March 24, 2020

The Honorable Patty Murray
Delivered via email

Senator Murray,

On behalf of the Washington State Medical Association, we thank you for your ongoing efforts to mitigate the health care and economic impact of the COVID-19 pandemic. As you look to vote on the final “stimulus” legislation, we urge you to consider measures that will support and sustain physicians and their practices during these unprecedented times through tax relief, no-interest loans, direct payments, payments for virtual visits and phone calls, and other measures (see AMA letter attached). It is also imperative that Good Samaritan provisions are affected to ensure liability protections for medical volunteers responding to the COVID-19 outbreak.

As you know, this is a time of unprecedented challenge and disruption to the health care system. Physicians from across our state are responding, prioritizing patients’ health and helping to preserve access to care for our state’s residents. Of course, we are not alone in our efforts and we appreciate all of the incredible work that is being done by your offices, state officials, lawmakers, hospitals, insurance carriers, and other health care providers doing everything we can to keep our state’s residents healthy and safe.

Our state’s physicians are risking their own health, the health of their families, and their ability to continue to care for their community in order to do what’s necessary to stop the spread of COVID-19. The reality is that many independent physician practices will not survive the economic disruption caused by this pandemic, which will have a short-term impact of increasing volume and strain on hospital emergency departments, and a long-term impact on the ability of patients to access basic care in their communities.

Independent physician practices are experiencing significant reductions in revenue, in part due to aligning with the statewide order that WSMA supports to delay non-urgent care to preserve precious resources, such as personal protective equipment. Primary care physicians are reporting that patient visits have decreased by 25 to 50 percent and even more, as patients heed the message of staying home. This all translates to millions of dollars of losses across the physician community and will lead to clinics closing unless swift, remedial action is taken.

Despite these losses, practices must continue to meet expenses such as rent and payroll. However, most insurance carriers in our state pay physicians based on the number of in-person visits and procedures they provide, with only limited coverage for telehealth visits. For physicians in value-based arrangements, telehealth enables practices to manage patient care, such as chronic conditions, remotely. Our immediate needs include:
o Mandating telemedicine payment at parity with in-person visits for all health plans – including self-insured ERISA plans – so that practices can quickly convert to virtual services. It is important this include coverage at parity for telephone-only telehealth services.
o Creating and implementing strategies to provide immediate direct financial support and/or bridge loans to independent physician practices in financial crisis to ensure necessary patient care is available in communities – now and after the outbreak has subsided.
o Securing more PPE for physician practices, which are experiencing severe shortages.
o Effecting civil liability immunity, particularly for care that is being postponed due to Governor Inslee’s directive to cancel or postpone non-urgent surgeries and procedures.
o Paying physicians their 2020 Medicaid and Medicare payments in advance, based on their 2019 payments, in order to ensure their practices will remain open, knowing there will be pent-up demand for physician services.
o Implementing an across the board Medicaid reimbursement increase, raising rates to be in line with Medicare payments for all physicians.

Federal and state support is essential. If physician practices downsize or close, more care will shift to hospital emergency departments that are already beyond capacity. Patients will go without care for minor ailments and illnesses, resulting in worse health outcomes down the road. And critical routine case such as immunizations may be skipped, with potentially disastrous consequences.

We ask that as you consider a federal response to the coronavirus crisis, that you prioritize physician practices in order to keep care out of the hospitals and in the community. Moreover, we hope that you will consider us to be a partner in the work. Our physicians want to be a resource to you and want to continue to do everything they can to serve patients and be on the frontlines of the coronavirus response efforts.

Our focus has been and remains on thinking about the patient community and doing what we can to continue to have their care monitored and delivered by their physicians in a matter that is safe and that doesn’t further exacerbate the situation that we are facing.

Thank you again for all that you’re doing for the people of our state during these unprecedented times.

