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May 18, 2020

As Congress

The Honorable Mitch McConnell
Majority Leader
United State Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy:

As Congress develops its next legislative response to the COVID-19 public health emergency, the Society of General Internal Medicine (SGIM) would like to express our support for your efforts to provide funding and relief to protect patient access to safe and effective health care services. SGIM is a member-based internal medical association of more than 3,300 of the world's leading academic general internists, who are dedicated to improving the access to care for all populations, eliminating health care disparities, and enhancing medical education. We believe it is critical that the next COVID-19 relief package include (1) direct relief for general internists working in hospital and primary care settings, including financial relief for medical residents and fellows, who are contributing significantly to the care of patients with COVID-19; (2) expanded access to COVID-19 testing and contact tracing; and (3) funding for COVID-19 related research and to support restarting research that was stopped as a result of the pandemic. Therefore, we write to ask you to include the following provisions in the next stimulus package.

Expanded Access to COVID-19 Testing and Contact Tracing

For general internists on the front lines, access to COVID-19 testing is critical to accurately identify COVID positive patients. Delays in testing result in unnecessary use of limited supplies of personal protective equipment and the potential for increased exposure to the virus both within healthcare settings and within the community. Increased tests will protect the health and safety of general internists and other frontline providers and facilitate contact tracing and containment or prevention of widespread outbreaks in the community. Furthermore, as states across the country are to re-opening, access to testing is critical to providing patients with the peace of mind that it is safe to return to doctors' offices to receive treatment for both chronic and acute conditions that they may have delayed during the pandemic.

Direct Relief for General Internists



General internists have been profoundly affected by this public health emergency, serving on the front lines as hospitalists as well as seeing significant portions of their practice continue via telehealth visits that reimburse less than in-person office visits. SGIM members in large academic medical centers and private practices are all experiencing the effects of this public health emergency. Many members in large academic medical centers are being asked to place themselves at risk to treat COVID-19 patients while seeing their institutions reduce their salaries and furlough key practice management staff. Those in private practice must make difficult financial decisions to furlough staff, forego their own salary, and even permanently close their practices.

A COVID-19 primary care survey conducted by the Larry A. Green Center and the Primary Care Collaborative support SGIM's concerns and yielded the following information:

- 40 percent of respondents have laid off staff;
- 38 percent expect to see non-COVID related deaths due to lack of access or delayed care; and
- 66 percent expect increased population health burden resulting from care avoided or diverted, particularly for mental health services, preventive care, and chronic care visits.¹

Despite the financial relief provided by Congress to date, these survey results demonstrate the critical need for further action. Congress should provide additional direct relief to general internists, including grants, interest-free loans, and other mechanisms to ensure patients can continue to receive necessary care both related to COVID-19 and their ongoing chronic conditions for the duration of this pandemic as well as after when a strong public health infrastructure, including a strong primary care workforce, must be in place both to meet the health care needs of Americans and be better prepared for the next pandemic. Congress should direct the Secretary of the Department of Health and Human Services to direct any remaining or new Public Health and Social Services Emergency Fund dollars to general internists and their practices that have both lost revenue and incurred increased operating costs since the start of the COVID-19 outbreak.

Loan Forgiveness

We appreciate Congress' prompt actions to provide federal loan forbearance under the CARES Act. The Society also asks that you consider loan forgiveness for physicians and other essential health care workers, including medical residents and fellows. Congress should include the Student Loan Forgiveness for Frontline Health Workers Act, H.R. 6720, in the next COVID-19 response package. This bill would forgive both federal and private student loans for physicians and clinicians who provide COVID-19 related health care services with no limit on the amount of debt relief granted.

