



**Association of
American Medical Colleges**
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David J. Skorton, MD
President and Chief Executive Officer

March 11, 2020

The Honorable Michael Pence
Vice President
United States of America
Old Executive Office Building
Washington, DC 20501

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
H-232, United States Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-226, United States Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, United States Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
S-255, United States Capitol
Washington, DC 20510

Dear Vice President Pence, Speaker Pelosi, House Minority Leader McCarthy, Senate Majority Leader McConnell, and Senate Minority Leader Schumer:

On behalf of the Association of American Medical Colleges (AAMC), I write to thank you for your efforts to combat the Coronavirus Disease 2019 (COVID-19) outbreak caused by the SARS-CoV-2 virus and to offer our assistance and recommendations.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 155 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

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Because of their expert faculty physicians, health care teams, and cutting-edge medical technology, AAMC-member teaching hospitals provide care for complex patients and often receive patients for whom other hospitals cannot care. Our teaching hospitals provide 25% of the nation's medical and surgical intensive care beds, 36% of cardiac intensive care beds, 61% of pediatric intensive care beds, and are home to 69% of all Level 1 trauma centers. In addition, our hospitals account for 22% of Medicare in-patient days and account for 27% of Medicaid in-patient days. As major centers of medical research in addition to patient care, scientists at medical schools and teaching hospitals conduct over 50% of extramural research funded by the National Institutes of Health. This research capacity allows AAMC-member institutions to provide the world's most advanced and expert patient care informed by the latest innovations in fundamental and clinical research. Our emergency rooms are open to anyone in need, with experts in every medical specialty available 24/7.

We share your commitment to mount a vigorous response to contain and mitigate COVID-19 and to provide quality care to any patient affected by this public health emergency. We are working to aid the efforts of the academic medicine community who are on the front lines of this crisis. Due to their clinical and research expertise, medical schools and teaching hospitals are key "first responders" that strengthen the ability of the nation's health care system to respond expeditiously and effectively to novel threats. Major teaching hospitals consistently maintain a heightened level of preparedness to mobilize rapidly in response to any event at any time. This unique proficiency helped to lead the nation's response to past public health emergencies and disease outbreaks such as measles, Ebola, and H1N1, and now is a key asset in combatting COVID-19.

In response to this latest threat, major teaching hospitals, along with their affiliated medical school physician faculty, are mobilizing on all fronts, executing their emergency response plans and protocols, and working closely with their colleagues at state and local health departments who are stretched especially thin. The AAMC greatly appreciates the swift enactment of the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (H.R. 6074) and believes that it takes the appropriate first steps to help contain the outbreak, including providing resources for vaccine and medical countermeasure research and development, among other important investments.

As our understanding of the virus continues to evolve, we wish to call your attention to additional steps the nation should take to bolster this next phase of the response. Based on our internal expertise and discussions with our members regarding their COVID-19 response efforts, we offer the following recommendations for executive agencies to consider advancing and/or for lawmakers to consider including in a needed second legislative package.

First and foremost, we encourage the President to declare a national emergency to give agencies and stakeholders targeted additional flexibility to address immediate challenges and prevent further issues, as a complement to the recent emergency declaration issued by the Department of Health and Human Services.

Increase the availability and capacity of testing

The AAMC appreciates efforts by both Congress and the administration to expand laboratory capacity and increase the number of tests available nationwide through emergency funding for the Centers for Disease Control and Prevention (CDC) and emergency actions by the Food and Drug Administration (FDA).

To meet the increasing demand, however, we must continue to accelerate efforts to expand testing capacity to determine whether patients are infected with SARS-CoV-2. In addition to low supply of testing kits, which appears to be improving, other compounding factors are making it difficult to test patients in a timely manner. For example, many of our member institutions have expertise in laboratory developed tests and are working to fulfill community and national needs, but shortages of appropriate reagents to complete tests hamper these efforts. In addition, the CDC protocol is so tightly specified in terms of equipment that many institutions are not able to bring their tests online without a still poorly specified bridging study. Another issue is the specification of a Qiagen RNA extraction kit at a time when these kits are backordered for a month, according to our member institutions.

Taking these factors into consideration, the AAMC recommends that the federal government:

- Continue to invest in additional polymerase chain reaction (PCR) diagnostics, ensure that reagents and extraction kits are in adequate supply and distributed to facilities in need, and broaden the number of suppliers of reagents that may be used for RNA extraction.
- Assist facilities in acquiring the appropriate testing equipment so that facilities can complete more tests as quickly as possible and/or clarify how to more appropriately expedite bridging to get alternative equipment online.

Ensure adequate supplies and stewardship of personal protective equipment (PPE)

Personal protective equipment is critical for the safety of health care workers and patients alike. Because facilities need to treat all persons under investigation as a potential patient, hospitals are feeling additional strain on their existing and stockpiled supplies as visits to the emergency room increase. For example, one hospital used one month's supply of PPE in just four days.

While PPE shortages are pervasive, our members also anticipate and/or are already experiencing difficulty acquiring a number of critical products, including hand sanitizer, extracorporeal membrane oxygenation (ECMO) devices, and ventilators. The public is rapidly purchasing large supplies of PPE and other critical products, making it difficult for hospitals to maintain an adequate supply of these items.

The AAMC is grateful that the recently enacted supplemental appropriations package contained funding for the Strategic National Stockpile (SNS), which should continue to be a priority even once this outbreak abates, and is also grateful that the federal government has encouraged companies to manufacture more PPE. Additionally, we appreciate the recent change in CDC guidelines that allows more practical allocation of N95 respirators and negative pressure rooms,

in closer alignment with the World Health Organization (WHO) guidelines. In addition to these efforts, we also recommend that the federal government:

- Work with stakeholders to develop guidance about access to the SNS and communicate a timeline for distribution of resources from the stockpile to those facilities with imminent needs.
- Continue to encourage manufacturers to increase domestic production of products critical to health care providers' response to COVID-19, such as PPE, and ensure sufficient distribution.

