April 7, 2020

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar:

The undersigned organizations represent the hundreds of thousands of physicians who treat our nation’s patients every day. We are writing to request immediate financial assistance for physicians across the country who are taking heroic action to treat patients with the novel coronavirus, providing ongoing care for patients with chronic conditions and urgent needs, and incurring significant financial losses due to postponing non-essential procedures and visits.

Congress intended to provide relief to physician practices who are suffering financial loss due to COVID-19 by designating funding in the Public Health and Social Services Emergency Fund in the Coronavirus Aid, Relief and Economic Security (CARES) Act. The statute requires HHS to interpret eligibility for the funding broadly to include all physicians who are experiencing revenue losses and non-reimbursable expenses as a result of the COVID-19 pandemic.

Physician practices, depending on their location and specialty, face several hardships that we believe should qualify for help. For example, we have heard physicians who are caring for patients with COVID-19 are staying in hotels or renting an apartment to protect their loved ones and maintain a proper social distance. Many physicians who practice in offices and ambulatory surgical centers are not seeing patients for non-essential visits and procedures to preserve medical supplies for treating patients with COVID-19 and to slow the community spread of the virus. We are also concerned that small practices are particularly vulnerable to financial ruin as they have less ready access to capital and are already operating on razor thin margins. In addition, we have heard from many large physician practices and faculty practice plans that have over 500 employees and will not qualify for the small business assistance in the CARES Act. They are faced with the untenable position of laying off staff and physicians due to lower financial revenues while preparing for, and in some areas of the country, responding to a surge in patients with COVID-19.

We recommend HHS provide immediate relief to ensure a sufficient physician workforce is available in this country now and throughout the pandemic. Specifically, we urge HHS to provide one month of revenue to each physician (MD or DO), nurse practitioner, and physician assistant enrolled in Medicare or Medicaid to account for financial losses and non-reimbursable expenses. HHS should use an individual’s average monthly payment amount from October-December 2019, which has been provided to the Medicare Administrative Contractors (MACs), as the basis for determining pre-pandemic monthly revenue. For most specialties, Medicare patients account for 35% of all patients, so to extrapolate to all patients, HHS should use three times the October-December 2019 average as the basis for issuing a payment. Certain specialties have fewer Medicare patients and should be adjusted upward accordingly: psychiatry (20%), allergy/immunology (15%), obstetrics/gynecology (15%), and pediatrics (5%). Pediatricians, obstetrician-gynecologists, and allergists may have many patients insured by Medicaid but few or no patients with Medicare and will require a different approach. The funds are for the purpose of
supporting physician practices in light of lost revenue, such as for paying salaries, benefits, and overhead and making necessary investments to continue providing care such as telehealth.

The CARES Act permits the Secretary to provide funding through a grant or other mechanism and we urge the Department to provide immediate financial relief by issuing funds via the MACs. We believe it will be expedient to administer, while also allowing proper oversight as funding would be based on Medicare claims data and utilize existing enrollment and payment protocols.

Physicians are continuing to put their patients’ needs first to combat this unprecedented public health emergency. We urge you to support them against financial peril while they put their lives and businesses at risk.

Sincerely,

American Medical Association
Academy of Physicians in Clinical Research
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Cosmetic Surgery
American Academy of Dermatology Association
American Academy of Emergency Medicine
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology- Head and Neck Surgery
American Academy of Pain Medicine
American Academy of Physical Medicine and Rehabilitation
American Academy of Sleep Medicine
American Association for Hand Surgery
American Association for Physician Leadership
American Association of Child & Adolescent Psychiatry.
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Orthopaedic Surgeons
American Association of Public Health Physicians
American College of Allergy, Asthma and Immunology
American College of Cardiology
American College of Chest Physicians
American College of Medical Genetics and Genomics
American College of Obstetricians and Gynecologists
American College of Osteopathic Internists
American College of Osteopathic Surgeons
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Group Association
American Orthopaedic Foot & Ankle Society
American Psychiatric Association
American Society for Clinical Pathology
American Society for Gastrointestinal Endoscopy
American Society for Laser Medicine and Surgery
American Society for Metabolic and Bariatric Surgery
American Society for Radiation Oncology
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Dermatopathology
American Society of Echocardiography
American Society of General Surgeons
American Society of Hematology
American Society of Interventional Pain Physicians
American Society of Neuroimaging
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urogynecologic Society
American Urological Association
American Vein & Lymphatic Society
Association for Clinical Oncology
Association of Academic Physicians
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Heart Rhythm Society
Infectious Diseases Society of America
International College of Surgeons – United States Section
International Society for the Advancement of Spine Surgery
Medical Group Management Association
National Association of Medical Examiners
National Medical Association
North American Neuromodulation Society
North American Spine Society
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncology
Society of Hospital Medicine
Society of Interventional Radiology
Spine Intervention Society
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society