

March 23, 2020

The Honorable Mitch McConnell  
Senate Majority Leader  
317 Russell Senate Office Building  
Washington, DC 20510

The Honorable Charles Schumer  
Senate Minority Leader  
322 Hart Senate Office Building  
Washington, DC 20510

The Honorable Nancy Pelosi  
Speaker of the House  
H-204 The Capitol  
Washington, DC 20515

The Honorable Kevin McCarthy  
Republican Leader  
H-204 The Capitol  
Washington, DC 20515

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

As chief executives of the nation's leading academic medical centers, we commend Congress' leadership in swiftly passing emergency supplemental funding bills aimed at containing the spread of COVID-19 within the United States. Many of our medical centers are currently treating COVID-19 patients and preparing for a surge of patients in the coming days/weeks. Our researchers and lab professionals are developing, testing and deploying new diagnostic tools, therapeutics and vaccines that will help curb the COVID-19 outbreak.

As the number of domestic COVID-19 cases rapidly grows, we write to assure you of our commitment to serving on the front lines of the country's efforts to contain this pandemic and ask that you prioritize the following items as you negotiate the third tranche of funding and federal policy changes:

### **Testing**

- **Prioritize academic medical centers for testing supplies and reagents.** Academic labs are a vital component of the nation's testing infrastructure and we stand ready to significantly expand testing access and shorten turnaround time if we have greater access to the reagents and supplies (like pipette tips and swabs) to run the tests. The clarity that comes from a test result allows health care workers to more quickly process patients and stretch their personal protective equipment (PPE) further. While the commercial laboratories have turnaround times in the range of two to six days, our academic medical centers have been able to return test results in a matter of hours.

### **Workforce**

- **Incentivize manufacturing and expedite distribution of PPE and cleaning equipment to academic centers.** We are seeing supplies rapidly dwindle of N95 respirators, isolation gowns, and masks, which are essential for protecting front line staff. Hand sanitizer,

bleach, cleaning wipes, and other supplies are constantly in use and our supply chain is facing severe shortages.

- **Authorize funding for childcare services for the children of health care workers.** As more schools close across the nation, health care workers will need safe and reliable childcare so they can be away from home.
- **Temporarily expedite extensions and changes of status for foreign national doctors currently in the United States.** Visa renewals and extensions for physicians and medical residents providing care on the front lines of the COVID-19 pandemic should be expedited and receive premium processing through the U.S. Citizenship and Immigration Services during the crisis.

### Financial Health

- **Create a hospital stabilization fund of at least \$100 billion and provide periodic interim payments from Medicare, Medicaid, and private insurers to ensure hospitals can respond to the COVID-19 pandemic and meet their obligations to healthcare workers and patients.** Immediate, short-term financial assistance is needed to cover losses in foregone revenue and increased COVID-19 related spending. Academic centers have activated emergency operations and have increased need for staffing and supplies, which are creating serious economic hardship for these institutions. One option to consider would be to give providers a percentage allotment based upon historic claims on a weekly basis, which could then be reconciled after the crisis. We would also encourage Medicare to stop their 14-day hold on claims and pay hospitals and providers immediately upon receipt.
- **Double the Indirect Medical Education (IME) add-on payment adjustment to teaching hospitals for the duration of the emergency period.** Congress created the IME payment to offset the higher costs that arise from treating high acuity patients and providing specialized medical services, including response to a national public health emergency.
- **Halt further reimbursement cuts to hospitals.** Eliminate the upcoming Medicaid disproportionate share hospital (DSH) cuts for until December 2023 and suspend the Medicare sequester cut for at least the duration of the pandemic.
- **Establish a payment pool to treat the uninsured and provide ancillary services to people experiencing homelessness (like temporary housing.)**
- **Fund outpatient facilities and community health centers in close proximity to a hospital to serve as alternate care sites to support individuals with mild illness, if they cannot care for themselves at home.** This will free up hospital space for critical cases and patients who need intensive care.

- **Provide enhanced support for the National Ebola Training and Education Center (NETEC) and the network of regional treatment centers specially prepared to respond to special pathogens.**
- **Provide a payroll tax credit and/or other mechanisms** to offset uncompensated care, bad debt and charity care costs for treating COVID-19 patients.

### Research

- **Require major research agencies with extramural research programs (NIH, NSF, Department of Energy Office of Science, Department of Defense Science & Technology programs, NASA, USDA, etc.) to implement policies that provide flexibility for research institutions to cover salaries and benefits.** Personnel engaged in sponsored activities during the period that the institution is affected by a national health emergency should be guaranteed salary/benefit support through an infusion of agency appropriations equal to 15 percent of their extramural research budgets for FY2020.

### Licensing

- **Encourage states to adopt broad licensing reciprocity for all providers across all 50 states, for all types of services (including telehealth and face-to-face.)** In addition, encourage states to temporarily suspend state-specific telehealth requirements; for example, requirements for an in-person initial assessment prior to the delivery of telehealth services. We applaud congressional action to authorize HHS to waive geographic and site-of-service limitations on Medicare telehealth benefits during the course of the COVID-19 pandemic. However, more can and should be done in partnership with state governors and licensing boards.

### Regulatory Burden

- **Urge HRSA to hold harmless 340B-eligible hospitals during the crisis.** A hospital's inpatient DSH percentage is one element of 340B eligibility and payer mix may fluctuate during surge periods. Also, HRSA should temporarily waive the GPO prohibition (given that certain drugs are only available through GPO), delay the Medicare survey of 340B hospital acquisition prices, and halt the Medicare payment cuts.
- **Encourage the administration to suspend the Medicaid Fiscal Accountability (MFAR) proposed rule** given the anticipated harm to state Medicaid budgets and the crucial role these programs play in supporting safety net providers and granting access to services for some of the nation's most vulnerable patient populations.

We also ask that in all communications to the public you and your colleagues will help reinforce the message that individuals with symptoms or concerns should contact their primary care provider and not utilize the emergency department for non-emergent situations. Thank you again for your support and willingness to think creatively with us about solutions to these critical issues.

Sincerely,



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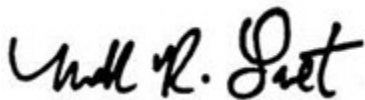
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