

# In COVID-19 crisis, AMA's powerful voice rings out to save lives

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**What's the news:** In a global pandemic that has demanded an all-hands-on-deck response, the AMA's outstanding advocacy efforts have led to billions in emergency funding to help physician practices stay viable, secured broad telehealth expansion and telehealth payment parity, and much more.

Amid the COVID-19 pandemic, the AMA has been the leading physician and patient ally—voicing recommendations to members for the president's coronavirus task force, key congressional leaders and agency staff, state policymakers and private sector stakeholders.

In an interview with ReachMD, AMA Senior Vice President of Advocacy Todd Askew detailed the organization's timely and effective action on personal protective equipment (PPE), diagnostic testing, the financial viability of physician practices during COVID-19, and health care inequities.

**Why it's important:** Now more than ever, it is critical for America's doctors, patients and policymakers to have a singularly powerful, reliable source for evidence-driven ideas to help save lives.

Here are some other highlights of the AMA's advocacy:

- Called for a "Manhattan Project" to **provide PPE** and other needed resources to front line responders as the magnitude of this issue rapidly emerged
- Urged the federal government to **improve and expand testing** and allow increased Food and Drug Administration (FDA) emergency use authorizations to speed the process and lead to more informed policy decisions
- Convinced the FDA and Centers for Disease Control and Prevention (CDC) to **review and revise antibody tests and guidelines** based on validity concerns, **reflecting guidelines issued by the AMA** to help ensure physicians and the public are aware of the limitations and potential uses of serological testing.

- Successfully sought **temporary expansion of Medicaid eligibility** to uninsured individuals for COVID-19 testing.
- Urged states to **eliminate Medicaid cost-sharing** for COVID-19 related care, simplify Medicaid enrollment and renewal processes, and eliminate barriers to Medicaid coverage such as work requirements.
- Called on the administration to **promote health equity** by collecting and releasing demographic data to help address any potential race, sex and age disparities during the pandemic; submitted a written statement to Congress on the disproportionate impact of COVID-19 on people of color
- Advocated for **added liability protections** for physicians in federal legislation, state executive orders and state legislation to provide safe harbors for physicians when faced with suboptimal treatment arrangements, guidelines and protocols, patient surges and postponement of elective procedures; successfully pursued introduction of bipartisan legislation
- Called on federal and state policymakers, and private payers, to **ease extraneous administrative burdens** for physicians, such as prior authorization, audits, data requests and quality reporting, and persuaded CMS not to penalize physicians for failing to complete MIPS reporting this spring.
- Created **three new CPT codes** for COVID-19 testing and antibody testing
- Successfully urged the administration to **open visa processing** for international physicians during the pandemic.
- Advising Congress on the true **scope of physician practice financial loss** during the pandemic and ways to aid physician practices in the upcoming COVID-4 legislative package.
- Collecting **expenditure and practice data** to help address the financial impact of COVID-19 and barriers to reopening practices.
- Calling on federal and state leaders to **rely on science** when considering reopening businesses and schools, as well as relaxing stay-at-home orders.
- Pressing for the **continuation of temporary telehealth provisions** that enable better patient care, greater alignment of telehealth coverage, payment and coding policies across all payers, and the continued suspension of further regulatory hurdles.
- Urging Congress to **protect and expand high-quality, affordable health care coverage** during this unemployment crisis, including additional funding for Medicaid.
- Continuing to work with private insurers to **mirror new Medicare telehealth flexibilities in the commercial markets** and call on employers with self-funded plans to do the same.
- Urging the **reduction of limitations for international medical graduates** and those with Deferred Action for Childhood Arrivals status to remain in the country and provide urgently needed care as appropriate.
- Calling on states to adopt, in full, U.S. Drug Enforcement Administration and Substance Abuse and Mental Health Services Administration **increased flexibility in prescribing and treatment requirements** for opioid use disorder and for patients with pain.

- Emphasizing **importance of prescribing naloxone** to patients at risk of opioid-related overdose and urging states to increase availability of sterile needle and syringe services programs to help prevent spread of blood-borne infectious diseases.

In the ReachMD interview, Askew noted that the pandemic should drive the nation to a deeper, longer-term shift in focus.

“The pandemic has just really exposed in a very stark way some of the huge inequities, racial inequities especially, that we have in this country when it comes to health care especially,” he said. “We’ve seen a much higher burden of disease on minority populations, and we are going to have to confront that reality now that it is so starkly seen. And we’re also going to have to rebuild our public health infrastructure. It was sorely in need of reform before this hit, but it is just clear now that the type of investments that are needed have not been made to date, and that is going to be a critical issue to confront going forward over the long term.”

**Learn more:** Stay up to speed on the AMA’s COVID-19 advocacy efforts and track the fast-moving pandemic with the AMA’s COVID-19 resource center, which offers a library of the most up-to-date resources from JAMA Network™, the CDC, and the World Health Organization.