



In this Issue:

[Federal Coronavirus Response](#)

[ACEP Actions to Address Coronavirus –Action Alert](#)

[Surprise Medical Billing Update](#)

[House Committee Reviews Substance Use Disorder Legislation](#)

Federal Coronavirus Response

This week, the U.S Congress approved, and the president signed into law, a supplemental appropriations package that will appropriate more than \$8 billion for federal agencies and programs to respond to the coronavirus disease 2019 (COVID-19). The law includes more than \$3 billion for research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of COVID-19; \$2.2 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to COVID-19; nearly \$1 billion for procurement of pharmaceuticals and medical supplies, to support health care preparedness and Community Health Centers, and to improve medical surge capacity; over \$1 billion for global health initiatives; allows \$1 billion in loan subsidies to help small businesses that have been impacted by COVID-19; and more than \$50 million to facilitate the development and review (pre- and post-market) of medical countermeasures, devices, therapies, and vaccines.

Within these accounts, \$950 million is designated to help states, localities, territories, and tribes conduct public health activities, such as syndromic surveillance, lab testing, contact tracing, infection control, migration in areas with person-to-person transmission, as well as other public health preparedness and response activities. At least half (\$475 million) of this funding must be allocated within 30 days. There is also approximately \$500 million designated for procurement of pharmaceuticals, masks, personal protective equipment (PPE), and other medical supplies, which can be distributed to state and local health agencies in areas with a shortage of medical supplies.

The U.S. House of Representatives approved the bill, the “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020” (H.R. 6074), on Wednesday by a vote of 415 to 2. The U.S. Senate approved the bill the following day by a vote of 96 to 1 and President Trump signed the bill into law this morning.

ACEP Actions to Address Coronavirus – Let your federal legislators know how they can help!!

We have heard from many ACEP members working in areas already impacted by the outbreaks that there are severe shortages of personal protective equipment (PPE) supplies, including N95 masks. It is critical that Congress is aware of [this and other needs for effectively addressing COVID-19](#) so lawmakers can provide the appropriate resources, funding, and policy changes for our healthcare system to effectively respond to the emerging pandemic.

[Click here](#) to contact your U.S. Senators and House member and urge them to ensure emergency physicians and other frontline responders have the resources and supplies necessary to ensure they are protected while providing urgently needed care.

For more information and resources on COVID-19 such as facility and personal preparation checklists, policy recommendations, and the latest clinical guidelines for emergency care teams, visit www.acep.org/COVID19.

[Click here](#) to see how ACEP is also keeping patients informed on how to stay safe.

Surprise Medical Billing Update

Earlier this week, ACEP, along with 18 other medical specialty and state medical societies, sent a [letter](#) to the Democratic and Republican leadership of the three House committees (Education and Labor, Energy and Commerce, and Ways and Means) that share jurisdiction on surprise medical billing legislation to offer recommendations on what provisions should be included in a final proposal. The letter thanks these leaders for their continued progress toward a more fair and equitable system to deal with provider-insurer reimbursement disagreements when patients experience a surprise gap in medical coverage, but cites our continued concerns on issues such as use of median in-network rates, payment baseline year, and network adequacy, among other things. The letter also outlines the key elements we believe should be considered by the arbiter/mediator when making a determination as to whether the provider or insurer offer is more appropriate.

The ACEP Advocacy team will be conducting a short, online survey next week regarding emergency physician experiences with abusive insurance contracting practices during the past year or so.

House Committee Reviews Substance Use Disorder Legislation

On Tuesday, the House Energy and Commerce Health Subcommittee held a [hearing](#) entitled, "Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders," to review 14 bills currently under consideration by Congress to address this issue. One of the bills was the ACEP-supported "Easy Medication Access and Treatment (MAT) for Opioid Addiction Act," H.R. 2881, sponsored by Dr. Raul Ruiz (D-CA). This bill would require the DEA to revise regulations within 180 days of enactment to allow a practitioner to administer up to a three-day supply of narcotic drugs to an individual for the purpose of maintenance or detoxification treatment at one time. This practice is intended to relieve potential acute withdrawal symptoms while the individual awaits arrangements for narcotic treatment. Currently, practitioners are only authorized to provide a one-day supply for such drugs.

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