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 former President Trump’s White House Coronavirus Task Force, the Transition Team, President Biden’s COVID-19 Response Team, key Congressional leaders and agency staff, state policymakers and private sector stakeholders. (See a summary of the Biden Administration’s executive orders and proclamations related to COVID-19 here.)

**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 coverage 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 policy to allow for **telehealth payment rates to be equivalent to in-person services** whether provided by audio/video means or audio-only
- Secured introduction of legislation to make **key telehealth policy changes permanent**
- Obtained permanent ability to **use smart phones for Medicare telehealth services**
- Received **HIPAA-enforcement discretion** allowing physicians and patients to use a broader array of telehealth applications and tools

**Personal protective equipment and medical supplies**
- Secured the use of the **Defense Production Act (DPA) 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 new CPT **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

• Secured use of the DPA for testing supplies

• **Created a number of new CPT codes** for COVID-19 diagnostic testing, serology testing and vaccine administration

• Created a **webinar series featuring physician leadership from 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

• **Created materials on COVID-19** for physicians to distribute to their patients

• Successfully sought **temporary expansion of Medicaid eligibility** to uninsured individuals for COVID-19 testing

• Strongly supported and secured evidence-based, fully transparent 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

• Facilitated dialogue between the administration and pathology community to **provide updates on testing supply chain** and to voice concerns about COVID-19 testing services in hospital/academic laboratory settings

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

• Secured a **special enrollment period**

• 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 "Health and Wealth Inequality in America: How COVID-19 Makes Clear the Need for Change" congressional hearing

Reducing regulatory impediments

• Convinced CMS to **provide physicians with the option to opt out** completely or partially from the 2020 MIPS program

• **Convinced CMS to extend** the MIPS Extreme and Uncontrollable Hardship exception through 2021

• 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
COVID-19 advocacy efforts

arrangements, guidelines and protocols, patient surges and postponement of elective procedures; successfully pursued introduction of federal bipartisan safe harbor legislation protecting physicians, and assisting state medical associations in similar efforts, with at least 21 states enacting physician safe harbor 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

• 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 compliance enforcement for Medicare prescriptions

• 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 one-year 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

• Joined more than 30 leading academic, medical, and public health organizations to support guiding principles for medical societies to use to help guide policymakers’ use of settlement funds from state and national opioid litigation

• Developed a national policy roadmap with Manatt Health for medical societies to use in support of tangible best practices and recommendations for states to use in advocating policies to remove barriers to evidence-based care for substance use disorders, to help patients with pain, and to promote comprehensive harm reduction measures

Ongoing advocacy

• 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

• Urging the administration to increase transparency and communication on COVID-19

• Urging the administration to develop materials explaining the need for racial and ethnic data

• Working with laboratory and pathology community to urge CMS to ensure appropriate reimbursement for COVID-19 testing services
COVID-19 advocacy efforts

- Urging CMS to **cover physicians’ additional supplies and staff activities** needed to keep patients safe during the pandemic
- Urging CMS to **cover the increased costs of vaccine administration** for the COVID-19 vaccines
- 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 and states 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
- Urging the administration to **implement new buprenorphine practice guidelines** allowing physicians to issue prescriptions for opioid use disorder medication without obtaining a DEA waiver
- Urging state and federal policymakers, as well as health plans, to **suspend (or remove) prior authorization, step therapy, and other utilization management programs** that result in delayed care and wasted resources, especially during the pandemic

[ama-assn.org/covid-19](http://ama-assn.org/covid-19)