

As one might imagine, much of AMA's advocacy efforts in recent weeks have been focused on the national response to the COVID-19 pandemic. The COVID-19 pandemic represents an enormous threat to public health and an extreme challenge to physicians. Now, more than ever, physicians need a powerful ally in patient care. Our AMA is fulfilling that role by providing clear, evidence base guidance through the online [COVID-19 resource center](#) and comprehensive information, including epidemiology, infection control and prevention recommendations, from the [JAMA Network](#). Our AMA is also providing a critical interface between physicians on the frontline of this crisis and their colleagues and policymakers.

From an advocacy perspective, the AMA is working everyday to both remove obstacles that impact the ability of physicians to diagnose and treat this disease as well as to protect the viability of physician practices through unprecedented circumstances.

Since the magnitude of the current crisis became clear, the AMA has been a leading voice in the effort to equip physicians with the tools they need to test and treat COVID-19 patients. The number one concern from those on the frontlines has been dramatic shortages of personal protective equipment (PPE). On March 16, 2020, the AMA wrote to Vice President Mike Pence, in his capacity as Chairman of the White House Coronavirus Task Force, to prioritize the production and acquisition of PPE. In comments later that week, AMA President Patrice Harris, MD, MA stated "For days, physicians and frontline healthcare workers have been sounding the alarm that there is nowhere near enough PPE in the fight against COVID-19—a shortage that endangers patients and jeopardizes the entire response to this virus. Physicians don't have enough masks; they are wearing a single mask all day, cleaning them at home, and sewing their own protective gear. Confronting COVID-19 requires an all-hands-on-deck approach from federal, state, and local governments, and we urge our leaders to pull every lever at their disposal to ramp up test kit availability and to equip physicians and the healthcare workforce to fight the virus. Anything less is unacceptable at this critical juncture." This is a message that we have repeated in the media, in advocacy before Congress and at every level of the federal government, including directly to President Trump in a meeting with leaders of national physician organizations. And it is a message that we continue to repeat every day.

There have also been reports of physicians being disciplined by their hospital or employers for using their own PPE. Once again, the AMA pushed back forcefully on behalf of our nation's physicians. On March 31, 2020, Dr. Harris released a statement saying, in part, "as physicians and other frontline health care workers across the U.S. continue to face dire shortages of personal protective equipment , the AMA fully supports them in using their own face masks and respirators when these critical resources are unavailable and not provided by their employer. The people working round the clock to combat this virus should not be penalized or punished for taking precautions necessary to protect themselves, their patients, and their families from the spread of COVID-19."

PPE is not the only critical tool that we find in short supply. From the early days of this pandemic, testing has been at a level well below what was needed to contain and, failing that, mitigate COVID-19. Test kits were slow to be produced and federal officials were late in authorizing additional test development. And test kits are not the only critical need. Swabs, transport medium, and reagents for processing the tests are also in various stages of shortage. On March 13, AMA's EVP and CEO, James Madara, MD, wrote Secretary of Health and Human Services Alex Azar to thank him for FDA's increased flexibility in the issuance of the Emergency Use Authorizations (EUA) for laboratories developing tests

for SARS-CoV-2 and to press the Administration for additional flexibility and clear guidance on testing protocols and prioritization. Though the situation continues to improve bit by bit, the lack of widespread testing remains a major obstacle in confronting this disease and one that our AMA continues to prioritize.

We are also working closely with the Centers for Medicare and Medicaid Services (CMS) to ensure that unnecessary barriers to caring for COVID-19 patients are removed. MIPS deadlines have been extended and penalties for those unable to report have been removed. The three day stay requirement for SNF admission has been waived. Certain Stark law limitations have been removed. We have also worked closely with CMS to expand the accessibility of telehealth for all Medicare patients, not just those in rural or underserved areas:

- Effective March 1 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
- Medicare will pay physicians for audio-only telephone calls and has greatly expanded the list of covered telehealth services to include emergency department visits, for example.
- Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
- CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.
- Consent for telehealth services may be obtained by staff or the practitioner at any time, required only once on an annual basis.
- Physicians can reduce or waive cost-sharing for telehealth visits.
- Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- Physicians can provide telehealth services from their home. Physicians do not have to add their home to their Medicare enrollment file.
- HHS Office for Civil Rights (OCR) offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.

Our AMA is standing by physicians in countless other ways as they fight to confront this crisis. New CPT Codes and coding guidance for COVID-19 testing has been produced. Our AMA has worked with the American Hospital Association and the American Nurses Association to emphasize the importance of physical distancing and staying at home and communicated with the National Governors Association to urge the same. We have encouraged the Department of State and Department of Homeland Security to open visa processing at embassies and consulates worldwide for physicians seeking to enter the U.S. to join residency programs in July 2020 and urged extensions and changes of status for foreign national doctors currently in the U.S. be expedited so that the physician workforce can be expanded to meet the challenge of fighting COVID-19. Our AMA has issued guidance to ensure medical schools and health systems are taking proper precautions when engaging medical students in direct patient care and offer best practices to institutions that are considering implementing early graduation to allow students to join the workforce during the pandemic. We have also issued guidance to senior and retired physicians who may wish to return to work or are called upon to do so during the coronavirus (COVID-19)

outbreak. We have worked with the DEA to ensure continuity of care for those suffering from substance use disorder. Extensive policy options that states can take to address this crisis have been developed. And these are just a few of the steps our AMA is taking to help physicians confront this crisis.

But helping physicians care for those suffering from COVID-19 is only part of our advocacy. The pandemic and necessary physical distancing protocols have resulted in unprecedented declines in patient visits, elective procedures, and revenue – threatening the viability of many physician practices. At the urging of the AMA and others, the federal government has taken steps to provide support to physician practices. On March 16, our AMA joined with the American Hospital Association and the American Nurses Association to call on Congress to enact \$100 billion in emergency funding for physicians, hospitals and other health care providers. That fund was included in the recently enacted “Coronavirus Aid, Relief, and Economic Security (CARES) Act” and the first \$30 billion of funding was released on April 10. Additional funding will be forthcoming. These funds are not only to address the costs of preparing and caring for those with COVID-19 but to partially replace lost revenue due to the crisis. The CARES Act also established or expanded several loan programs intended to provide liquidity to businesses, including physician practices: (1) the Paycheck Protection Program (PPP) for small businesses; (2) the Coronavirus Economic Stabilization Act (CESA), which authorizes the Secretary of the Treasury to make loans, loan guarantees, other investments, and subsidies to provide liquidity for mid-size businesses between 500 and 10,000 employees for losses incurred as a result of coronavirus; (3) Emergency Economic Injury Disaster Loans (EIDL); and (4) the Small Business Debt Relief Program. More information on these and other programs is available on the AMA’s COVID Resource Center. And the AMA is continuing to fight for more resources and support to sustain physician practices.

As always, the AMA remains a trusted source of information and vocal advocate for you as we face these unprecedented challenges together.