



The Honorable Alex M. Azar II
Secretary
U.S. Department of Health & Human Services (HHS)
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar,

Cardiovascular clinicians across the country are working on the front lines, serving patients, and leading COVID-19 response plans for institutions. Patients suffering from cardiovascular disease and other underlying comorbidities are at high risk for worse COVID-19 outcomes and emerging clinical evidence indicates that patients without underlying cardiovascular conditions suffer from cardiac injury after contracting the virus. The ACC continues to work at the precipice of emerging science to provide the best care for our patients and stands ready to work with HHS and any other entities in our common goal of treating this virus and securing the health of the public. To best accomplish this important work, **the College asks HHS to quickly and directly disperse necessary Public Health and Social Services Emergency Fund resources to eligible health care providers, including specialty and multi-specialty practices.** The dissemination of ample guidance, complete with equitable and transparent selection criteria, is essential to ensure necessary funds reach all health care providers as they navigate this crisis within their own communities.

The ACC envisions a world where innovation and knowledge optimize cardiovascular care and outcomes. As the professional home for the entire cardiovascular care team, the mission of the College and its more than 54,000 members is to transform cardiovascular care and to improve heart health. The ACC bestows credentials upon cardiovascular professionals who meet stringent qualifications and leads in the formation of health policy, standards and guidelines. The College also provides professional medical education, disseminates cardiovascular research through its world-renowned JACC journals, operates national registries to measure and improve care, and offers cardiovascular accreditation to hospitals and institutions.

To protect patients from exposure to the virus and conserve resources for the pandemic, clinicians are suspending most elective procedures – including advanced diagnostic imaging and in-person visits – and replacing them with virtual visits to the extent possible as requested by the CDC, CMS, other public health authorities, and their own professional societies. Practices have made additional investments in physical and workflow solutions to protect staff and patients who must still be cared for in person. Many have made significant technology outlays to supply staff with laptops and tablets to maintain workflows remotely. The temporary suspension of in-person patient care is having a large impact on health care providers and their practices and institutions; indeed, many have seen a severe reduction in revenue while still needing to meet payroll, rent, and other financial obligations. While these changes in care delivery are necessary to protect patients and clinicians alike, practices and institutions did not have sufficient time to adjust to decreased revenue that results from this response.

President

Athena Poppas, MD, FACC

Vice President

Dipti Itchhaporia, MD, FACC

Immediate Past President

Richard J. Kovacs, MD, MACC

Treasurer

Howard T. Walpole, Jr., MD, MBA, FACC

Secretary and Board of Governors Chair

Daniel M. Philbin, Jr. MD, FACC

Board of Governors Chair-Elect

Joseph E. Marine, MD, FACC

Trustees

Cathleen Biga, MSN, RN, FACC

Claire S. Duvernoy, MD, FACC

Edward T.A. Fry, MD, FACC

James L. Januzzi, Jr., MD, FACC

Jeffrey T. Kuvin, MD, FACC

Roxana Mehran, MD, FACC

Andrew P. Miller, MD, FACC

Daniel Jose Piñeiro, MD, FACC

Acting Chief Executive Officer

Cathleen C. Gates

The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.

In response to the growing financial and health impacts from the COVID-19 pandemic, Congress authorized several financial programs in the CARES Act to help providers focus on caring for their patients. One of these is \$100 billion dollars to the Public Health and Social Services Emergency Fund for eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus.

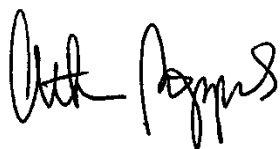
As the impact of COVID-19 is felt across the country, **the ACC joins other organizations in calling for HHS to quickly and directly disperse these necessary financial resources to eligible health care providers. This includes specialty and multi-specialty practices**, regardless of eligibility for other funding mechanisms such as Small Business Administration (SBA) loans and forgiveness programs that address different impacts of the pandemic. Quick and direct distribution of these funds is essential for their continued operation.

It is equally important that HHS provide ample guidance for institutions to apply for these critical funds and equitable selection criteria for clinicians. Health care organizations large and small have incurred enormous financial costs during this crisis and their continued operation is vital to the health of patients during and after this pandemic. Without these funds, patients who have delayed elective procedures yet need care in the coming months may find themselves with fractured continuity of care due to practice closures. Most importantly, organizations that employ scores or hundreds of health professionals, administrative staff, and other dedicated professionals may find themselves at a distinct disadvantage when competing against large hospitals and other health entities unless HHS creates a level playing field that provides needed assistance to organizations of all sizes.

Cardiovascular clinicians will continue to provide care for all patients during and after this public health emergency and are committed to working with the coronavirus task force, HHS, state and local entities to coordinate necessary health care treatment. The ACC asks that HHS consider these dedicated professionals when ensuring that all medical practices and institutions have quick and equal access to necessary funds for health care related expenses or lost revenues that are attributable to coronavirus.

Thank you for supporting cardiovascular clinicians and all healthcare professionals as we continue to serve our nation and provide high-quality care for patients during this crisis. Should you have any questions, please contact Nick Morse, Advocacy Division Vice President, at nmorse@acc.org.

Sincerely,



Athena Poppas, MD, FACC
President

President

Athena Poppas, MD, FACC

Vice President

Dipti Itchhaporia, MD, FACC

Immediate Past President

Richard J. Kovacs, MD, MACC

Treasurer

Howard T. Walpole, Jr., MD, MBA, FACC

Secretary and Board of Governors Chair

Daniel M. Philbin, Jr. MD, FACC

Board of Governors Chair-Elect

Joseph E. Marine, MD, FACC

Trustees

Cathleen Biga, MSN, RN, FACC

Claire S. Duvernoy, MD, FACC

Edward T.A. Fry, MD, FACC

James L. Januzzi, Jr., MD, FACC

Jeffrey T. Kuvin, MD, FACC

Roxana Mehran, MD, FACC

Andrew P. Miller, MD, FACC

Daniel Jose Piñeiro, MD, FACC

Acting Chief Executive Officer

Cathleen C. Gates

The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.