March 19, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

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

As the cardiovascular clinicians currently on the front lines serving our patients and leading COVID-19 response planning for our institutions, we write regarding the next COVID-19 emergency response supplemental appropriations package. Thought leaders from all corners of the American College of Cardiology (ACC) continue to highlight several areas as gaps where additional resources are essential as they attempt to execute social distancing while preparing for an expected surge.

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.

As you continue your work on additional COVID-19 emergency response legislation, we urge you to consider the following:

**Concerns about rationing care**

Clinicians want to ensure all patients have access to the necessary supplies to fully treat their condition and provide the best chance at a full recovery. There is a growing concern for shortage of ICU equipment such as ventilators which will limit treatment and result in increased death rate, as has been seen in other countries. **Congress should include resources to help bolster the supply chain of these life-saving necessities.**

**Continued emphasis on access to personal protective equipment**

Members of the cardiovascular care team have shared that access to personal protective equipment (PPE) remains an obstacle. Severe shortages
of this equipment – including N95 masks, sterile gloves, and surgical gowns – leaves many health professionals insufficiently protected amid this outbreak. **We join with the medical community to urge policymakers to take strong steps to increase availability of these products in the next COVID-19 supplemental package.**

**Clarity on the specifics of caring for at-risk patients via remote and telehealth mechanisms**

Aggressive implementation to allow telehealth management of all patients will go far in stemming disease transmission to all patients. **Additional support from the federal government to ensure alignment with private payers would be helpful. Federal authority to care for patients across state lines in this emergency would allow even greater use of remote technology.**

**Clinician protections during a declared emergency**

American clinicians are on the front lines of an unprecedented healthcare crisis and will be called upon to treat patients with limited supplies and protective gear while doing everything in their power to address an overwhelming need. It is essential that we support them now with reasonable protection from lawsuits while they serve their communities and our nation in these extraordinary times. **We urge Congress to include S. 1350/H.R. 6283, the Good Samaritan Health Professionals Act, which would apply limited civil liability protections to volunteer clinicians during a federally declared disaster.**

**Protect Healthcare Practices and Institutions**

As we continue providing care for all patients amidst this public health emergency, practices and facilities are appropriately throttling care in the clinic and limiting elective procedures in order to prioritize in-person care for the sickest patients. As employers, medical practices and facilities of all sizes are pillars within each community, offering high quality care AND excellent, satisfying jobs that advance public health. **As our nation weathers this crisis, we ask that all medical practices and institutions be included in efforts to stabilize and strengthen our national clinical infrastructure and the economy.**

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 Lucas Sanders, Director of Congressional Affairs, at 202-375-6397 or lsanders@acc.org.

Thank you,

Richard J. Kovacs, MD, FACC
President