



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

MASSACHUSETTS MEDICAL SOCIETY PUBLIC POLICY RECOMMENDATIONS FOR MOVING FORWARD MEDICAL PRACTICE IN RESPONSE TO THE COVID-19 CRISIS

Introduction

The COVID-19 pandemic has brought unprecedented challenges for policymakers, while highlighting existing gaps and inequities in health care. To limit the transmission and spread of the virus, federal and state policymakers aptly instituted stay-at-home orders and modifications to medical practices, like bans on non-essential elective surgeries. These orders were necessary to preserve medical resources and capacity to respond to the virus, but these policies, coupled with patient fear, led to many physician practices seeing enormous reductions (up to 80-90%) in patient volume and revenue. In addition, the pandemic has exacerbated existing health disparities among vulnerable populations and inequities among health care providers. Furthermore, scarce supplies of personal protective equipment were funneled primarily to hospitals where they were most needed during the pandemic, but smaller practices and those with fewer resources face significant challenges in accessing the PPE required to move their practices forward after the pandemic.

Policymakers have taken meaningful steps to address these challenges and gaps—like providing funding, coverage for telemedicine services, liability protections for volunteers and health care workers, and policies for collecting and publishing demographic data. However, many of these policy solutions are only temporary fixes—additional interim and permanent policy improvements will be needed to ensure the sustainment and betterment of our health care system after the pandemic subsides.

To aid state and federal policymakers as they continue to move our health care system forward, the Massachusetts Medical Society developed policy recommendations—for the immediate-term and long-term—that will be critical to expanding and improving medicine. These policy recommendations supplement a companion [guidance](#) document outlining key considerations for health care system stakeholders that are pivotal to ensuring the ongoing safety of patients and health care personnel.

Public Policy Recommendations

Throughout the COVID-19 state of emergency, several state and federal policies have been enacted to ease administrative burdens on the practice of medicine and to facilitate access to care for patients. The Medical Society encourages state and federal lawmakers to build upon these initiatives in the immediate-term with new and supplemental policies to support the health care system and to facilitate moving forward medical practice in Massachusetts. Moreover, many of these policies are overdue and would have a meaningful impact on reforming and improving the health care system and public health in

860 WINTER STREET, WALTHAM, MA 02451-1411

TEL (781) 893-4610 TOLL-FREE (800) 322-2303 FAX (781) 893-8009 WWW.MASSMED.ORG

the long term. As such, the Medical Society recommends that lawmakers consider issuing executive orders and/or passing legislation and regulations outlined below:

- I. **PPE:** Although there have been widespread efforts to assure adequate and appropriate PPE for health care providers, supplies of PPE still fall short of current and future anticipated needs.
 - **The federal government** should continue to use its authority to speed the manufacture, production, and distribution of a wide range of PPE supplies and must continue to spur massive production while prioritizing distribution to health care workers, emergency workers (including first responders), and the nation's hot zones. HHS needs to ensure the rapid replenishment of the Strategic National Stockpile and to improve equitable distribution and delivery of supplies to the states. Lastly, policymakers should take steps to protect against price gouging, which impacts all health care personnel but most acutely, those struggling economically to sustain their medical practices.
 - **At the state level**, MMS urges continued centralization of PPE procurement and equitable distribution.

- II. **Health Equity and At-Risk Populations:** We know that COVID-19 is having a disproportionate impact on communities of color and low-income communities. Assistance and support should be prioritized for those communities that are most adversely impacted.
 - **The federal government** should improve collection and dissemination of demographic data, including race and ethnicity data, on testing and treatment during the COVID-19 pandemic to understand the inequities resulting from the response. This data should be used to address disparities and inform public health approaches to care for at-risk populations. The CDC must be more open and transparent as it implements the measures for data collection and dissemination included in the Paycheck Protection Program and Health Care Enhancement Act.
 - **On the state level**, the Medical Society applauds existing equity initiatives and supports establishment of a formal state equity advisory group to help tailor public health responses that address disparities among at-risk populations. With persisting gaps in demographic data, MMS supports more comprehensive and rigorous data collection, including race and ethnicity data, along with analyzation of the impacts of short- and long-term public health interventions on at-risk populations. It is imperative that we use this understanding of the impact of these public health interventions to develop a long-term plan to address disparities in health, health care, and social determinants of health. MMS also supports prioritization of testing and resources for low-income communities that have emerged as hotspots for the virus. The Medical Society wishes to call attention to some additional key issues:
 - *Social Determinants of Health:* SDOH such as food insecurity and housing instability or homeless exacerbate disparities in the COVID-19 crisis. The state should consider food, housing, transportation etc., in their emergency response to address these social determinants of health. The connection between housing and health has never been more stark. Essential workers, people with low-incomes, people experiencing homelessness, and seniors who are unable to isolate if they get sick are contributing to the spread of the virus to other high-risk populations. Additionally, despite Massachusetts' sick leave law, many people with low-incomes still lack

