

COVID-19 Poses a Serious Threat to Patients and the Sustainability of our Healthcare System

COVID-19 is putting enormous financial strain on the healthcare delivery system and threatens the system's ability to care for patients through this crisis and beyond.

Patients expect the healthcare system to be available when they need care. We must ensure the system survives this crisis and is not further weakened.

COVID-19 IMPACTS TO THE ALREADY FRAGILE HEALTHCARE SYSTEM

- Shortages of: Emergency Departments; inpatient beds; ICU; Personal Protection Equipment (PPE); ventilators; and caregiver capacity.
- Patients relying upon EDs for COVID-19 testing, further flooding the system.
- Salaries of quarantined, incapacitated and underutilized or stranded providers.
- Premium pay for overtime, off hours and hazard payment.
- Expected 70%+ decline in surgeries and other scheduled visits resulting in stranded facilities and clinicians temporarily without revenue to support their businesses.
- Need to invest in converting facilities and workforce into surge capacity for ED and ICU.
- Expected liquidity and bankruptcy risks across vital parts of our healthcare system: Ambulatory Surgery Centers (ASCs), Hospitals (especially those focused in rural and lower income communities), many procedure-based clinical practices (surgeons, gastroenterologists, ophthalmologists, anesthesiologists) creates:
 - Short term threat to needed overflow / surge capacity of facilities and clinicians.
 - Long term threat to healthcare capacity, limiting patient access and increasing total cost of care in the US.

The healthcare delivery system (hospitals, ambulatory surgery centers and clinicians) has already ramped up spending to attack the pandemic, even at a time when its revenue streams are shrinking.

PROPOSED CONGRESSIONAL ACTION

Any emergency legislation should include these provisions to stabilize the health care system:

- **Access to PPE and Ventilators.**
- **Regulatory relief to practice medicine under emergency circumstances (remove originating site, geographic and licensure restrictions during emergency period).**
- **Regulatory relief to allow alternate sites of care for triage and testing or overflow capacity.**
- **Access to low interest bridge loans to hospitals, ambulatory surgery centers and medical groups to cover up to six months of reduced elective volumes.**
- **Suspend Medicare Sequestration Cuts to healthcare systems and providers.**
- **Postpone 2021 Medicare Physician Fee Schedule and provide exemption for MACRA reporting for the 2020 performance year.**

- **Medicaid/Medicare equivalence for emergency services during emergency period and fund care provided to uninsured patients at Medicare rates.**
- **Guaranteed and timely payment from insurance companies (relief from prior authorizations, co-insurance coverage for Covid-19 related testing, hospitalizations and follow up and guaranteed 30-day payment).**
- **Fund lost revenue (revenue guarantee) for hospitals, ambulatory surgery centers and medical groups should disruption extend beyond three months.**
- **Allow the transfer of appropriate patients from tertiary centers to rural hospitals so that more critical cases can be admitted to the higher and more appropriate level of care; this can be done through transfer agreements and education at a national level.**
- **Address the inadequate supply of respirators for use by our healthcare personnel performing high risk procedures like intubations and bronchoscopies. There has been inadequate resources and inadequate training.**
- **Anesthesia needs PPE (isolation gowns specifically) and surgical gowns, etc. so these specialists can continue operations at ASC's. If these specialists were adequately supplied, they could act as a safety valve and continue to treat patients who have been injured or are in pain while the hospitals are not doing any elective surgeries.**
- **Appropriate money for a bailout/stimulus package for independent practices and small/rural hospitals.**
- **Fund an increase in Medicaid payments to physicians to set reimbursement rates at no less than Medicare rates.**