

April 10, 2020

Thomas B. Considine  
Chief Executive Officer  
National Council of Insurance Legislators  
2317 Route 34 S, Suite 2B  
Manasquan, NJ 08736

Re: State policies to promote patients' immediate and long-term access to their physicians

Dear Mr. Considine:

On behalf of the American Medical Association (AMA) and its physician and student members, I write to express our gratitude for policies being enacted across the country that promote access to health care for patients during the COVID-19 pandemic. As states move forward with additional policy changes related to COVID-19, I also urge all state legislators to consider the importance of guaranteeing that patients have access to *their* physicians both now, during this crisis, and in the future.

State policymakers across the country have taken swift and important actions to promote access to care and continued coverage for patients in their states. For example, many states quickly guaranteed that costs associated with COVID-19 testing were covered by health insurers and that patients could obtain needed medications during this emergency by accessing early refills. The AMA is grateful for these and other decisive actions and urges all states to consider adopting similar [policies](#).

**As state leaders continue to debate how best and responsibly to address the myriad health care and health insurance issues that this pandemic provokes, the AMA urges strong consideration be given to the impact that such policy changes will have on patients' immediate and long-term access to their physicians.** During this pandemic, policies that establish or fail to remove roadblocks between patients and their physicians threaten continuity of care or access to care in the near term. Moreover, policies that place financial burdens or cost-shift onto already strained practices threaten physicians' ability to keep their doors open for their patients after this emergency is over. Below are several examples of policies being debated that would benefit from such strong consideration.

### **Telemedicine expansion**

Federal and state policymakers are working hard to guarantee that patients have continued access to care without risking exposure to the virus by expanding access to telemedicine services. At the

federal level, Medicare now requires that services provided via telemedicine be reimbursed at the same rate as in-person services. Moreover, acceptable modalities for the provision of telemedicine include telephone visits and visits using common audio-video technology, and finally, physicians can offer telemedicine services to new and established patients. **The AMA strongly encourages all states to adopt telehealth policies that reflect those now being required under Medicare.**

However, even in those states that have embraced broad expansion, barriers may still exist that prevent patients from seeking care from *their* physician. For example, the AMA continues to hear from physicians who would like to provide care to their existing patients through virtual means but are not able to do so. Health insurers frequently have separate telehealth networks that may not include physicians who normally provide in-person care. As such, physicians may not be given the option to continue seeing their patients via telemedicine, or in many instances, the insurer's credentialing process to allow physicians to participate in these networks is slow and cumbersome. We also have heard concerns from physicians who provide care to patients who reside in another state. For example, we have heard of instances where for residents of border towns or out-of-state college students, existing state policies may prevent physicians from continuing to provide care to their patients via telemedicine during this pandemic. **The AMA, therefore, urges policymakers to prevent insurers from limiting who in their provider networks is able to provide telemedicine and to temporarily allow out-of-state physicians to provide telemedicine across state lines.**

### **Grace Periods**

Several states are rightfully considering policies that allow patients to keep their group health insurance coverage despite layoffs, reduction in work hours and other job changes that threaten patients' ability to qualify for coverage. Additionally, various opportunities are being offered to allow individuals a grace period of coverage when premiums are not paid on time. The AMA strongly supports providing this leniency especially during this difficult time. Unfortunately, some of these policies permit insurers to pend claims during a grace period and eventually deny claims if coverage is cancelled. As such, these policies essentially shift both risk and costs onto patients and physicians at a time when neither has the capacity to accept either burden. Patients who are unable to afford their premiums are unlikely to be able to cover the costs of care, and physicians cannot pend paychecks to their staff or payments to their vendors. These policies serve as unnecessary barriers—disincentivizing patients from accessing care and physician practices from providing it. Moreover, they pose a threat to the long-term financial stability of the practice and the ability of physicians to be there for their patients in the future. **The AMA, therefore, urges the adoption of grace periods and other continuity of coverage policies during this national emergency that relieve patients and physicians of financial risk associated with delayed payment or nonpayment of premiums.**

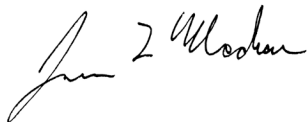
### **Administrative burdens**

Under normal circumstances, insurers' administrative hurdles commonly delay access to care and pose intrusions into the patient-physician decision-making process. Frequently, these requirements are not just burdensome but [harmful](#) to patients. Additionally, there are costs to physician practices in completing insurers' administrative requirements such as prior authorization, step therapy and medical record requests, in order to submit and receive payment for claims. While the AMA normally works to reduce these barriers, under these exceptional circumstances, the AMA feels it is important to suspend them all together. For example, it seems unfathomable that at this moment, our health care system is still allowing prior authorization requirements to interfere in the provision of care, cause patients to make multiple trips to the pharmacy, delay transfers out of hospital settings and pull valuable resources away from patient care. Additionally, it is important that after this crisis is over, authorizations for care that were postponed due to the pandemic remain valid until such time as the care is provided, relieving patients and physicians from any additional barriers and delays in care. **The AMA strongly urges policymakers to take immediate steps to prevent insurers' administrative requirements from delaying care and payment and undercutting practice resources.**

In conclusion, the AMA urges all state legislators to continue to take action to ensure that the health care system is functioning for patients, including implementing policies that ensure physician practices are able to continue providing care to their patients during and after the COVID-19 pandemic. State legislatures have a critical role to play during this pandemic and the AMA stands ready to work with NCOIL and its members to ensure that we emerge from this extraordinary time with a high-functioning, patient-centric health care system.

If you have any questions or need additional information, please contact Emily Carroll, JD, Senior Legislative Attorney, Advocacy Resource Center, at [emily.carroll@ama-assn.org](mailto:emily.carroll@ama-assn.org) or Kimberly Horvath, JD, Senior Legislative Attorney, AMA Advocacy Resource Center at [kimberly.horvath@ama-assn.org](mailto:kimberly.horvath@ama-assn.org).

Sincerely,



James L. Madara, MD