- basic protections; the state should explore expanding the duration, types of workers, and eligibility criteria for the paid sick leave law.
- *Structural Inequities & Disparities*: Institutional bias, racism, and health system inequities create and exacerbate disparities in risk factors of COVID-19 and access to early testing and treatment. The state must utilize data new systems (e.g. community health workers and/or contact tracers) to connect minority and at-risk populations with care and follow up. Additionally, we must ensure health care providers serving these at-risk populations across the state have access to necessary resources to provide high-quality care, such that relief and recovery efforts specifically are available to disadvantaged populations.

- III. Telemedicine:** In prompt response to the rise of the COVID-19 pandemic, state and federal lawmakers passed several policies to facilitate the use of telemedicine so that health care providers could continue to see patients safely in compliance with physical distancing protocols. Policies included comprehensive coverage for services with parity in reimbursement for providers. Passage of these policies recognizes how critical parity in coverage and reimbursement is to facilitating the adoption of telemedicine, which safely increases access to care for patients. Beyond these policies, we must recognize and proactively address challenges to ensure equitable access to telemedicine or else the widespread adoption of telemedicine will risk increasing disparities in health care access for vulnerable populations, especially in the context of primary care and chronic disease management. Specifically, the state must prioritize vulnerable populations with limited digital literacy or access, such as rural residents, racial/ethnic minorities, older adults, and those with low incomes, limited health literacy, or limited English proficiency.
- **At the federal level**, Congress should require employer-sponsored health plans to provide the same flexibility and coverage (and pay physicians at in-person rates) for the telemedicine policies adopted by Medicare. This coverage and reimbursement are important to ensure all insured patients have access to these beneficial telemedicine services. In addition, CMS should extend its policy of reimbursing for services provided by telephone-only.
 - The need for physical distancing and enhanced protections for immunocompromised high-risk patients will extend beyond the duration of the State of Emergency and **the state** should ensure continuity of telemedicine coverage and reimbursement policies in the near-term through Executive Orders while the need for physical distancing persists or until the legislature codifies these policies in statute. While these telemedicine policies will remain critical for the foreseeable future, there is no doubt the health care landscape has forever changed – telemedicine is here to stay. As such, the state should permanently adopt these policies to continue to support and improve access to health care through telemedicine; specifically, the state should codify the following:
 - Certain measures contained in executive orders for both commercial carriers, including the GIC, and MassHealth (as outlined in All Provider Bulletins 289 and 291) requiring comprehensive coverage for clinically appropriate, medically necessary services via telemedicine and requiring parity in reimbursement for all services delivered via telemedicine.

- BORiM interim policy 20-01 clarifying that the practice of medicine does not require an in-person encounter between the physician and the patient prior to health care delivery via telemedicine.

IV. Testing:

- The **federal government** should rapidly scale up testing capacity and create a plan to coordinate the distribution of tests to states, significantly expanding the testing available to all communities.
- While **Massachusetts** has taken meaningful steps to increase testing, based on modeling projections from several prominent institutions, the Commonwealth must continue to expand testing capacity by 6 or 7 times the current capacity. This testing must be widely available to everyone, regardless of their insurance status.

V. Financial Assistance to Health Care Providers:

- As **federal policymakers** draft subsequent COVID-19 relief legislation, they should consider designating additional funding to the below areas:
 - **Financial Assistance to Healthcare Providers:** The financial challenges facing physician practices exceed the available resources. Congress should authorize additional direct financial support, grants, interest-free loans, and other mechanisms for physician practices of all sizes to supplement funding from the CARES Act and Paycheck Protection Program and Health Care Enhancement Act. These actions will help physician practices remain solvent and meet the demands of this crisis and the ongoing health care needs of their patients. Federal policymakers should ensure health care providers can continue to access existing loan, advance, and other funding programs—and that loan repayment terms are feasible for physician practices. Furthermore, funding mechanisms meant to disburse these funds must aim to reduce inequities among health care providers and disparities in patient access.
 - **State and Local Funding:** Congress should designate funding to state and local governments to support their responses to the pandemic. This funding will support first-responders, contact tracing efforts, testing, PPE purchases, and other key response efforts.
 - **Mental and Behavioral Health, Domestic Violence, and Child Abuse:** The government should designate funding for mental and behavioral health programs, as well as programs addressing domestic violence and child maltreatment.
 - **Student Loan Forgiveness for Health Care Workers:** Congress should enact legislation that would forgive the balance of federal and private student loan debt for healthcare workers responding to the COVID-19 pandemic.
- **On the state level, Massachusetts** must continue to explore funding mechanisms to provide financial relief to physician practices whose solvency and sustainability is threatened. The state must consider approaches beyond increased MassHealth rates to ensure that all practices that are facing financial challenges have access to relief. Protecting the sustainability of small, private- and community-based practices is essential

to ensure continued access to and affordability of health care services, throughout the COVID-19 crisis and beyond.

