

Advocacy efforts

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 White House Coronavirus Task Force, key Congressional leaders and agency staff, state policymakers and private sector stakeholders.

Recent advocacy efforts

Financial relief

- 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)
- Secured **another \$20 billion in CARES Act Provider Relief Funds**, wherein behavioral health care providers and previously ineligible physicians became eligible to apply for funding
- Secured revisions to the Medicare Accelerated and Advance Payments program that offer relief to physician practices by **postponing the recoupment of disbursed funds**, reducing the per-claim recoupment amount and lowering the interest rate
- Convinced HHS to reverse course and agree to allow physicians who treat patients insured by Medicaid to **obtain targeted distributions from the CARES Act Provider Relief Fund** even if they already received a small amount previously from the general distribution
- Collected expenditure and practice data from a nationwide survey of physicians to help **address the financial impact** of COVID-19

Telehealth

- Sought and secured **broad telehealth expansion** and improved payments at the federal and state levels to increase access to care and provide patients with a safer way to receive 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
- Secured introduction of legislation to make **key telehealth policy changes permanent**
- **Received HIPAA-enforcement discretion** allowing physicians and patients to use a broader array of telehealth services and tools

Personal protective equipment

- Called for use of the **Defense Production Act to provide personal protective equipment (PPE)** and other needed resources to front-line responders and physician practices
- Partnered with the nonprofit **Project N95** to make PPE available to AMA members
- Developed a **code to help physicians pursue payment** for additional supply costs associated with caring for patients during the COVID-19 public health emergency

Testing and vaccine development

- 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 guidelines for antibody and other COVID-19 testing** 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
- Created a **webinar series featuring physician leadership from the FDA and CDC** that was viewed by thousands of physicians and addresses the science, evidence and process of vaccine development and distribution, regulatory review and what physicians need to know
- Successfully sought **temporary expansion of Medicaid eligibility** to uninsured individuals for COVID-19 testing

Expanding coverage

- 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
- Encouraged states to **suspend prior authorization requirements**, including those that apply to treatment and care related to COVID-19
- Called for **coverage for the cost of care** related to COVID-19 or potential COVID-19 cases without regard to the network status of the provider
- Called for **special enrollment periods**
- Urged states to **establish grace periods for patients** and other continuity of coverage policies that relieve patients and physicians of financial risk associated with delayed payment or nonpayment of premiums

Health equity

- Called on the administration and Congress 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
- **Testified at a hearing** titled “Health and Wealth Inequality in America: How COVID-19 Makes Clear the Need for Change”

Reducing regulatory impediments

- Convinced CMS to provide physicians with the option to **opt out completely or partially from the 2020 MIPS program**
- 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
- Successfully 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 several **new CPT codes** for COVID-19 testing and antibody testing
- Successfully **delayed physician compliance** with information blocking regulations
- **Secured an extension** of the Appropriate Use Criteria education and operations testing period through Dec. 31, 2021
- **Secured one-year delay of e-prescribing controlled substances requirement** for Medicare prescriptions

COVID-19 advocacy efforts

- Influenced CMS to **modify the 2020 Medicare Advantage Star Ratings data submission requirements**, in light of public safety issues
- With radiation oncology specialty societies, **achieved six-month delay** in radiation oncology payment model implementation date

Workforce issues

- Successfully urged the administration to **open visa processing** for international physicians during the pandemic
- Convinced the administration to **rescind its directive** that would have barred F-1 visa students from the U.S. if their colleges canceled in-person instruction during the pandemic

Drug overdose and treatment

- Brought to the DEA's attention **shortages of Schedule II controlled substances** that were needed by patients with COVID-19 on ventilators and within three days they increased manufacturing quotas for these drugs
- Helped **win numerous flexibilities** for physicians treating patients with pain and substance use disorders during the COVID-19 public health emergency
- Helped ensure California passed a **sweeping mental health and substance use disorder parity bill**

Ongoing advocacy

- Advocating for **evidence-based review process of COVID-19 vaccine candidates** with no political interference; fair and equitable allocation of vaccines; and appropriate prioritization of vaccines to high-risk groups, including physicians
- Advising Congress and the administration on the **true scope of physician financial loss** during the pandemic and ways to aid physician practices in the upcoming COVID-19 legislative package
- Calling on federal and state leaders to **rely on science** when considering reopening businesses, schools, etc.
- 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 the 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

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