staffing, infrastructure, temporary re-location of their place of residence to prevent

exposing family members to the virus, and supply costs, and (2) the percentage of revenue losses from all payers (Medicare, Medicaid, commercial insurers) resulting from the decline of in-person care visits during this crisis that will not be recouped, prioritized to physicians and their practices as described below.

**B. Direct the Secretary of HHS to prioritize new and previously-authorized PRF funding to primary care physicians and their practices, through per-patient per-month payments (PPPM) sufficient to make them whole for lost revenue and increased expenses, retroactive to April 1 and through December 31, 2020.**

Internal medicine specialists and other primary care physicians have an essential role in delivering primary, preventive, and comprehensive care not only to patients with symptoms or diagnoses of COVID-19, but also to patients with other underlying medical conditions, including conditions like heart disease and diabetes that put them at greater risk of mortality from COVID-19. Many studies have shown that the availability of primary care in a community is associated with reduced preventable mortality and lower costs of care, yet recent surveys suggest that many will soon close without additional support.<sup>1</sup>

In an April 28, 2020, [letter](#) to HHS, ACP explained the reasoning for the need of PPPM payments as the basis of distributing PRF/PHSSEF funds to physician practices. Paying primary care physicians predominantly on a fee-for-service (FFS) basis is flawed because as they have shifted from in-person visits they no longer receive the “fee” associated with the office visit service, while the “fee” for telehealth and audio-only phone calls has not been sufficient to offset the loss of revenue from in-person visits. Distributing PHSSEF funding to primary care physicians and their practices through a PPPM methodology would provide them with the revenue and support needed to keep their practices open at this difficult time, without having to depend on a flawed FFS system that is unlikely to provide them the support needed and make them whole for lost revenue.

ACP, in its letter to HHS, recommended that HHS consider different approaches to determine and disburse PPPM prospective payments to primary care physicians based on data that is already available to HHS/CMS and from primary care programs supported by the Center for Medicare and Medicaid Innovation (CMMI), including a method developed by the Commonwealth Fund and the Milbank Memorial Fund, a method based on the Comprehensive Primary Care Plus (CPC+) model, and a method based on the Primary Care First program.

- C. Direct the Secretary of HHS to also prioritize new and existing PRF funding to:**
- i. **Internal Medicine subspecialists providing comprehensive care and management of patients with complex chronic conditions**, many of which place their patients at greater risk of mortality from COVID-19. In addition, many patients with complex chronic conditions may be delaying getting needed care through the duration of the COVID-19 emergency. Maintaining access to

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<sup>1</sup> Lewis, Corrine, Shanoor Seervai, Tanya Shah, Melinda K. Abrams, and Laurie Zephyrin, M.D. “Primary Care and the COVID-19 Pandemic.” The Commonwealth Fund, April 22, 2020.  
[https://www.commonwealthfund.org/blog/2020/primary-care-and-covid-19-pandemic?utm\\_source=alert&utm\\_medium=email&utm\\_campaign=Delivery%20System%20Reform](https://www.commonwealthfund.org/blog/2020/primary-care-and-covid-19-pandemic?utm_source=alert&utm_medium=email&utm_campaign=Delivery%20System%20Reform)

internal medicine subspecialists will be critical to maintaining patients' health, yet many internal medicine subspecialists are at risk of closing their doors because of lost revenue from reduced patient volume.

- ii. **Physicians in smaller practices** (e.g. 15 or fewer clinicians), especially primary care physicians in smaller practices. Smaller practices lack the resources to stay open with substantially lower revenues and often do not have the administrative staff to apply for loans and other forms of assistance.
- iii. **Physicians and practices in underserved rural and urban communities**, including practices that treat patients at higher risk because of social determinants of health and racial, ethnic, and other personal characteristics. The experience with COVID-19 suggests many patients are at higher overall risk of mortality and morbidity due to social determinants and racial and ethnic characteristics, particularly for African-Americans. Such patients are more likely to be found in underserved communities. It is essential to keep the practices that care for them open.

### **Medicare Advance Payment Program**

**ACP recommends that Congress direct the Secretary of HHS to resume the Medicare Advance Payment Program, and make improvements to the program.** ACP is greatly concerned about CMS's decision to suspend this effective program and the rationale offered does not support suspending it. ACP strongly urges Congress to direct HHS and CMS to bring back the Advance Payment Program and implement the changes that ACP has previously recommended to improve it. These improvements should include:

- A. Postpone recoupment until 365 days after the advance payment is issued;
- B. Reduce the per-claim recoupment amount from 100 percent to 25 percent;
- C. Extend the repayment period for physicians to at least two years;
- D. Waive the interest that accrues during the extended payment period; and
- E. Give HHS authority to issue more than one advanced payment.

