



March 24, 2020

The Honorable Donald J. Trump
President of the United States and
The Honorable Michael R. Pence
Vice President of the United States
1600 Pennsylvania Avenue, NW
Washington, DC 20501

Dear Mr. President and Mr. Vice President:

On behalf of the American Society of Anesthesiologists (ASA) and our nearly 54,000 members, I am writing to express thanks for your work to address the coronavirus (COVID-19) pandemic.

We are grateful to have been invited to participate in your conference call with physician organizations and we look forward to continuing our discussions with your team about how ASA can work to assure the safety and well-being of our front-line anesthesiologists and ensure Americans maintain access to the highest-quality anesthesia and critical care services.

All anesthesiologists have training in critical care medicine during our residency programs. Some anesthesiologists practice critical care medicine full time as intensivists. Those who practice in the operating room use ventilators on most of our patients, including those who are from critical care units. Anesthesiologists also specialize in pain medicine and they, too, have the background to assist in a crisis.

As we discussed on the conference call and in subsequent calls with Administration officials, our top priorities remain:

1. Prioritize Action to Expand Access to Personal Protective Equipment (PPE)

We applaud the steps the Administration has taken to ensure greater access to crucial medical supplies and equipment, including N95 masks. We will not be able replace highly trained physicians or other health care workers should they become infected and ill.

Accordingly, the safety and protection of our front-line anesthesiologists is ASA's top priority. The Administration's partnership with the private sector to obtain additional supply of PPE and the President's declaration to invoke the Defense Production Act (DPA) represent important steps toward reaching our shared goal to ensure sufficient

numbers of PPE and specifically of N95 masks for all physicians and other health care providers who need them. Most recently, the Vice President's remarks on Saturday regarding the U.S. Department of Health and Human Services placing an order for millions of N95 masks is encouraging news.

It is critical that our front-line anesthesiologists remain healthy so that they may fully serve the health care needs of our citizens. Anesthesiologist involvement in the intubation of patients, whether for surgeries or for ICU patients who need ventilators, brings very high risk of exposure to infection and subsequent severe illness. COVID-19 generates especially high levels of transmission during aerosol-generating procedures, such as intubation. Intubation causes the production of tiny liquid airborne droplets that contain highly infectious virus. These aerosolized particles can be inhaled if a physician is within 6 feet of an infectious source. Anesthesiologists who are intubating patients are in very close proximity - often inches - from their patient's mouth. The priority production of PPE, including N95 masks, will help ensure a sustainable physician workforce to care for all Americans.

2. Robust Economic Relief

We thank the Administration for recognizing the financial stress of the COVID-19 pandemic on physician practices and hospitals. With the cancellation of nonessential, non-emergent procedures, the economic foundations of the practices of physicians involved in surgery, such as anesthesiologists, will be particularly strained. We applaud the Administration's and Congress' efforts to provide financial support for our hospitals, ambulatory surgical centers and initial efforts to support small businesses, which could benefit anesthesiology practices. Recent steps to assist student loan borrowers without penalties and temporarily defer student loan repayment and interest for our medical students and residents are also important actions to provide economic relief to young physicians. We are also encouraged by on-going Congressional deliberations to provide support to practices. We look forward to working with the Administration and Congress to develop mechanisms that provide resources to practices such as:

- No interest loans, including bridge loans
- Grants for providers to offset revenue losses
- Other direct economic support for anesthesiology groups and health care facilities

3. Access to Ventilators

ASA is pleased to partner with the Administration to address the urgent and immediate need for ventilators. Our conversations with members of your staff have been productive and are ongoing. ASA's experts remain focused on innovating to expand access to ventilators including opportunities to adapt anesthesia ventilators for use with

COVID-19 patients in the critical care setting. We are also developing resources through which our expertise in critical care can be shared with other physicians and health care providers who may be called to provide critical care services. Initial drafts of ASA's three-part plan to share this expertise have been shared with Administration officials.

Beyond these priorities, we also seek the Administration's support for regulatory action or collaboration with Congress on the following:

a) Expand Access to Critical Care Providers

The COVID-19 pandemic has caused an acute shortage of **critical care providers** in certain areas of the country. At the same time, the reduction in surgical volume due to restrictions on elective surgery has resulted in an over-supply of some anesthesia providers. Efforts to address localized shortage issues should reposition underutilized resources to address critical care needs. ASA is working with its membership to transition to provide physician critical care services. Wholesale permanent changes of scope of practice related to anesthesia and critical care services are unnecessary and risk significant disruption of patient care, workflow, and clinical organization. ASA recommends the following:

