Federal Legislation Addressing COVID-19 Outbreak

Congress has put forward two legislative packages to address issues resulting from the COVID-19 outbreak, and is hard at work on a third. It is also worth noting that many state legislatures are advancing legislation to address the impact of the outbreak in their states, which the AOA is also tracking.

The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 was signed into law by President Trump two weeks ago. This $8.3 billion package is oriented around vaccine development, support for state and local health departments, and assistance for small businesses.

The package includes funding for public health surveillance and other programs that is geared toward state and local agencies. It also includes funding for personal protective equipment and supplies for medical personal, which would be distributed through state and local health departments.

Congress is now in the process of finalizing a second COVID-19 relief package. The House of Representatives passed the Families First Coronavirus Response Act, which is now poised for Senate approval before going to the president for his signature. Noteworthy provisions in the legislation include:

- The creation of a federal emergency paid leave program;
- A requirement that private insurers expand coverage for certain medical expenses related to COVID-19
- A requirement that employers in the healthcare sector develop a comprehensive exposure control plan to protect workers from COVID-19; and,
- A temporary increase in the Medicaid federal medical assistance percentage (FMAP).

Even before the second COVID-19 package is enacted into law, Congressional leaders are moving forward with work on a third package. This package will have a broad focus intended to address some of the broad economic issues and needs of small businesses, along with continued public health needs. To that end, we need your help in ensuring the voice of physicians is being heard in this process.

Tell Congress to Protect Physicians and Patients During the COVID-19 Pandemic

Protecting the interests of the osteopathic profession and the patients you serve is of the utmost importance to the AOA. We know you are on the front lines combatting this pandemic and saving lives.
As Congress attempts to craft legislation addressing Coronavirus (COVID-19), lawmakers need to hear from you how COVID-19 impacting your ability to care for your patients.

As COVID-19 continues to spread, osteopathic students, postdoctoral trainees and physicians across the nation are experiencing a host of challenges that impact their practice and the patients they serve:

- Shortages in medical supplies such as surgical masks and personal protective equipment;
- Limited guidance on safety and treatment protocols, as well as information on the availability of COVID-19 testing and changing telehealth rules;
- Physicians who want to help also face potential liability exposure if they provide out-of-state medical services; and
- Critical programs that would strengthen our public health system and increase access to care in rural and underserved areas such as the Teaching Health Center Graduate Medical Education (THCGME) program continue to face funding deadlines;

Act now to provide Congress with a clear picture of what's happening on the ground and the gaps in coverage or resources that need to be filled.

ACT NOW!

New Expanded Telehealth Services During COVID-19 Public Health Emergency

On March 17, the U.S. Department of Health and Human Services (HHS) used its authority granted under section 1135 of the Social Security Act and the Coronavirus Preparedness and Response Supplemental Appropriations Act to waive certain Medicare telehealth restrictions during the COVID-19 nationwide public health emergency.

Historically, Medicare payment for telehealth services is limited. Specifically, patients must be located in a designated rural health professional shortage area or a county outside of a metropolitan statistical area, receive services from an authorized “originating site” medical facility, or a site participating in a federal telehealth demonstration project. In addition, patients are not allowed to receive telehealth services in their home, except if receiving end stage renal disease (ESRD) dialysis or treatment for substance use disorder.

Now, patients will be able to access their physician using a variety of telehealth communication tools that allow for real-time communication, whether in a medical facility or in their home, including telephones that have audio and video capabilities, regardless of the diagnosis. For example, a Medicare
beneficiary can visit with a doctor about their diabetes management or refilling a prescription using telehealth without having to travel to the doctor’s office.

Starting immediately, physicians can bill for telehealth services furnished on or after March 6, 2020. Telehealth services are paid under the Medicare Physician Fee Schedule at the same amount as in-person services. Medicare coinsurance and deductible still apply for these services; however, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for covered telehealth services. Physicians should submit telehealth service claims to your local Medicare Administrative Contractor using Place of Service (POS) 02-Telehealth.

Additionally, the HHS Office for Civil Rights (OCR) is exercising its enforcement discretion and, effective immediately, will not impose penalties on physicians using telehealth communication tools that are not Health Insurance Portability and Accountability Act (HIPAA) compliant. Under the OCR notice, physicians may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules. Physicians should not use Facebook Live, Twitch, TikTok or other public facing communication services. Physicians are encouraged, but not required, to notify patients of the potential security risks of using these services and to seek additional privacy protections by entering into HIPAA business associate agreements (BAA). HHS also noted that while it has not confirmed such statements, Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts have said that their products will help physicians comply with HIPAA and that they will enter into a HIPAA BAA.

The Medicaid program already provides a great deal of flexibility to states that wish to use telehealth services in their programs. States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

For more information on this announcement, read the HHS Fact Sheet and Frequently Asked Questions.

New CPT Code for COVID-19 Testing
Panel expedited approval of a new laboratory test code (87635) for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19.

The new CPT code is effective immediately to report and track COVID-19 testing and related services, and streamline payment in the United States.

Earlier this month, the Centers for Medicare & Medicaid Services (CMS) created two new Healthcare Common Procedure Coding System (HCPCS) codes for coronavirus testing. HCPCS code U0001 is used specifically for CDC testing laboratories, whereas HCPCS code U0002 is intended for non-CDC laboratory tests.

The appropriate code to report depends on the insurer to which the claim is being submitted. To determine whether to use the CPT or HCPCS code, contact the third-party payer directly. For more coding guidance about the new CPT code for COVID-19 laboratory testing, read the AMA CPT® Assistant article.

CMS is continuously updating its website to reflect the most current information about COVID-19. To keep up to date with CMS guidance and announcements, visit the Current Emergencies website.

Join the AOA for a Virtual DO Day of Action!
I’m sure you have heard by now that the 2020 DO Day on Capitol Hill has been canceled. The AOA takes the health and well-being of its members and the public seriously. As COVID-19 continues to spread, recommendations to avoid large gatherings have grown as it could lead to additional school closings or overwhelm the healthcare system.

Although members of the osteopathic profession will not meet in person for DO Day on Capitol Hill, we know how important advocacy is to you. That is why we hope that you will join us engaging in grassroots efforts in a Virtual DO Day of Action on Tuesday, March 31! On the Day of Action, we will encourage our advocates to participate in various grassroots activities to demonstrate the osteopathic profession’s collective support for issues that impact you and your colleagues.

Want more information about the Virtual DO Day of Action? Be sure to become a member of the Osteopathic Advocacy Network.

BECOME A MEMBER TODAY!
DO Day registrants and Members of the OAN will be invited to an upcoming advocacy update and grassroots training webinar that will cover:

- COVID-19 Health Policy Update;
- Advocacy 101;
- Summary of Virtual DO Day Asks

**Although the Virtual DO Day of Action will be available to all osteopathic physician and students, the webinar is an exclusive benefit to OAN members.** OAN members stay fully engaged in breaking policy developments and are willing to represent the profession at in-person and virtual events. If you are not sure you are a member, you can check your status here. Be sure to be on the lookout for additional opportunities to engage as advocacy efforts on COVID-19 progress.

Additional details on the webinar, including the date and time, will be sent in the near future. We look forward to your participation in the Virtual DO Day of Action 2020!

**How is COVID-19 Affecting You?**
As osteopathic physicians, residents and students you are on the front line of the response to the COVID-19 pandemic. We need to hear from you about how this crisis is affecting your practice, your studies, or your personal lives.

Please tell us how you are being impacted by the COVID-19 outbreak. Your stories will help us bring a clearer picture to government officials at all levels as we make recommendations on potential policy needs to help mitigate the impact of this pandemic.

We will not share your story with anyone without your expressed consent and we're happy to keep identifying info confidential at your request. Use the form to the right to share what's happening to you, and any suggestions you have for how we should move forward.

**SHARE YOUR STORY!**

**Applications for SUDS Loan Repayment Program Remains Open**
Don’t forget to apply for the National Health Service Corps’ Substance Use Disorder Workforce Loan Repayment Program! The AOA helped craft this program which will provide loan forgiveness for medical professionals who choose to work in substance use treatment facilities in areas of the country that are highly affected by the opioid crisis.
The Health Resources & Services Administration (HRSA) is currently accepting applications through April 23, 2020, so be sure to apply before it is too late.

APPLY TODAY!