Hold patients harmless for the cost of testing and treatment

To deliver timely and equitable care to all patients who contract COVID-19 and to reduce the public's exposure, it will be essential to ensure that the costs associated with coronavirus testing and related diagnosis and treatment do not deter any patients from seeking care in a timely manner, particularly given the disproportionate toll on vulnerable populations. We recommend that the federal government:

- Ensure coverage for uninsured and underinsured patients for both coronavirus testing and all other necessary evaluation and treatment costs.
- Enhance efforts to ensure there are no barriers for beneficiaries of Medicare, Medicaid, and other federal programs to access care.
- Suspend or withdraw any pending or existing policies that could prevent patients, including undocumented and recent immigrants and their families, from accessing care, as well as policies that will reduce coverage for existing beneficiaries. For example, the final rule on Inadmissibility on Public Charge Grounds could undermine efforts to identify every affected individual and limit further spread.
- Provide the appropriate support for affected patients who may need to self-quarantine but do not require hospitalization. For example, individuals who have symptoms may not seek testing or follow guidance to self-quarantine because they cannot afford to miss work, they fear exposing others in their households, and/or they do not have shelter. Pay particular attention to populations in crowded conditions, including the homeless and incarcerated.

Increase the availability and use of telehealth

Telehealth is a vital tool to extend services of an existing health system to a wider array of patients, thus improving the ability for hospitals to care for their patients without necessarily requiring them to visit the facility. During an outbreak, this is particularly useful as it stands to keep quarantined individuals from interacting with the public, but still allows them convenient and timely access to the level of care needed.

Major teaching hospitals have robust telehealth programs, but barriers exist. The AAMC was pleased to see that the supplemental spending package waived originating site requirements for Medicare reimbursement. While providers are eager to employ these new authorities, guidance has not yet been issued and other challenges remain. To fully operationalize the changes that were authorized, the AAMC recommends that the federal government:

- Expedite the release of additional guidance on the use of telehealth to treat COVID-19 patients, as authorized by the recent emergency supplemental package.
- Allow health care providers, under this public health emergency, to use telehealth to deliver care to new patients by waiving current restrictions limiting services only to established patients. The current restrictions could especially limit use of telehealth by emergency physicians, who typically would not have an established relationship with patients seeking their care.
- Expand the ability to use telehealth nationwide, rather than certain regions of the country, and allow additional flexibility around licensure requirements that prevent providers from using telehealth to care for patients across state lines if the physician is not licensed in the patient's state. This is particularly problematic for physicians at teaching hospitals who often see patients from the surrounding region.
- Consider the expanded use of other technology-based services beyond synchronous communications.

Support hospitals' efforts to expand capacity to meet surging needs

Major teaching hospitals are among those on the front lines of responding to public health crises, and they remain at the ready to ramp up operations to meet the needs of their communities and the nation. However, even the best prepared institutions can become overwhelmed due to surges in the number of patients seeking testing or treatment.

Based on the experience in other countries and a variety of projections, there is a growing concern that hospitals will need to expand the number of available beds and equipment beyond the current capacity to care for all the patients who may need care. Facilities will need to scale up their capacity quickly to meet these demands, including new construction and retrofitting existing spaces.

The health care workforce has proven to be a constrained resource, which is impacted by the recommendations around quarantine. There is a concern that with the spread of the disease will come increasing shortages of providers able to test individuals and care for sick patients.

In addition to expenses associated with construction, equipment purchases, and staffing needs, facilities will be forced to dramatically reconfigure their operations. Hospitals will need to shift resources away from other services, cancel elective and non-urgent procedures, shut down beds due to staffing demands, and suspend transfers to their Intensive Care Units (ICU), among other actions. The cumulative effect of these and other challenges will place enormous financial strain on facilities.

To better equip hospitals to address expected surges, the AAMC recommends that the federal government:

- Clarify CDC guidelines requiring health care facilities to furlough exposed staff for 14 days to better align with WHO protocols that recommend active surveillance of health care workers.

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- Establish clearer criteria for individuals who should present at a hospital versus another facility for testing and disseminate the criteria nationally.
- Ensure reliable, dedicated financial support for hospital efforts to adapt to changing circumstances, such as the need to expand quickly, establish areas to isolate potential patients, address staffing needs, acquire additional ventilators and other equipment, and maintain incident command centers and operational continuity.
- Continue to support the National Ebola Training and Education Center (NETEC) and the corresponding network of regional, treatment, assessment, and frontline hospitals that have enhanced preparedness to address special pathogens.
- Provide flexibility around certain regulatory requirements, such as those governing how long a patient needs to remain in the hospital before seeking nursing facility care (the “Medicare 3-day stay rule”), modifying restrictions on the types of patients served in inpatient rehabilitation facilities, and waiving face-to-face documentation or other administrative requirements, as appropriate, to allow patients to be discharged to home more quickly.

The AAMC appreciates your efforts to combat COVID-19, and we look forward to continuing to partner with you in this response. Academic medical centers are committed to providing the highest level of care to their communities on a daily basis, and we invite you to leverage this expertise in research, education, and clinical care as you move forward. Should you have any additional questions, please do not hesitate to contact me directly or AAMC Chief Public Policy Officer Karen Fisher, JD (kfisher@aamc.org).

Sincerely,



David J. Skorton, MD
President and CEO
Association of American Medical Colleges