The Honorable Alex Azar Secretary U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

## Dear Secretary Azar:

The undersigned organizations represent the hundreds of thousands of physicians who treat our nation's patients every day. We are writing to request immediate financial assistance for physicians across the country who are taking heroic action to treat patients with the novel coronavirus, providing ongoing care for patients with chronic conditions and urgent needs, and incurring significant financial losses due to postponing non-essential procedures and visits.

Congress intended to provide relief to physician practices who are suffering financial loss due to COVID-19 by designating funding in the Public Health and Social Services Emergency Fund in the Coronavirus Aid, Relief and Economic Security (CARES) Act. The statute requires HHS to interpret eligibility for the funding broadly to include all physicians who are experiencing revenue losses and non-reimbursable expenses as a result of the COVID-19 pandemic.

Physician practices, depending on their location and specialty, face several hardships that we believe should qualify for help. For example, we have heard physicians who are caring for patients with COVID-19 are staying in hotels or renting an apartment to protect their loved ones and maintain a proper social distance. Many physicians who practice in offices and ambulatory surgical centers are not seeing patients for non-essential visits and procedures to preserve medical supplies for treating patients with COVID-19 and to slow the community spread of the virus. We are also concerned that small practices are particularly vulnerable to financial ruin as they have less ready access to capital and are already operating on razor thin margins. In addition, we have heard from many large physician practices and faculty practice plans that have over 500 employees and will not qualify for the small business assistance in the CARES Act. They are faced with the untenable position of laying off staff and physicians due to lower financial revenues while preparing for, and in some areas of the country, responding to a surge in patients with COVID-19.

We recommend HHS provide immediate relief to ensure a sufficient physician workforce is available in this country now and throughout the pandemic. Specifically, we urge HHS to provide one month of revenue to each physician (MD or DO), nurse practitioner, and physician assistant enrolled in Medicare or Medicaid to account for financial losses and non-reimbursable expenses. HHS should use an individual's average monthly payment amount from October-December 2019, which has been provided to the Medicare Administrative Contractors (MACs), as the basis for determining pre-pandemic monthly revenue. For most specialties, Medicare patients account for 35% of all patients, so to extrapolate to all patients, HHS should use three times the October-December 2019 average as the basis for issuing a payment. Certain specialties have fewer Medicare patients and should be adjusted upward accordingly: psychiatry (20%), allergy/immunology (15%), obstetrics/gynecology (15%), and pediatrics (5%). Pediatricians, obstetrician-gynecologists, and allergists may have many patients insured by Medicaid but few or no patients with Medicare and will require a different approach. The funds are for the purpose of

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supporting physician practices in light of lost revenue, such as for paying salaries, benefits, and overhead and making necessary investments to continue providing care such as telehealth.

The CARES Act permits the Secretary to provide funding through a grant or other mechanism and we urge the Department to provide immediate financial relief by issuing funds via the MACs. We believe it will be expedient to administer, while also allowing proper oversight as funding would be based on Medicare claims data and utilize existing enrollment and payment protocols.

Physicians are continuing to put their patients' needs first to combat this unprecedented public health emergency. We urge you to support them against financial peril while they put their lives and businesses at risk.

Sincerely,

American Medical Association AMDA – The Society for Post-Acute and Long-Term Care Medicine American Academy of Allergy, Asthma & Immunology American Academy of Cosmetic Surgery American Academy of Emergency Medicine American Academy of Facial Plastic and Reconstructive Surgery American Academy of Family Physicians American Academy of Neurology American Academy of Ophthalmology American Academy of Otolaryngic Allergy American Academy of Otolaryngology- Head and Neck Surgery American Academy of Pain Medicine American Academy of Pediatrics American Academy of Physical Medicine and Rehabilitation American Academy of Sleep Medicine American Association for Hand Surgery American Association for Physician Leadership American Association of Child & Adolescent Psychiatry. American Association of Clinical Endocrinologists American Association of Clinical Urologists American Association of Hip and Knee Surgeons American Association of Neurological Surgeons American Association of Neuromuscular & Electrodiagnostic Medicine American Association of Orthopaedic Surgeons American Association of Public Health Physicians American College of Allergy, Asthma and Immunology American College of Cardiology American College of Chest Physicians American College of Medical Genetics and Genomics American College of Obstetricians and Gynecologists American College of Osteopathic Internists

American College of Osteopathic Surgeons

American College of Physicians American College of Radiation Oncology American College of Radiology American College of Rheumatology American College of Surgeons American Gastroenterological Association American Geriatrics Society American Institute of Ultrasound in Medicine American Medical Group Association American Orthopaedic Foot & Ankle Society American Psychiatric Association American Society for Clinical Pathology American Society for Gastrointestinal Endoscopy American Society for Laser Medicine and Surgery American Society for Metabolic and Bariatric Surgery American Society for Radiation Oncology American Society for Surgery of the Hand American Society of Anesthesiologists American Society of Breast Surgeons American Society of Cataract and Refractive Surgery American Society of Dermatopathology American Society of Echocardiography American Society of General Surgeons American Society of Hematology American Society of Interventional Pain Physicians American Society of Neuroimaging American Society of Neuroradiology American Society of Nuclear Cardiology American Society of Plastic Surgeons American Society of Retina Specialists American Urogynecologic Society American Urological Association American Vein & Lymphatic Society Association for Clinical Oncology Association of Academic Physiatrists College of American Pathologists Congress of Neurological Surgeons **Endocrine Society** Heart Rhythm Society Infectious Diseases Society of America International College of Surgeons – United States Section International Society for the Advancement of Spine Surgery Medical Group Management Association National Association of Medical Examiners National Medical Association North American Neuromodulation Society North American Spine Society

Renal Physicians Association

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Society for Cardiovascular Angiography and Interventions
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncology
Society of Hospital Medicine
Society of Interventional Radiology
Spine Intervention Society
The Society of Thoracic Surgeons

Medical Association of the State of Alabama Alaska State Medical Association Arizona Medical Association Arkansas Medical Society California Medical Association Colorado Medical Society Connecticut State Medical Society Medical Society of Delaware Medical Society of the District of Columbia Florida Medical Association Inc Medical Association of Georgia Hawaii Medical Association Idaho Medical Association Illinois State Medical Society Indiana State Medical Association Iowa Medical Society Kansas Medical Society Kentucky Medical Association Louisiana State Medical Society Maine Medical Association MedChi, The Maryland State Medical Society Massachusetts Medical Society Michigan State Medical Society Minnesota Medical Association Mississippi State Medical Association Missouri State Medical Association Montana Medical Association Nebraska Medical Association Nevada State Medical Association New Hampshire Medical Society Medical Society of New Jersey New Mexico Medical Society Medical Society of the State of New York North Carolina Medical Society North Dakota Medical Association Ohio State Medical Association Oklahoma State Medical Association

Oregon Medical Association

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Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society