



## **EDPMA News Alert: EDPMA Urges HHS to Distribute Funds to Emergency Physician Groups**

Last week, EDPMA successfully urged Congress to make independent emergency physician groups eligible for the billions it was making available for hospitals to fight the COVID-19 crisis. Now those funds will be distributed by the U.S. Department of Health and Human Services. So, today (3/30/20), EDPMA wrote a [letter](#) to Alex Azar, Secretary of Health and Human Services, to request *"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."*

EDPMA explained 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 standby-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. ...

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."

---