

May 13, 2022: National Advocacy Update

AMA pushes for permanent expansion of health insurance premium tax credits

Over the past 2 years of the pandemic, millions of individuals and families relied on care covered by plans purchased through the Affordable Care Act's (ACA) federal and state-based marketplaces to stay healthy.

Recognizing the critical role of these plans, Congress passed and President Biden signed into law the American Rescue Plan Act (ARPA) of 2021, which included several provisions to make ACA plans more accessible and affordable. Specifically, ARPA expanded access to the ACA's advanced premium tax credits by guaranteeing that no one will spend more than 8.5% of their income on health insurance premiums and making the credits more generous for lower-income families. In fact, families with income between 100-150% FPL were made eligible for \$0 premium benchmark silver plans.

More than 14.5 million Americans accessed these expanded tax credits by enrolling in marketplace coverage during the 2022 open enrollment period. Of those enrollees, 3 million were new consumers and 3.2 million chose plans with a monthly premium of \$10 or less.

Unfortunately, ARPA's expanded tax credits expire on Dec. 31, 2022. If Congress allows this deadline to pass, the lowest income enrollees could see their premiums increase from less than \$1 per month to \$26 per month (2,500%) while the highest income enrollees could see their premiums increase from \$425 to \$577 (36%). Enrollees with income above 400% FPL will no longer qualify for tax credits at all. These dramatic increases could cause once affordable coverage to become unaffordable, forcing people to drop marketplace coverage and possibly become uninsured.

The AMA and other stakeholders call on Congress ([PDF](#)) to make these expanded tax credits permanent, ensuring millions of low- and middle-income families continue to have access to affordable coverage in 2023 and beyond.

Deadline extended to complete Provider Relief Fund late reporting for Period 2

Physicians who received more than \$10,000 in provider relief funds and did not submit their Period 2 report must act immediately by submitting a late Reporting Period 2 report request by May 18, 2022, at 11:59 p.m. Eastern. Provider Relief Fund (PRF) Period 2 spanned from July 1, 2020, through Dec. 31, 2020, and included physicians who see patients with Medicaid and CHIP coverage. Attached is an overview of the information needed to request to report late. If a provider did not submit a Period 2 report and does not hear from HRSA, learn more about the late reporting request form or call (866) 569-3522.

When completing the late reporting request, a provider must choose an extenuating circumstance(s) that prevented compliance with the original reporting deadline. HRSA has released the following as allowable extenuating circumstances:

- Severe illness or death: A severe medical condition or death of a provider or key staff member responsible for reporting hindered the organization's ability to complete the report during the reporting period.
- Impacted by natural disaster: A natural disaster occurred during or in close proximity of the end of the Reporting Period damaging the organization's records or information technology.
- Lack of receipt of reporting communications: An incorrect email or mailing address on file with HRSA prevented the organization from receiving instructions prior to the reporting period deadline.
- Failure to click "submit": The organization registered and prepared a report in the PRF Reporting Portal, but failed to take the final step to click "submit" prior to deadline.
- Internal miscommunication or error: Internal miscommunication or error regarding the individual who was authorized and expected to submit the report on behalf of the organization and/or the registered point of contact in the PRF Reporting Portal.
- Incomplete Targeted Distribution payments: The organization's parent entity completed all General Distribution payments but a Targeted Distribution(s) was not reported on by the subsidiary.

While attesting to an extenuating circumstance is required, no supporting document or proof is required. More information and a step-by-step guide (PDF) from the AMA are available.

If HRSA approves the extenuated circumstances form, the provider will receive a notification to proceed with completing the Reporting Period 2 report shortly thereafter. The AMA will continue to

advocate for greater flexibility and more information to ensure physician practices have an adequate opportunity to come into compliance.

Increased federal funding needed to address firearm injuries and deaths

Recently, the AMA signed on to a letter (PDF) with 288 national, state and local medical, public health and research organizations to encourage members of the Committee on Appropriations to provide \$35 million for the U.S. Centers for Disease Control and Prevention (CDC) and \$25 million for the National Institutes of Health (NIH) to conduct public health research into firearm morbidity and mortality prevention for Fiscal Year 2023.

In the midst of the COVID-19 pandemic, communities across the U.S. continue to suffer from the public health crisis of firearm-related injuries and deaths. A recent report from the CDC found that the firearm homicide rate increased by about 35% between 2019 and 2020, and 2020 marked the highest recorded rate in 25 years.

A public health approach is urgently needed to promote health equity and address the disproportionate burden of firearm injuries on communities of color and to understand the strategies that can be most effective in preventing suicides, unintentional injuries and interpersonal violence. The foundation of this approach is rigorous research that can accurately quantify and describe the facets of an issue and identify opportunities for reducing its related morbidity and mortality.