¹ <https://www.pcpc.org/2020/05/06/primary-care-covid-19-week-8-survey>



Hazard Pay

Physicians and other essential health care workers are on the front lines where they face an increased risk of exposure to COVID-19 as they treat infected patients. SGIM urges Congress to include hazard pay for frontline health care workers, including medical residents and fellows, in the fourth COVID-19 stimulus package. Essential health care workers, including medical residents and fellows, have been called to serve due to the high demand placed on the health care system in areas with large numbers of infected patients. If our nation's health care workers are not appropriately recognized for serving on the front lines of a worldwide pandemic, this could reduce the number of individuals choosing to enter medicine in the future which would exacerbate physician workforce shortages. Congress must provide hazard pay for physicians, including medical residents and fellows, in the next COVID-19 relief package to recognize their tremendous efforts to fight this pandemic.

Visa Services for International Medical Graduates (IMGs)

The response to COVID-19 has placed significant stresses on our health care workforce, including increasing the demand for providers to serve on the front lines. Congress must ensure this country maintains a workforce to support any surges this country may face once states re-open or any other reason. Our health care system relies on IMGs under normal circumstances and we continue to rely upon them during this pandemic. However, the U.S. Department of State (DoS) announced the temporary suspension of routine visa services at all US Embassies and Consulates on March 20. SGIM was concerned how this would affect visa processing for medical residents and physicians. However, the department released a statement providing an update that they are still processing visas for medical professionals in response to stakeholder concerns. We must ensure that policies of this nature are not implemented during this public health emergency, and Congress direct the DoS that IMG physicians with J-1, H-1B and O-1 visas remain exempt from any future immigration bans or suspensions in services so that these doctors can respond to the COVID-19 pandemic and future pandemics.

Restarting Research and Training

There is a critical need for the creation of a fund to support restarting the research enterprise and training programs. For the past five years, Congress has been generous in its appropriations levels for the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), and other agencies. However, the rapid onset of the pandemic and near-immediate implementation of stay-at-home orders mandated by governors and university administrators required that many research projects and clinical and research training efforts had to shut down without adequate time to prepare. Restarting these research and training programs is going to involve considerable expense that is not covered by existing grants or other funding sources. Estimates are that this shortfall will be in the range of \$10 billion or more to support both extramural and intramural research reopening and to restart research and clinical training programs safely. Both NIH and AHRQ have been impacted by this shortfall.



Improving the Response to This and Future Pandemics

This pandemic swept across the United States with such impact and rapidity that every aspect of the health care system was impacted deeply. Decisions related to revisions to the health care system were made quickly, often on an emergency basis. It is essential that we learn from the impact and effects of the actions taken on patients, physicians, non-physician providers, public and private payers, and the health care delivery systems. We urge the provision of an additional \$80 million for AHRQ, the Center for Medicare and Medicaid Innovation, and the Centers for Disease Control and Prevention (CDC) to support evaluations and research related to targeted aspects of the health care system's response to the COVID-19 virus and multiple innovations, such as the new telehealth investments. Research on the response should be forward-facing and must include how incidence and outcomes of the disease are reflected in the health disparities that already exist and the pandemic's impact on those disparities.

Scientific Integrity

The extraordinary impact of the COVID-19 pandemic strained the agencies of government unlike anything we have seen in our lifetimes. It is very important moving forward that every piece of legislation, whether addressing this pandemic, future pandemics, or the routine annual funding of government science agencies, specifically address the absolute need for scientific integrity, rigor and reproducibility in all research endeavors. America is blessed with talented and dedicated professionals at our science agencies and their input should always be taken into consideration. The point is true for HHS agencies, such as NIH, CDC, the Food and Drug Administration, the Centers for Medicare & Medicaid Services, as well as non-HHS agencies such as the National Science Foundation, the Department of Energy, the National Oceanic and Atmospheric Administration, the Department of Defense, the Department of Veterans Affairs, etc.

Thank you again for all that you are doing to support patients and providers during this difficult time and for considering these additional policy recommendations. Please contact Erika Miller at emiller@dc-crd.com if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jean S. Kutner". The signature is written in a cursive, flowing style.

Jean S. Kutner, MD, MSPH
President, Society of General Internal Medicine