- i) Organize Critical Care Physicians, Nurses and other Key Professionals for a Workforce Discussion
The staffing of critical care facilities remains a nationwide vulnerability. ASA has been in regular discussions with Society of Critical Care Medicine (SCCM) and Society of Critical Care Anesthesiologists (SOCCA). ASA proposes to organize a formal stakeholder-wide discussion among key critical care interests to address workforce needs. The Administration's engagement would be welcomed and encouraged.
- ii) Use Nurse Anesthetists to Address Temporary Shortage of Critical Care Nurses
Many ASA member practices employ certified registered nurse anesthetists (CRNA) in the delivery of anesthesia. With the significant reduction of elective, non-essential surgical volume, ASA has received word of anesthesia practices laying-off nurse anesthetists. Nurse anesthetists are, first and foremost, registered nurses (RN) and have experience in critical care nursing. In fact, all nurse anesthetists must have critical care nursing experience as a prerequisite to attend nurse anesthesia school. The Administration should encourage nurse organizations and hospitals to transition nurse anesthetists to work as

registered nurses to staff intensive care units. The Administration should work to eliminate regulatory obstacles, if any, to this practice for the period of the Emergency Declaration.

iii) Use of Certified Anesthesiologist Assistants (CAAs)

The Administration should support the expanded use of Certified Anesthesiologist Assistants (CAA) nationwide. CAAs are well-established, highly skilled Master's level health professionals who work under the direction of an anesthesiologist to implement care plans. CAAs have long been recognized by the Centers for Medicare and Medicaid Services (CMS), Tricare, and commercial payers and provide the same quality care as nurse anesthetists.

In particular, opportunities for CAAs exists within the Veterans Health Administration (VHA). CAAs are currently eligible providers within the VA. However, the VA's full use of CAA's has been impeded by the misclassification of CAAs as medical technologists, the equivalent of a baccalaureate/Bachelor's level educated provider, rather than as a Master's degree advanced practice clinician. CAAs can play a critical role within the VA's deployment to address COVID-19 with "boots on the ground." ASA recommends that the Department move the CAA position classification from GS-0601 to GS-0603 – Physician Assistant Series to facilitate this use.

iv) Expedite Immigration Processes to Preserve U.S. Workforce of International Physicians

ASA has been contacted by practicing anesthesiologists and residents in training in the United States who are at risk of losing their ability to care for patients because of federal immigration regulatory delays and obstacles. Expiration of visas and loss of employment authorizations due to factors outside of the control of these physicians could result in the loss of valuable members of the U.S. health care work force at a time of critical need. ASA asks the administration to expedite necessary immigration reviews and approval, including expediting of "Green Card" processing, and consideration of relief for physicians with visas tied to employment that may be lost. This will ensure that international physicians already practicing in the United States may continue to provide medical services. Many of these international physicians work in medically underserved areas and their potential loss would disproportionately affect care in areas with scarce physician resources.

b) Protect the Economic Viability of Practices

The COVID-19 pandemic has caused unexpected and significant economic challenges that threaten the viability of medical practices throughout the country. We ask that the Administration consider the following measures to protect our nation's medical providers and the patients we serve:

i) Increasing Medicare Payments

The values Medicare assigns to medical services and procedures are based on a "typical patient." COVID-19 patients far exceed any "typical" scenario. The complexity of care and the risks to those providing care are far greater than "typical." We therefore urge the Administration to provide for enhanced payment for care rendered to those with COVID-19. Such services would include critical care, ventilator management and anesthesia care. Anesthesia care for these patients involves a greatly increased risk to the anesthesia professional as the virus can aerosolize during intubation. ASA recommends creation of a 20% add-on code for these services for COVID-19 patients for the duration of the Emergency Declaration.

ii) Moratorium on Insurer Cancellation/Renegotiation of Contracts

ASA has received information from a number of anesthesia practices that some insurers, most notably United Health Care, are sending notices of unilateral changes in contract terms prior to the expiration of the contract. Physician practices are forced to accept major payment concessions, often as much as 60% payment reductions, or lose in-network status. These contracts were negotiated in good faith, and some of the unilateral changes are being imposed just six months after the contracts commenced. This aggressive insurer negotiating stance will either weaken the economic well-being of already stressed practices or result in additional out-of-pocket expenses by patients. ASA asks the Administration to issue a moratorium on contract changes during the period of the Emergency Declaration and reinstatement of those contracts cancelled in the last 6 months.

iii) Medical Liability Reform Relief

The shifting and expanding of physician practice responsibilities to care for high acuity COVID-19 patients will significantly increase physician liability exposure. ASA recommends the federal government use whatever

mechanisms it may have at its disposal, including working with states, to provide liability relief to front-line anesthesiologists. Locally, immediate steps could be taken with insurers to provide waivers of any restricted coverages or exclusions for temporary changes in specialty or practice responsibilities due to COVID-19 and of any requirement to pre-notify insurer of changes in practice locations, specialty and practice responsibilities.

ASA thanks you for your time and consideration. We appreciate your leadership and are ready to work with you to address this unprecedented health crisis. If you have any questions, please do not hesitate to contact me or Manuel Bonilla, Chief Advocacy and Practice Officer of the ASA.

Sincerely,

A handwritten signature in black ink that reads "Mary D. Peterson, MD". The signature is written in a cursive style with a large, prominent initial "M".

Mary Dale Peterson, M.D., MHA, FACHE, FASA
President, American Society of Anesthesiologists