March 30, 2020

The Honorable Alex M. Azar II  
Secretary of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

RE: CARES Act Implementation for America’s Emergency Care Safety Net – Dedicated and Expedited Relief for Emergency Physicians

Dear Secretary Azar:

In these unprecedented times of a WHO-declared global pandemic, the emergency physician provider groups of EDPMA want to thank you for the decisive actions that you and the Administration have taken thus far in response to the COVID-19 pandemic. As you are aware, emergency physicians are serving as the frontline of the healthcare response to this outbreak, placing themselves and their families at risk everyday. In addition to the physical, emotional, and mental tolls that the outbreak is taking on emergency physicians, many are also facing the stress of knowing that their practices are at significant and immediate financial risk. The emergency care system, and emergency physicians as the leaders of that system, serve as the safety net for our nation’s health care system, ensuring that patient access and accessibility to qualified healthcare professionals is always foremost in our concerns. At this critical time, as we are caring for the nation, we ask that you help to care for our providers.

As your Department and the Administration continue their aggressive strategy of interventions to help communities address the COVID-19 epidemic and maintain economic stability in the face of these interventions, we urgently request that you consider the many contributions that emergency medicine groups on the front line are making to ensure the safe provision of care. While we believe policymakers have a substantial, deserved appreciation for the contributions that hospitals make to these efforts, it is critical that we also recognize the efforts and resources expended by independent emergency medicine groups to complement those hospital-based efforts.

It is important to note that about two-thirds of the emergency departments in the nation are run by independent emergency physician groups and, in many of these cases, the group (not solely the hospital) is covering many of the increased costs such as:
• Unpredictable and significant variations in patient volume and revenues
• Ensuring that providers are paid during quarantines required to protect other healthcare providers and the general public
• Mitigating the cost of ensuring that emergency departments remained adequately staffed, including stand-by and on-call scheduling
• Increased expenses of lodging, travel, and meals to ensure that providers are relocated to areas of greatest need for additional clinical care
• Unreimbursed costs to develop and implement telehealth services of different levels to best meet the needs of patients and reduce the need to utilize personal protective equipment from “in person” visits.
• Purchasing PPE directly for providers to ensure that they have access to appropriate life-protecting equipment, especially as the number of infected and sick patients dramatically increases.
• Administrative costs associated with providing human resources, credentialing, and revenue cycle management functions to support the care being provided in new and diverse practice settings and paradigms.

In that light, Division B of the Coronavirus Aid, Relief, and Economic Security (CARES) Act includes the provision of $100 billion, via the Public Health and Social Services Emergency Fund (PHSSEF), “to prevent, prepare for, and respond to coronavirus . . . to eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus.”

For the reasons outlined below, EDPMA requests that in implementing the application process for distribution of the PHSSEF that the Secretary create a “fast track” process for emergency medicine physician practices and, as has been requested by the American College of Emergency Physicians (ACEP), to reserve at least fifty percent of the funding for physician groups who are on the front lines dealing with the crisis.

Many physician groups providing care in our country’s emergency departments are independent practices, not direct employees of the hospitals. Thus, we believe there is a justification for creating a streamlined process for ensuring the distribution of funds to these types of entities, not the least of which is the positive impact on other US businesses, workplaces, and communities if the emergency care system is able to sustain its important role in addressing COVID-19.

As a rationale for inclusion in an emergency medicine “fast track” process or streamlined application form, EDPMA asks that the PHSSEF distribution process acknowledge and take into account the following “health care related expenses or lost revenues” factors that are already financially straining our emergency medical system, including additional expenses and lost revenues as further outlined below:

**EXPENSES**

1. Unpredictable emergency workforce shortages and needs
2. Various pandemic-related emergency care costs
3. Increased labor costs to ensure adequate on-duty and stand-by coverage
4. Uncompensated administrative and operational costs
LOST REVENUES

1. Volume and revenue shortfalls in emergency departments

In recognition of these concerns and conditions, again, EDPMA requests that in implementing the application process for distribution of the PHSSEF that the Secretary either create a “fast track” or advanced payment process for emergency medicine physician practices and, as has been requested by ACEP, to reserve at least fifty percent of the funding for physician groups who are on the front lines dealing with the crisis.

We endorse efforts to support hospitals to make sure that they are ready for the surge and able to develop their standby capacity as the peak of the pandemic and its corresponding hospitalizations draws nearer. However, we ask that the Administration recognize that in the emergency department setting, many of the increased costs and decreased revenue are borne directly by the provider groups, and not by the hospitals, and why it is imperative that the independent emergency physician practices receive similar, direct, and sustained support.

We hope the recognition that these common impacts on emergency medicine physician practices will ensure the implementation of a process that does not require inordinate documentation, recognizing the reconciliation process that can be instituted to allay any of the Administration’s program integrity concerns. As such we are extremely supportive of the requirements to submit reports and maintain documentation so the Administration is able to meet its compliance mandates. But again, we ask that the Secretary make “simplicity” and expedited actions a key feature of the application process for these funds, particularly for emergency medicine physician practices that are making the investments and facing the losses contemplated by the law but that do not have the same administrative offices, cash flows, or margins that hospitals will have to support application submissions, acknowledging the certainty and widespread-nature of these impacts on emergency medicine applicants.

As emergency physicians across the country continue to provide front line patient care to every patient that walks through our doors, we thank you for the tireless efforts thus far that your Department and the Administration are making and urge you to consider the unique circumstances that independent emergency medicine practices face in ensuring the country’s safety net is not frayed at the exact moment in which it is needed most.

Sincerely,

Bing Pao, MD, FACEP
Chair of the Board, EDPMA