WHEREAS, The 2019 Coronavirus Disease (COVID-19) pandemic has had a large impact on healthcare spending, utilization, and employment; and

WHEREAS, The American healthcare system and hospital revenue drastically declined as a result of COVID-19, experiencing monthly financial losses on average exceeding $50 billion dollars during the earliest months of the COVID-19 pandemic; and

WHEREAS, It has been estimated that the cancellation of elective surgeries and procedures as a result of the COVID-19 pandemic could cost the healthcare system and hospitals $20-50 billion in revenue each month, with monthly net income losses exceeding $5 billion dollars; and

WHEREAS, The economic support for offsetting the financial strain of the COVID-19 pandemic that was provided by the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act likely disadvantaged healthcare systems treating at-risk populations because it initially used a formula based on Medicare fee-for-service billings to distribute financial aid to hospitals; and

WHEREAS, Urban and rural hospitals, and other medical centers that disproportionately treat underserved populations may face higher existential threats due to lost revenue, higher costs, and other the economic burdens incurred during the COVID-19 pandemic; and

WHEREAS, The economic impact on residents and fellows seems to have been significant regarding job loss; and

WHEREAS, The AMA has become a predominant source of information regarding the economic impact on physicians and their practices during the COVID-19 pandemic; and

WHEREAS, The AMA has yet to study how the economic impact of the COVID-19 pandemic on hospitals, clinics, surgeons, students, residents, fellows, and patients with respect to lost revenue and unanticipated healthcare costs; therefore be it

RESOLVED, That our American Medical Association work with relevant organizations and stakeholders to study the economic impact and long-term recovery of the COVID-19 pandemic on healthcare institutions in order to identify and better understand which groups of physicians, patients and organizations may have been disproportionately affected by the financial burdens of the COVID-19 pandemic (Directive to Take Action); and be it further

RESOLVED, That our AMA work with relevant organizations and stakeholders to study the overall economic impact of office closures, cancellations of elective surgeries and interruptions in patient care, as well as the economic impact of utilizing telemedicine for an increasing percentage of patient care. (Directive to Take Action)
Fiscal Note: Modest - between $1,000 - $5,000

Received: 04/04/22

References:

RELEVANT AMA POLICY

Physician Payment Advocacy for Additional Work and Expenses Involved in Treating Patients During the Covid-19 Pandemic and Future Public Health Emergencies D-390.947

Our AMA: (1) will work with interested national medical specialty societies and state medical associations to advocate for regulatory action on the part of the Centers for Medicare & Medicaid Services to implement a professional services payment enhancement, similar to the HRSA COVID-19 Uninsured Program, to be drawn from additional funds appropriated for the public health emergency to recognize the additional uncompensated costs associated with COVID-19 incurred by physicians during the COVID-19 Public Health Emergency; (2) will work with interested national medical specialty societies and state medical associations to continue to advocate that the Centers for Medicare & Medicaid Services and private health plans compensate physicians for the additional work and expenses involved in treating patients during a public health emergency, and that any new payments be exempt from budget neutrality; and (3) encourages interested parties to work in the CPT Editorial Panel and AMA/Specialty Society RVS Update Committee (RUC) processes to continue to develop coding and payment solutions for the additional work and expenses involved in treating patients during a public health emergency.

Citation: Res. 114, I-20

Creating a Congressionally-Mandated Bipartisan Commission to Examine the U.S. Preparations for and Response to the COVID-19 Pandemic to Inform Future Efforts D-440.923

1. Our AMA will advocate for passage of federal legislation to create a congressionally-mandated bipartisan commission composed of scientists, physicians with expertise in pandemic preparedness and response, public health experts, legislators and other stakeholders, which is to examine the U.S. preparations for and response to the COVID-19 pandemic, in order to inform and support future public policy and health systems preparedness.
2. In advocating for legislation to create a congressionally-mandated bipartisan commission, our AMA will seek to ensure key provisions are included, namely that the delivery of a specific end product (i.e., a report) is required by the commission by a certain period of time, and that adequate funding be provided in order for the commission to complete its deliverables.

Citation: Res. 211, I-20
Cares Act Equity and Loan Forgiveness in the Medicare Accelerated Payment Program
D-305.953
In the setting of the COVID-19 pandemic, our AMA will advocate for additional financial relief for physicians to reduce medical school educational debt.
Citation: Res. 202, I-20

Cares Act Equity and Loan Forgiveness in the Medicare Accelerated Payment Program
D-385.951
Our AMA and the federation of medicine will work to improve and expand various federal stimulus programs (e.g., the CARES Act and MAPP) in order to assist physicians in response to the Covid-19 pandemic, including:
● Restarting the suspended Medicare Advance payment program, including significantly reducing the re-payment interest rate and lengthening the repayment period;
● Expanding the CARES Act health care provider relief pool and working to ensure that a significant share of the funding from this pool is made available to physicians in need regardless of the type of patients treated by those physicians; and
● Reforming the Paycheck Protection Program, to ensure greater flexibility in how such funds are spent and lengthening the repayment period.
Citation: Res. 202, I-20

Crisis Payment Reform Advocacy D-405.979
Our AMA will continue to promote national awareness of the loss of physician medical practices and patient access to care due to COVID-19, and continue to advocate for reforms that support and sustain physician medical practices.
Citation: Res. 218, I-20