### **Priority: MEDICAID PAY PARITY**

**ACP recommends that Congress require Medicaid pay parity for all physicians, and especially for primary care and subspecialty care, retroactive to the declaration of the COVID-19 national emergency.** We strongly support the renewal of applying the Medicare payment rate floor to primary care services furnished under Medicaid and urge that this policy be included in the next COVID-19 response legislation. While we support pay parity for all specialties, we believe that at a minimum, pay parity should be restored for primary care specialties and related subspecialties, as called for in the Kids Access to Primary Care Act, H.R. 6159. This will ensure that primary care physicians and internal medicine and pediatric subspecialists are paid no less than they would be paid under Medicare for the duration of the COVID-19 public health emergency. Such pay parity should last at least for the duration of the COVID-19 emergency, although we strongly believe it should be made permanent thereafter.

### **Priority: SUPPORT THE PHYSICIAN WORKFORCE**

Many residents and medical students are playing a critical role in responding to the COVID-19 crisis and providing care to patients on the frontlines. For residents, COVID-19 is inflicting additional strain as they are redeployed from their primary training programs, thus putting their own health on the line caring for the sickest patients, many without appropriate personal protective equipment. Some medical schools, such as New York University, are graduating their students early to deploy them to care for patients during this public health crisis. Residents and early graduated medical students have an average debt of over \$200,000, yet will not necessarily be supported by other programs that provide direct financial support to hospitals and other physicians. A vastly larger number of international medical graduates (IMGs) are currently serving on the frontlines of the U.S. health care system, both under J-1 and H-1B training visas and in other forms. These physicians serve an integral role in the delivery of health care in the United States. IMGs help to meet a critical workforce need by providing health care for underserved populations in the United States. They are often more willing than their U.S. medical graduate counterparts to practice in remote, rural areas and in poor underserved urban areas.

### **Loan Forgiveness**

**ACP recommends that Congress enact the Student Loan Forgiveness for Frontline Health Workers Act, H.R. 6720, which would forgive student loans for physicians and other clinicians who are on the frontlines of providing care to COVID-19 patients or helping the health care system cope with the COVID-19 public health emergency.** The bill would forgive both federal and private student loans for physicians and clinicians with no limit on the amount of debt relief granted. The bill's forgiveness would include the student debt of graduate-level education for physicians, medical residents, medical fellows, and medical students who provide COVID-19-related health care services.

### **Graduate Medical Education**

**ACP asks for Congress to direct CMS to provide more flexibility in CMS's Graduate Medical Education (GME) reimbursement to hospitals to accommodate variations in training due to the COVID-19 response.** ACP urges that Congress direct HHS to expand flexibility to lengthen the initial residency period (IRP) for residents to allow them to extend their training, if necessary, to meet program and board certification requirements. Congress should also have CMS expand the cap at institutions where residents must extend their training to support an increased number of residents as new trainees begin while existing trainees remain to complete their programs.

### **International Medical Graduates (IMGs)**

**ACP recommends that Congress reauthorize the Conrad State 30 J-1 visa waiver program through the Conrad State 30 and Physician Access Reauthorization Act, S. 948.** The College has long recognized the value of international medical graduates (IMGs) and their contributions to health care delivery in this country. Many IMGs provide care in medically underserved areas by participating in J-1 visa waiver programs, including the Conrad 30 program. We support the reauthorization of this program without delay, and also believe that it should be made permanent to give physicians with J-1 visas certainty that they may continue to practice in underserved areas. This legislation also includes a provision that

would address the current backlog in the system for physicians on J-1 visas who wish to acquire a green card to move to a more permanent residency status.

ACP urges the passage of S. 948 and also recommends that medical residents and physicians on J-1 and H-1B visas be redeployed as needed to respond to the COVID-19 pandemic. We also support the temporary extension of visas and other protected status for medical residents and physicians so that they can continue to treat patients in this country during the COVID-19 pandemic.