Sincerely,

William K. Hirota, MD
WSMA President

cc: Jennifer Hanscom, WSMA CEO
Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

The undersigned organizations urge Congress to include in the final “stimulus” legislation specific provisions to help physicians sustain their practices and provide their patients with the best possible care during the COVID-19 emergency. Specifically, the legislation should support and sustain physicians and their practices during this unprecedented national emergency through tax relief, no-interest loans, direct payments, payment for virtual visits including phone calls, and other measures.

To protect patients from exposure to the virus and conserve resources for the epidemic, physicians are heeding the call to suspend most elective in-person visits and replace them with virtual visits to the extent possible as requested by the CDC, other public health authorities, and their own professional societies.

This is putting severe financial pressure on physicians and their practices, in all types of practice and in all specialties, because most payers including Medicare pay physicians based mostly on the number of in-person visits and procedures they provide, with only limited coverage for telehealth visits. Practices are experiencing huge reductions in revenue while still having to pay rent, meet payroll, and meet other expenses without patients coming into their practices. Accordingly, we recommend that the stimulus legislation:

1. **Require all payers, including ERISA plans, to provide coverage and payment for audio-only telehealth visits with patients, at the same level as in-person visits.** While virtual telehealth visits may be covered in some cases by insurers, they typically are paid far less than in-person visits, and do not include traditional audio-only phone calls with patients, only video-enabled telehealth applications. Many patients, especially seniors, have access to phones but not video-enabled telehealth apps.

2. **Provide dedicated and direct financial support to physicians and their practices on the front lines of testing, diagnosing, and treating patients at risk of COVID-19, recognizing the increased costs they are incurring in the care of such patients.** These costs include acquiring personal protection equipment (PPE) and other supplies, even as they are experiencing reduced practice revenue. Some are even incurring the expense of temporarily relocating their residences to reduce the risk of spreading the virus.

3. **Provide dedicated financial support to all physicians and their practices who are experiencing adverse economic impact on their practices from suspending elective visits and procedures.**
We also strongly urge that Congress take all possible actions to ensure that every physician, and every health care worker, has access to critically needed PPE. The lack of such supplies is placing both physicians and patients at great risk of acquiring COVID-19 and spreading it to others. Eighty-nine percent of physician practices in a March 19 MGMA survey reported experiencing shortages of critical PPE. The funding that Congress has already approved must be increased, and all possible actions must be taken to increase the capacity to manufacture, acquire, and distribute PPE.

The above steps, combined with other measures to make care affordable for patients at risk of COVID-19 are essential to slowing the spread of the virus, and supporting physicians as they honor their sacred obligation to provide care to patients in need, including doing no harm to patients by eliminating elective visits and procedures to minimize patient exposure to the virus.

Sincerely,

Academy of Physicians in Clinical Research
AMDA - The Society for Post-Acute and Long-Term Medicine
American Academy of Allergy, Asthma and Immunology
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
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 and Adolescent Psychiatry
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Gynecologic Laparoscopists
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 for Clinical Pathology
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Gastroenterology
American College of Legal Medicine
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 Epilepsy Society
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Association
American Medical Group Association
American Medical Women’s Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society for Reproductive Medicine
American Society for Surgery of the Hand
American Society of Addiction Medicine
American Society of Anesthesiologists
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 Laser Medicine and Surgery
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Thoracic Society
American Urological Association
American Vein & Lymphatic Society
Honorable Nancy Pelosi
Honorable Mitch McConnell
Honorable Kevin McCarthy
Honorable Charles Schumer
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Association for Clinical Oncology
Association of American Medical Colleges
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Heart Rhythm Society
International College of Surgeons – United States Section
International Society for the Advancement of Spine Surgery
International Society of Hair Restoration Surgery
Medical Group Management Association
National Association of Medical Examiners
National Association of Spine Specialists
National Medical Association
North American Neuromodulation Society
Outpatient Endovascular and Interventional Society
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of American Gastrointestinal Endoscopic Surgeons
Society of Cardiovascular Computed Tomography
Society of Critical Care Medicine
Society of Hospital Medicine
Society of Interventional Radiology
Society of Nuclear Medicine and Molecular Imaging
Spine Intervention Society

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
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Society
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