



April 2, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
U.S. Capitol Building, H-222
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
U.S. Capitol Building, S-230
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
U.S. Capitol Building, H-204
Washington, DC 20515

The Honorable Charles E. Schumer
Democratic Leader
U.S. Senate
U.S. Capitol Building, S-221
Washington, DC 20510

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

On behalf of the nearly 20,000 hospitalists and intensivists we are proud to support, we applaud you for Congress' extraordinary efforts to help our nation combat COVID-19. As a core element of the frontline force caring for Americans with Coronavirus, hospitalists and intensivists see firsthand the damage caused by this outbreak and the strain it is placing on our healthcare system. It is for that reason we write to urge your consideration of additional priority reforms so hospitalists and intensivists can safely and effectively address this pandemic and restore its victims to health.

While every member of the Coronavirus care team is facing truly harrowing challenges, the circumstances faced by hospitalists and intensivists deserve specific mention. Due to their close contact with Coronavirus patients, it is estimated that a minimum of 30 percent and as many as 70 percent of all hospitalists and intensivists will become infected with COVID-19 over the next 12 months.

Not only does this put their lives at risk, but it also significantly increases operating costs for hospitals and physician networks, since infected physicians must be quarantined for a minimum of 14 days, compensated during that period, and replaced with supplemental medical labor at a higher per diem rate. All of this is putting a tremendous strain on hospitals and networks that must be addressed in order to preserve our fullest ability to combat this pandemic.

As a result, we urge Congress to consider the following priorities as work proceeds on the next COVID-9 relief measure in order to ensure adequate hospitalist and intensivist availability and to mitigate the financial hardship their hospitals and networks are facing during this emergency:

- While CMS has instituted welcome flexibility and some level of payment parity for certain telehealth services to mitigate financial hardship, we recommend the following modifications to ensure the promise of telehealth is fully realized:
 - Recognizing that telemedicine consultations to coordinate patient care or manage clinical escalations routinely occur between Physicians, Advanced Practice Providers, and Nurses in inpatient hospitals and skilled nursing facilities, please provide for use of the virtual check-in code G2012 for these consultations.
 - Recognizing, too, that the practice of telemedicine for acute care patients routinely involves multiple interactions per day, please provide for appropriate reimbursement of virtual check-ins and evaluation and management visits that occur on the same day.
- Expand the supply of critically needed hospitalists and intensivists via J1 and H-1B visa reforms including an automatic six-month extension, expedited adjudication of waivers, more waiver slots, access to secondary sites, electronic filings, and premium processing.
- Reduce hospital staff overload by supporting increased utilization of Advanced Practice Providers (APPs) through reimbursement of patient visits performed by APPs at 100 percent of Medicare rates, and further strengthen APP utilization by providing temporary relief from physician oversight and collaboration requirements so APPs may practice independently in the inpatient setting (including admissions) and perform CMS' required initial visits for patients admitted to SNFs.
- Ensure independent hospitalists and intensivists on the front lines of testing, diagnosing, and treating patients at risk of COVID-19 have sufficient financial support in light of the lost revenue, increased operational costs, and personal protection equipment expenditures they are bearing, either through access to already-established financial relief programs or through establishment of additional reimbursement or grants.
- Help mitigate the cost of supplemental hospitalist and intensivist staffing by ensuring that sequestration relief and the 20 percent Medicare add-on payment apply to Part B physician services and by providing a tax credit for wages paid to quarantined providers.
- Preserve hospitalized Medicare beneficiaries' access to quality coordinated care, support practice innovation, care redesign, and improved efficiency, and support practices that have invested in redesigning and improving care for beneficiaries by providing a three-year extension, through 2026, of the Bundled Payments for Care Improvement Advanced initiative (BPCI Advanced), one of only two alternative payment models available for direct participation by specialist physicians.

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We are confident the above steps will meaningfully supplement the relief and protections already established by Congress, resulting in a frontline healthcare delivery system that is best able to meet patient needs, support frontline providers, limit infection, and overcome this pandemic.

Thank you for your leadership and your consideration.

Sincerely,

Apogee Physicians
Society of Hospital Medicine
Sound Physicians