**ACP recommends that Congress include the Healthcare Workforce Resilience Act, S. 3599, in any additional COVID-19 legislative package.** The bill would authorize immigrant visas for health care clinicians, including up to 15,000 physicians who are eligible to practice in the United States or are already in the country on temporary work visas. The visas would provide a pathway to employment-based green cards. ACP urges Congress to pass this legislation in order to meet the nation's health care workforce needs and growing physician workforce shortage that have been made more critical by not only the increased need for more physicians to treat COVID-19 patients, but also physicians who themselves have COVID-19 and are not able to be in the physician workforce. During this pandemic the role of IMGs is even more critical to care for the thousands of patients battling COVID-19.

**Priority: ENSURE ACCESS TO MEDICAID**

**ACP urges Congress to extend and/or increase the temporary 6.2 percent increase in the Federal Match Payment for certain Medicaid spending contained in the Families First Coronavirus Response Act, H.R. 6201, and the CARES Act, H.R. 748, past the duration of the public health emergency caused by COVID-19.** State economies are sustaining a massive decrease in revenues during the COVID-19 public health emergency and the Federal Matching Assistance Percentage (FMAP) increase provides a welcome cash infusion. The extra funding is especially important as Medicaid enrollment is expected to increase during the pandemic. Estimates are that states would save over \$40 billion with the FMAP boost, with larger states like California and Florida receiving more federal money. Lower-income states would see their FMAPs rise to about 84 percent. The higher FMAP should be extended and/or increased as state budgets will need sufficient time to stabilize after the COVID-19 public health emergency ends.

**Priority: FUND THE PUBLIC HEALTH CAPACITY NEEDED TO PARTIALLY AND SAFELY RESUME CERTAIN PRIORITIZED ACTIVITIES AT A STATE AND COMMUNITY LEVEL**

Today, ACP issued a new paper, [\*Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity: A Clinical and Public Policy Guidance from the American College of Physicians\*](#), which offers detailed recommendations to allow certain economic and social activities to be resumed in a phased and prioritized way, *based on the best available evidence*, in a manner that mitigates risk (slows and reduces the spread of COVID-19, and associated deaths and other harm to patients) and rapidly expands health system capacity to diagnose, test, treat, conduct contact tracing (with privacy protections), and conduct other essential public health functions. While ACP applauds Congress for providing \$25 billion for testing and contact tracing contained in the Paycheck Protection Program and Health Care Enhancement Act, H.R. 266, more needs to be done to ensure that states and communities have the public health capacity to partially

and safely resume economic and social activities, as described in our new guidance. The federal government must provide the necessary resources to states and localities to do COVID-19 testing, contact tracing and follow-up, public health workforce, PPE, health system surge capacity and support for other necessary public health functions to allow for the resumption of economic and social activities on a prioritized, gradual and safe basis.

**ACP recommends that Congress consider the recommendations made in an April 27, 2020, bipartisan letter from Andrew Slavitt, former CMS Administrator during the Obama administration, Dr. Scott Gottlieb, former FDA Commissioner during the Trump administration, and other former public officials and non-governmental public health experts, calling on Congress to authorize and appropriate \$46.5 billion to successfully contain spread of the virus.** They “propose Congress authorize and appropriate this funding in the form of block grants to states and territories twice annually based on plans they submit to the Department of Health & Human Services with their projected case counts, testing capabilities, and as they are available, data tools for functions such as immunization tracking.” These monies would go to “expansion of the contact tracing workforce by 180,000 persons until such time as a safe, effective vaccine is on the market . . . (\$12 billion), voluntary self-isolation facilities utilizing vacant hotels in order to prevent infection spread (\$4.5 billion), income support for voluntary self-isolation (\$30 billion),” and other purposes.<sup>2</sup>

ACP believes that funding levels and programs recommended by Dr. Gottlieb, Mr. Slavitt and the other authors is a good blueprint for Congress and the administration to provide the necessary resources to effectively and safely allow state and local authorities, businesses, and health care facilities to begin resuming certain priority activities, as recommended by ACP in its new guidance, while mitigating harm from COVID-19.

## CONCLUSION

We offer these recommendations in the spirit of providing the necessary support to physicians and their patients going forward. We urge Congress to work in a bipartisan manner to ensure that these policies are enacted without further delay to meet the health care and economic challenges that we face during the crisis caused by the COVID-19 public health emergency.

Sincerely,



Jacqueline W. Fincher, MD, MACP  
President

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<sup>2</sup> Slavitt, Gottlieb, et al. Bipartisan Public Health Leaders Letter to Congress on COVID-19 Tracking and Tracing, April 27, 2020. Accessed at <https://apps.npr.org/documents/document.html?id=6877567-Bipartisan-Public-Health-Leaders-Letter-on>