AMERICAN SOCIETY OF PLASTIC SURGEONS ®
THE PLASTIC SURGERY FOUNDATION ™

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June 26, 2020

The Honorable Lamar Alexander
Chairman, Senate Committee on Health, Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

RE: Request for Information Regarding Chairman Alexander's White Paper, *Preparing for the Next Pandemic*

Dear Chairman Alexander:

On behalf of the American Society of Plastic Surgeons (ASPS), we thank you for this opportunity to provide greater insight into what the nation can learn from the COVID-19 response to better prepare for the next pandemic. As the largest association of plastic surgeons in the world, representing more than 7,000 members and 93 percent of all board-certified plastic surgeons in the United States, it is our responsibility to advance quality care and promote public policy that protects patients. Our top priority is to ensure that patients receive necessary services wherever and whenever they need our care.

In your June 9 white paper, you requested recommendations from healthcare stakeholders on how Congress can better coordinate with local, state, and federal entities to better respond to future public health emergencies. Our key recommendation is to **prioritize federal funding for existing disease prevention and control programs** in the annual appropriations process. We hope that this pandemic has served as a cautionary lesson that budgetary cuts to these necessary public health programs undermine the nation's ability to quickly respond in times of crisis, which devastates our nation's economy and results in the loss of many lives. In addition to that core recommendation, we write to provide insight to several additional areas outlined in your white paper:

Section 3: Stockpiles, Distribution, and Surges – Rebuild and Maintain State and Federal Stockpiles and Improve Medical Supply Chain Capacity and Distribution

The current public health emergency (PHE) has demonstrated the urgent need to bolster the domestic medical supply chain through a multi-pronged approach focused on manufacturing and procurement. We strongly agree with you that Congress needs to leverage relationships with both government and private stakeholders to ensure that the nation has access to medical supplies to meet increasing demands during a pandemic. One of the biggest challenges that plastic surgeons have faced during this pandemic has been access to personal protection equipment (PPE), which has been necessary for those serving at the frontlines and for physicians attempting to reopen their practices.

While we support your proposal to bolster investments into the Strategic National Stockpile (SNS), it is important to recognize that the SNS primarily serves as a stopgap buffer to address shortages, and that it has limitations, since most medical supplies have a finite shelf life. For example, the Department of Health and Human Services announced in March that approximately 30 percent of its N95 masks had expired, meaning that they were less effective for frontline medical professionals. For these reasons, Congressional efforts need to focus on increased domestic production of personal protection equipment (PPE). This will reduce the nation's dependence on foreign manufacturers in times of global crisis and competition for

resources. As you evaluate the best approach to expand domestic PPE production capacity, we offer two critical considerations: first, we have a serious national deficit in our ability to produce sewn goods, like masks; and second, we need to have a plan in place to redeploy domestic production capacity from a primary use in normal times to a secondary, PPE-focused use during disease outbreaks.

In addition, there needs to be stronger coordination between government officials and healthcare stakeholders to identify and distribute needed supplies faster. At the onset of the pandemic, ASPS partnered with the White House to establish a ventilator and PPE donation clearinghouse to help FEMA collect and distribute supplies. Our Society directly worked with federal health officials and governors in heavily-impacted states to facilitate donations from our plastic surgeon members, physician colleagues, and industry partners to route ventilators, N-95 masks, and other supplies to severe shortage areas. While we were happy to heed the nation's call for help, we appreciate that FEMA has established a process for the donation of PPE and other critical supplies (at https://www.fema.gov/covid19offers), and we believe that this clearinghouse should be retained and refined in preparation for future pandemics.

Section 4: Public Health Capabilities – Improve State and Local Capacity to Respond

One consistent element of reporting from frontline locations in the fight against COVID-19 has been the profound stress that major outbreaks place on the traditional healthcare delivery structure. The word "overwhelmed" is perhaps most apt and most used when doctors and nurses in hospitals talk about their efforts to manage a coronavirus patient surge. We believe new and temporary care delivery methods should be developed to better meet the needs of a viral pandemic. Formal arrangements should be in place to re-route specific kinds of care to specialized venues when it is needed during, but unrelated to, an infectious disease outbreak.

For example, rather than have a fully accredited ambulatory surgery center (ASC) in Chicago sit idle while its surgeon owner keeps her cosmetic surgery practice closed in the interest of public safety, why not have craniofacial trauma cases diverted there from nearby hospitals? Why not have wrist and hand trauma cases diverted to her colleague in another part of the city, who has a similar business model and substantial expertise in hand and wrist surgery?

Such arrangements – where health systems essentially subcontract private practice groups to function as offsite operating rooms/intensive care units – would reduce the direct pressure on hospital emergency and intensive care departments that are dealing with large numbers of pandemic patients. They would also reduce indirect pressure on those systems by making it less likely that the people treating and recovering from a traumatic injury are going to contract the pandemic disease.

