



Novel Coronavirus (COVID-19) Policy Priorities

As anticipation grows for more widespread community transmission of COVID-19 in the United States, emergency physicians will be on the frontlines of caring for those affected. In order to help ensure our health care system is prepared, a number of policy changes will need to be implemented to address the unique needs of this growing public health emergency.

Ensuring access to care for those infected or suspected infected

- Consider implementing alternative testing sites for faster, more cost-effective testing while freeing up hospital capacity for those who need it most and allowing those infected to self-quarantine, should they test positive.
- Alternative sites of care for respiratory patients to reduce contamination of other patients, and to reduce the need for PPE
- Public education on when and where to seek testing (including alternative testing sites mentioned above), when and where to seek care, self-quarantine procedures, home care if infected (including supplies to have on hand, etc), etc.
- Ensure production of medications relevant to treatment of Covid-19 is prioritized and their distribution directly to relevant sites of care is emphasized.

Securing an adequate workforce

- Prioritize availability of personal protective equipment (PPE) for emergency workers and other frontline personnel responding to the epidemic (including EMS, clerical staff, nurses, emergency physicians, etc.).
- Temporarily loosen restrictions on hospital privileging and removing barriers that impede workforce movement across state lines, such as licensure and liability protection.
- Ensure health care workers who become infected receive treatment quickly and readily.

Ensuring adequate resource allocation

- Ensure full coverage of testing and diagnosis by payers without patient cost-sharing.
- Temporarily remove the originating site limitation under CMS telemedicine rules, and add emergency telehealth services to the list of approved Medicare telehealth services.
- Ensure federal and state emergency funding is targeted and distributed beyond hospitals, such as for EMS and emergency and other relevant hospital-based specialty physicians who are not hospitalemployed.