The organizations thank Congress for its continued support for this public health research in FY22, providing \$12.5 million each to the CDC and NIH for the third consecutive fiscal year. These initial investments are important but increased funding is still needed to overcome the decades-long lack of federal funding that set back our nation's response to the public health issue of firearm-related morbidity and mortality.

The impact of COVID-19 misinformation

In a May 2 letter to the Surgeon General (PDF), the AMA provided comments regarding the impacts of COVID-19 misinformation throughout the course of the current pandemic. The fight against rampant misinformation and disinformation about COVID-19, its origins, its treatment and its prevention has been a significant uphill battle fraught with detrimental impacts on physicians, patients, the health care system and the public health community.

The AMA appreciates the Surgeon General’s continued attention to this serious issue and hopes meaningful action can be taken to limit distribution of misinformation and disinformation regarding COVID-19.

Topics covered in the letter include:

- **COVID-19 vaccines:** From the initial application for authorization to the present day, inaccurate and intentionally false information regarding safe and effective vaccines—their development, manufacturing, ingredients, and, most importantly, risks and side effects—has been disseminated far and wide on social media outlets and through certain media channels. The most unfortunate result of this has been significant vaccine hesitancy and refusal among certain communities and within certain demographics, ultimately resulting in continued higher rates of severe illness, hospitalization and death due to COVID-19 in these populations—outcomes largely preventable with vaccination.
- **Unapproved and ineffective treatments for COVID-19:** Disinformation campaigns aimed at discouraging vaccination and encouraging use of unproven medications for both prevention and treatment of COVID-19 have led to a number of cases of direct patient harm. In many cases, disinformation spread on social media causes individuals to seek medications outside of the care of their physician.
- **Impacts of COVID-19 mis- and disinformation:** All research shows that rates of COVID-19 infection and mortality resulting from COVID-19 were highest among unvaccinated individuals and lowest among those vaccinated with the primary series and booster doses. Additionally, essential workers faced significant, ongoing harms throughout the pandemic, and minoritized communities have been disproportionately impacted.

Combatting the rapid spread of COVID-19 misinformation and disinformation has proved to be exceptionally difficult and without easy solutions but the AMA is dedicated to continuing to find meaningful approaches to address this critical issue. Of interest, in Nov. 2021, the AMA’s House of Delegates adopted a policy, “Addressing Public Health Disinformation Disseminated by Health Professionals,” which will include steps that the AMA will take to address disinformation.

It is expected that this report will be received, debated and voted on by the House of Delegates at the AMA’s June 2022 meeting.

New administration program to expand internet access

On May 9, the Biden administration announced a new program to provide free high-speed internet access to an estimated 48 million eligible households. The program, called the Affordable Connectivity Program, is made possible by a provision of the bipartisan infrastructure law which offers a \$30 per

month subsidy to low-income and other eligible households to help them access high-speed internet service. This program is especially important to promote equitable access to telehealth services.

The administration has negotiated agreements with a large number of internet providers to offer this connectivity to eligible households for \$30 per month so that people will not have to pay anything out-of-pocket. It has also set up a new website at www.getinternet.gov to help with outreach to eligible households about the program.

What we've learned about COVID-19, burnout and the doctor shortage

The staggering physician shortage projections made by the experts at the Association of American Medical Colleges (AAMC) are widely known. The nation will come up short on physicians within just a dozen years, by somewhere between 37,800 and 124,000 doctors.

While the AAMC research takes into account a wide array of factors such as the aging physician workforce and an older and sicker U.S. patient population, there's a smaller figure that is, in its own way, even more alarming: 3,272.

By one calculation, that is the number of U.S. physicians in direct care who left the workforce since Oct. 2021, slamming intensive care units and leaving too many physicians feeling desperate amid a "pandemic of mistrust."

"Employment turnover among nearly all segments of the health care workforce has not yet fully recovered from the COVID-19 pandemic, with turnover rates among long-term care workers and physicians worsening over time," according to the study published in JAMA Health Forum.

The study, for which researchers tracked exits from the health care workforce, notes that "physicians were the only occupational group to see continuous turnover increases over time."

According to the AMA Masterfile, there are 818,000 physicians involved in direct patient care in the U.S. Performing a rough calculation—separate from the JAMA Health Forum study's formal findings—the rise in doctor exits would translate to the nation losing an estimated 3,272 direct-care physicians between Jan. 2019 and Oct. 2021.

The AMA continues to work on every front to address the physician burnout crisis. Through its research, collaborations, advocacy and leadership, the AMA is working to make the patient?physician relationship more valued than paperwork, preventive care the focus of the future, technology an asset and not a burden, and physician burnout a thing of the past.

Read the full article by Andis Robeznieks, AMA senior news writer, for more information.

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