In the midst of the COVID-19 pandemic, the American Medical Association has been the leading physician and patient ally—voicing recommendations to members of the President’s COVID-19 Task Force, key Congressional leaders and agency staff, state policymakers and private sector stakeholders.

Recent advocacy efforts

- Successfully sought **billions in emergency funding** to help physician practices stay viable and keep providing needed care through the CARES Act and subsequent emergency supplemental legislation (many practices qualified for loan-to-grant programs, advance payments and emergency payments)
- Sought and secured **broad telehealth expansion** at the federal and state levels to increase access to care and provide patients with a safer way to receive COVID-19 and non-COVID-19 care
- Obtained changes to federal payment rules to allow for **parity in payment for telehealth services** whether provided by audio/video means or audio-only
- Called for a “Manhattan Project” to **provide personal protective equipment (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 FDA Emergency Use Authorizations to speed the process and lead to more informed policy decisions
- Convinced FDA and 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/antibody 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
Ongoing advocacy

- 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, schools, etc., 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 Arrival status to remain in the country and provide urgently needed care as appropriate
- Calling on states to adopt, in-full, DEA and SAMHSA 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

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