

# 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 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

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### 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

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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

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- 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**

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