- VI. Preparedness:** This pandemic has highlighted existing inequities that have contributed to the spread and severity of COVID-19. State and federal preparedness efforts must involve meaningfully addressing health inequities and social determinants of health in the long term.
- Policymakers at the **state and federal levels** can enhance U.S. pandemic preparedness with investment into research and development, infrastructure (including PPE stockpiles, broadband access for telemedicine services, and improved manufacturing capabilities), and workforce development.
 - Additionally, as recommended by the Duke Margolis Center for Health Policy, the **federal government** should create a national, multi-agency public-private preparedness task force, which would include subject matter experts such as members of the U.S. Department of Health and Human Services, the CDC, industry representatives, and others. This new task force can augment existing response efforts in the Administration and can be charged with developing an evidence-based process to evaluate and track supply chains for testing supplies, PPE, and other medical supplies to ensure they are meeting the country's needs; to assure a pathway for testing coverage and payment; and to establish safety and preparedness standards.
- VII. Administrative Simplifications:** Throughout the COVID-19 emergency, orders have been issued requiring many private and public payors to institute administrative efficiencies for physicians. These orders should be extended beyond the end of the current pandemic.
- **At the federal level**, the Centers for Medicare & Medicaid Services (CMS) has taken actions to reduce administrative burdens for health care providers during the pandemic. For example, CMS allowed the Executive Office of Health and Human Services (EOHHS) to waive prior authorization requirements in the MassHealth fee-for-service (FFS) delivery system and offered extensions for pre-existing prior authorizations in MassHealth FFS through the end of the declared public health emergency. These efficiencies should be made permanent to ease administrative burdens and allow physicians to focus on planning and adjusting their practice workflow for the future so that they may facilitate prompt access to care for patients.
 - To similar effect, the **Massachusetts** Division of Insurance issued orders restricting prior authorizations for COVID-related care. These orders recognize the implicit delays in access to care caused by prior authorizations and the **state legislature** should consider further limiting unnecessary prior approvals or prior authorizations that tend to delay and deny care.
- VIII. Physician Licensure:**
- **Federal lawmakers** should support policies to provide visas to international medical graduates (IMGs) who could aid in the country's response to COVID-19. These visas could come from prior fiscal years' unused employment-based physician immigrant visas. This policy would address the shortage of physicians (due to the growth and ageing of the population and resulting physician retirement) that the country was facing prior to COVID-19 and exacerbated by the pandemic. In addition, IMGs play an important role in caring for vulnerable populations—according to the American Immigration Council, foreign-

trained physicians are more likely than U.S.-trained physicians to practice in lower-income and disadvantaged communities.

- **At the state level**, Governor Baker issued an [executive order](#) instructing the Board of Registration in Medicine (BORiM) to adopt a policy that makes International Medical School Graduates (IMGs) who have completed 2 years of postgraduate medical training approved by ACGME or AOA eligible for full licensure. This order was in recognition of the flexibility and responsiveness needed for staffing capacity in the time of the COVID-19 crisis. This flexibility and responsiveness will be needed beyond the immediate crisis, as the health care system will be strained for the foreseeable future, with subsequent surges likely to occur until this virus can be overcome by a vaccine or herd immunity. Importantly, implicit in this policy is a recognition that IMGs with 2 years of residency training are more than sufficiently competent and qualified to provide high quality health care to patients in the Commonwealth. Additionally, several policies have been enacted relative to BORiM licensure and credentialing; these policies have all required action on an expedited basis. Moving forward, even beyond this emergency, it is critical that BORiM find a way to continue processing and issuing licenses in Massachusetts on an expedited basis, as our physician workforce is likely to be in flux for some time, and the ability to recruit and attract talented physicians is hampered when it takes an extended time to obtain a license to practice medicine in Massachusetts.

Conclusion

The Medical Society hopes that state and federal policymakers will take the above policy recommendations under advisement as they consider how to best support the practice of medicine throughout the remainder of this pandemic and beyond. These interim and long-term steps are critical to facilitating safe access to care, ensuring patient and health care worker safety, reducing disparities experienced by at-risk populations, and ultimately improving the long-term efficiency and affordability of the health care system. The Medical Society looks forward to working constructively with state and federal policymakers toward these shared goals.