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April 30, 2020

VIA ELECTRONIC SUBMISSION

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we urge Congress to immediately support and provide relief to physician practices adversely impacted by the COVID-19 outbreak. Our physicians are among those responding to the spread of and working to contain COVID-19. Without immediate financial support, family medicine practices will begin to close across the country, including in your states and districts.

ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to delivering high-quality primary care services, including ensuring patients continue to have access to care in the midst of the COVID-19 outbreak. Specifically, as primary care providers, family medicine physicians are critical to screening, triaging, and directing patients to appropriate care settings when necessary, and maintaining access for individuals, especially those needing non-COVID-19 services. Family medicine physicians are essential to our nation's overall health, but the COVID-19 outbreak has had devastating financial impacts on their practices across the country, threatening patient access to care.

Many Family Medicine Physicians Are Facing a Dire Financial Situation as a Result of the COVID-19 Outbreak

While many patients go to urgent or emergency care settings for screening services, many of our physician members maintain offices in rural and underserved areas and are the primary source, if not the only source, of such services. For example, family medicine physicians can identify, treat, and manage respiratory conditions, reducing the need for patients to be hospitalized or sent to the emergency department, reducing potential COVID-19 exposure risks and alleviating pressure on hospitals and other facilities. As COVID-19 continues to spread, there are additional pressures and threats to family medicine physicians and community-based practices. We fear that if action is not taken, these practices will close across the United States.

Once a primary care practice closes in a community, it is unlikely a new practice will open in the same area. Many family medicine physicians in rural and underserved areas are approaching retirement age and many were struggling financially prior to the COVID-19 outbreak. As you know, there is already a shortage of primary care physicians in this country and even fewer young physicians are practicing in rural areas. If the rate of primary care practice closures increases during this pandemic, there will be an even greater physician shortage across the country. Furthermore, some family medicine practices may be forced to consolidate because of the financial stresses imposed by COVID-19, which can result in higher health care costs for patients. It therefore is critical that Congress support family medicine physicians or risk reduced access and increased health care costs.

Many of our members have expressed the dire financial situation the COVID-19 pandemic has placed them in and the great concern they have that they will not be able to continue to serve patients in the communities they serve, particularly in rural and underserved areas. Solo and small practices operating with limited staff are barely surviving as some have had to close due to exposure to COVID-19 or office visit cancellations.

Promise and Uncertainty Regarding Temporary Incentives for Telehealth

Although physicians are innovating and leveraging telehealth modalities, many barriers inhibit the full potential for telehealth. For example, many rural practices do not have the capital to invest in expensive, potentially short-term, telehealth technology. The CARES Act provided new funds for the Federal Communications Commission (FCC) COVID-19 Telehealth Program, which enables certain hospitals and other facilities to purchase telehealth technology. Physician practices are **explicitly excluded** from this program, meaning family medicine physicians continue to be left behind in advances in technology. Even if family medicine physicians had the means to purchase new telehealth equipment and technology, there is no guarantee that investments made during the COVID-19 outbreak will remain financially viable after the public health emergency ends. This is because the new telehealth flexibilities have been provided solely for the duration of the emergency and may no longer be available once we are through this pandemic.

Additionally, our members have few, if any, administrative staff and are struggling to keep up with new telehealth reimbursement policies across various payers. The administrative burden associated with telehealth remains a significant barrier to family medicine physicians switching from face-to-face to virtual and audio visits. Furthermore, broadband access is limited in rural areas so that patients are unable to access telehealth at all.

Congress Must Ensure that COVID-19 Relief Programs, Both Current and Future, Be Accessible to Family Medicine Physicians

We are very appreciative of the swift action by Congress in passing various coronavirus relief legislation, including the *Coronavirus Aid, Relief, and Economic Security Act (CARES Act)* and the *Paycheck Protection Program and Health Care Enhancement Act (PPHCEA)*. As you know, the CARES Act authorized programs to support small businesses, including the Paycheck Protection Program (PPP) and the emergency Economic Injury Disaster Loan (EIDL) grants. The CARES Act also appropriated \$100 billion to the Public Health and Social Services Emergency Fund (Provider Relief Fund) to support our nation's health care providers. The PPHCEA replenished the PPP, EIDL, and the Provider Relief Fund, yet family medicine physicians on the front line of this pandemic are not receiving the financial assistance they desperately need under these programs.

For example, the Provider Relief Fund has largely been allocated to hospitals and providers with large Medicare populations, rural hospitals and clinics, and providers serving the uninsured. Most of our members operate solo and small independent family medicine practices that serve many types of patients with various health insurance coverage, and they do not have the resources to weather the financial impacts of the coronavirus. Larger practices and practices that are part of a larger organization are more likely to draw dollars from the Provider Relief Fund due to their larger patient population and weather COVID-19's economic impacts. Although some small and solo family medicine practices may have received a minimal reimbursement from the Provider Relief Fund, this does not adequately compensate them for their expenses or lost revenue due to the COVID-19 outbreak. Without direct and explicit relief for these practices, COVID-19 will not only immediately harm patient access but will also critically damage the future availability of and patient access to primary care.

The PPP and EIDL grants have been helpful for physician practices, but our members need greater certainty these funds will be available throughout the entirety of the COVID-19 emergency. Although some physician practices have been able to receive resources from these programs, they are only providing a lifeline for a few weeks at a time. For example, the PPP funds were quickly exhausted prompting Congress to pass the PPHCEA within weeks of the CARES Act. We anticipate these funds will continually be expended, especially as the COVID-19 outbreak lasts through the foreseeable future. We therefore urge Congress to continue to adequately fund these programs with the understanding that small and solo physician practices will be financially stressed throughout the entire COVID-19 public health emergency, and the financial impact of this crisis is likely to be felt for years after the outbreak has been contained.

Future COVID-19 Relief Legislation Must Include Relief That Is Targeted to Family Medicine Physicians

Family medicine physician practices must be *explicitly included* in subsequent coronavirus relief bills to ensure that primary care remains accessible, especially in rural and underserved areas. With these funds, family medicine practices can remain viable – open to serve their communities. Aside from recouping lost revenue and expenses, family medicine physicians should have flexibility to use the dollars in a way that best fits their practices including:

- The ability to purchase additional personal protective equipment (PPE) and supplies to ensure patient and physician safety.
- Flexibility to procure telehealth technology to be used during the COVID-19 outbreak, including high-speed internet, two-way audio-visual communication devices, and necessary cybersecurity software and hardware.
- Salaries for physician practices to hire temporary staff or for overtime pay/workforce training (e.g., COVID-19 patient training and administrative training).
- Direct financial assistance for primary care physicians that is not based on or determined by Medicare payments.

Thank you for your continued efforts and consideration of this request. We understand every industry has been impacted by the COVID-19 outbreak. However, we urge you to prioritize family medicine physicians to ensure patient access today and in the future. Should you need any additional information or if you have any questions, please feel free to contact ACOFP at advocacy@acofp.org or (847) 952-5100.

Sincerely,



Robert C. DeLuca, DO, FACOFP *dist.*
ACOFP President