Public health officials responded to COVID-19 surges by working to create additional hospital beds, primarily using waivers related to Medicare and state-based certifications/licenses to give hospitals flexibility in the way certain sites are used and in the number of beds allowed at others. This was a necessary mass-scale reaction to getting caught flat-footed by overwhelming numbers of sick patients, but it also has very clear limitations and weaknesses. For one, while adding beds solves one problem by allowing a facility to appropriately house all its patients, that solution creates the additional problem of too many patients for the number of providers at a site. Plus, larger numbers of people in greater concentrations around individuals exposed to an infectious disease counteracts efforts to limit the spread of those diseases.

Taking the approach illustrated above, where subsets of emergency and intensive care are rerouted from taxed systems to the most prepared and appropriately skilled providers, could offer huge gains in treating

and controlling the larger public health threat of a pandemic. We encourage the Committee to consider formalizing programs to facilitate partnerships between health systems and private practice providers to deliver specialized urgent care during a pandemic patient surge. When doing so, please bear in mind that practices in some specialties, particularly plastic surgery, may use facilities that are fully accredited by one of the major CMS-approved accreditation bodies[1] but not accredited by Medicare or by their state. These facilities would be accredited thusly if they did not take any insurance-based cases. Having them excluded from the approach illustrated above would remove a sizeable and specialized part of the potential trauma care delivery workforce.

Separately, the patchwork of state medical liability laws severely undermined physicians' ability to quickly mobilize and respond to the emerging health crisis. We strongly believe that Congress needs to deliver a federal solution like the bipartisan *Coronavirus Provider Protection Act* (H.R. 7059), which would provide immunity from liability for care provided in good faith during public health emergencies. It is imperative that Congress removes the current barrier for physicians who want to provide a civic service without the fear of frivolous lawsuits.

Finally, we appreciate the Centers for Medicare and Medicaid Services' (CMS) recent telehealth waivers during the COVID-19 pandemic and would support making these policies permanent. ASPS believes that the recent telehealth policies have helped ensure continued access to care for patients while diverting non-emergent care away from overwhelmed healthcare facilities. However, our foremost priority is patient safety and we believe that any telehealth expansion by the federal government must not circumvent state scope of practice laws and has to ensure that non-physicians do not have the right to independent practice without physician supervision.

Section 5: Improve Coordination of Federal Agencies During a Public Health Emergency

Pandemics do not recognize international and interstate borders, which is why we believe the federal government needs to take authority during pandemics. As part of this authority, the federal government should take the lead in assisting state governments in procuring PPE and testing supplies and coordinating information-sharing amongst state officials. In addition to leading coordination efforts with state and local authorities, there must be a clearly outlined chain of command amongst federal agencies. As you mentioned in your white paper, one of the ongoing challenges with pandemic responses is that each Administration has a different foundational response structure and personnel in charge of handling the public health emergency. Therefore, we strongly recommend that Congress and the Administration establish a permanent Pandemic Response Council so the federal government is not rebuilding a new response structure with each emerging crisis. ASPS also believes that it would be advantageous to include representatives from the healthcare industry, including non-political physician experts, so they can provide their expertise and help accomplish a harmonized federal, state and private response.

Additional Recommendations:

The nation currently faces a severe physician workforce shortage, demonstrated clearly throughout this health crisis, that is expected to only get worse, with a projected shortage of nearly 122,000 physicians by

[1] https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Accrediting-Organization-Contacts-for-Prospective-Clients-.pdf

2032.[2] Physicians play an instrumental part in our nation's response to pandemics, and the most straightforward and readily-achievable way to prepare for the next pandemic is to ensure that there are physicians available to meet the needs of the future. Now is the time for Congress to make this necessary investment by passing legislation such as the *Resident Physician Shortage Reduction Act* (S. 348), which would increase Medicare funding for physician residency training spots through graduate medical education (GME), and the *Student Loan Forgiveness for Frontline Health Workers Act.* (H.R. 6720), which would provide loan forgiveness targeted specifically at healthcare workers. These federal solutions will help incentivize future physicians to enter and remain in the workforce so we can adequately respond to our nation's growing healthcare demands.

We appreciate your commitment to taking immediate action to prepare for the next public health emergency to better safeguard the U.S. economy and innocent lives. Thank you for the opportunity to provide greater insight into how we can collectively prepare for the nation's next public health emergency. Please do not hesitate to contact Patrick Hermes, Director of Advocacy and Government Relations, at phermes@plasticsurgery.org or (847) 228-3331 to request any addition information or with any questions.

Sincerely,

Lynn Jeffers, MD, MBA, FACS
President, American Society of Plastic Surgeons

[2]IHS Markit. "The Complexities of Physician Supply and Demand 2018 Update: Projections from 2015 to 2030." https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf