



March 20, 2020

The Honorable Mitch McConnell
Senate Majority Leader
U.S. Senate
S-230, U.S. Capitol
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
H-222, U.S. Capitol
Washington, D.C. 20515

Dear Majority Leader McConnell and Speaker Pelosi:

On behalf of the American Association for the Study of Liver Disease (AASLD), American Gastroenterological Association (AGA), American College of Gastroenterology (ACG), and American Society for Gastrointestinal Endoscopy (ASGE), we applaud you for your swift response to the 2019 Novel Coronavirus (COVID-19) pandemic and prioritization of public health preparedness and response. As Congress quickly turns to a comprehensive response to the COVID-19 threat, we call on policymakers to assist in protecting health care professionals and patients by increasing funding for and access to personal protective equipment (PPE), easing prior authorization and Medicare reporting requirements, and providing financial safeguards for health care professionals. Moreover, we ask that Congress assist in mitigating the negative financial impact this pandemic has on physician practices so they can remain viable businesses throughout this crisis and beyond.

Ambulatory surgery centers (ASC) are a predominant site of service for many outpatient gastroenterological (GI) services, including endoscopy. To mitigate the spread of COVID-19 and respond to the limited supply of PPE, our societies released on joint statement on March 15, strongly recommending that our members consider rescheduling elective non-urgent endoscopic procedures. On March 18, the Centers for Medicare & Medicaid Services (CMS) further announced that all elective surgeries, non-essential medical procedures be delayed during the COVID-19 outbreak. This announcement specifically included common GI procedures, such as upper endoscopy and colonoscopy. Some states have ordered the cancellation of all elective procedures, a mandate that disproportionately effects endoscopy and surgical centers.

Gastroenterologists are quickly mobilizing to utilize telemedicine. Our societies applaud the strong steps the Administration took this week to expand telehealth benefits for Medicare beneficiaries which will allow gastroenterologists to continue to manage chronic patients and triage acute situations. However, consideration should be given to situations in which internet access is lacking, and for patients, particularly elderly populations, that may be unwilling/unable to

FaceTime or use other video applications. Therefore, we would encourage you to equalize telehealth payments for telephone calls that are consistent with Current Procedural Terminology (CPT) descriptor for a billable stand-alone service.

Additionally, with the cancellation of all non-urgent procedures, ASCs and physician practices may have no choice but to furlough nursing staff, as well as ASC and office support staff. Employers need the flexibility to continue to provide health insurance benefits to furloughed workers through the crisis until they can be rehired. Further guidance and/or legislative action is necessary. For staff kept on part time, the requirement of 32 hours per week to qualify for benefits should be waived if we as employers want to maintain benefits for those working half time, such as job-sharing arrangements.

Our members are prepared to work with hospitals in their communities to help manage surge capacity by moving care to ambulatory endoscopic centers for patients whose procedures must otherwise be delayed. This includes endoscopic procedures which can safely be performed in ASCs, although they are traditionally provided in hospitals, for which reimbursement is otherwise cost prohibitive. Any triage of patients from the hospital outpatient department to ASCs for essential medical procedures should be reimbursed at the hospital outpatient department rates to ensure that supply and personnel costs are covered. Identifying such circumstances could be accomplished by a Healthcare Common Procedure Coding System (HCPCS) two-digit modifier.

Additionally, to allow for ASCs to manage hospital surge and continue operations for non-urgent care, federal support is needed to meet staffing needs. We ask you to consider funding for child-care for health care workers, including allowing physician practices and other small businesses to be reimbursed for childcare expenses, to ensure employees can still report to work when schools and daycare centers close.

ASCs are employing practices to mitigate virus spread including, but not limited to, pre-screening all patients for high-risk exposure or symptoms, additional cleaning and disinfecting of patient waiting areas and patient distancing. An ASC's capacity to provide necessary patient care will be contingent upon the availability of PPE and staff, as well as adequate reimbursement for any shift in procedures to the ASC. While ASCs are taking steps to ensure adequate PPE supplies are available, including through appropriate re-use, our societies join others throughout the medical community in the call for the availability of and funding for PPE.

While COVID-19 will affect every corner of the medical community, ASCs that provide a high volume of elective and non-urgent services will be particularly affected, as they do not have alternative sources of patient revenue. While CMS' announcement is to further a public good in dealing with this global crisis, it will clearly exacerbate this problem. Therefore, as you assemble an economic relief package, we implore you to provide direct financial relief to physician practices and ASCs, as well as to make low-cost loan assistance available.

One immediate step the federal government can take to free financial and staff resources within ASCs and physician practices is to suspend the mandatory Medicare sequestration cuts of two percent that are imposed on fee-for-service Medicare claim payments.

Congress can also help free resources by suspending programs and requirements that impose staffing and cost burden, including the Medicare Quality Payment Program and all associated reporting requirements. Additionally, Congress should require all payers to suspend prior authorization and step-therapy requirements because of the tremendous level of staffing resources required to submit for prior authorization and appeal of subsequent denials. Furthermore, prior authorization cannot be completed outside the office because of reliance on fax communications from payers. These are extraordinary times which call for unusual measures to fully support the provider community.

In summary, we ask you to take the following actions during this public health emergency:

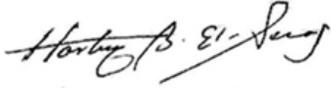
- Issue further guidance and/or legislative action to allow employers the flexibility to continue to provide health insurance benefits to furloughed workers through the crisis until they can be rehired.
- Waive the requirement for real-time video with beneficiaries and equalize telehealth payments for telephone calls.
- Allow ASCs that accept triaged patients from hospital outpatient departments for essential medical procedures to be reimbursed at the hospital outpatient department rates to ensure that supply and personnel costs are covered.
- Increase the availability of and funding for PPE.
- Create funding for childcare for health care workers, including allowing physician practices and other small businesses to be reimbursed for childcare expenses, to ensure employees can still report to work when schools and daycare centers close.
- Recognize physician practices and physician-owned ASCs as small businesses as you assemble an economic relief package, including providing low-cost loan assistance.
- Suspend the mandatory Medicare sequestration cuts of two percent that are imposed on fee-for-service Medicare claim payments.
- Require all payers to suspend prior authorization and step therapy requirements due to the overwhelming staffing resources required to submit prior authorization requests.

Our societies thank you for your leadership and stand willing to serve as a resource and partner. Should you require additional information or have questions, please contact Camille Bonta, ASGE, at cbonta@summithealthconsulting.com; Kathleen Teixeira, AGA, at kteixeira@gastro.org; Brad Conway, ACG, at bconway@gi.org; or Greg Bologna, AASLD, at gbologna@aasld.org.

Sincerely,



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cc: The Honorable Charles Grassley
The Honorable Ron Wyden
The Honorable Richard Neal
The Honorable Kevin Brady
The Honorable Frank Pallone
The Honorable Greg Walden