Media Talking points on COVID-19

from Laura Wooster, ACEP’s Washington Office Director.

As media interest in COVID-19 intensifies even further, ACEP is responding to countless inquiries with messaging that highlights the most pressing needs of emergency physicians and patients, and helps amplify our advocacy efforts on these issues. Since we know many of you are also speaking with the media, in case helpful, we wanted to share the talking points we’ve been using for more general, consumer-facing media (versus trades or beltway publications). These will over time evolve, so I’ll likely be posting updates to them. If you have additional questions, please reach out to myself (lwooster@acep.org) or Steve Arnoff (sarnoff@acep.org) anytime. Thanks! -Laura

Increase Access to Personal Protective Equipment (PPE) for Frontline Health Care Workers

- Emergency physicians and health systems currently face severe shortages of personal protective equipment (PPE), like N95 masks, gowns, and eye wear that will leave many health professionals like us unprotected or insufficiently protected in the midst of this outbreak.

- We can’t afford for emergency physicians and other frontline providers to get sick because of shortages.

- We need to take action now to fill this gap with every resource we have available, including from the Strategic National Stockpile. We understand these resources are limited but the time to use them is now.

- Further, we urge the Administration to exhaust every option available to rapidly increase PPE production and prioritize distribution to emergency physicians and other frontline providers.

- We appreciate that the Administration announced that PPE production is ramping up, but we need these supplies now and we’re going to need significantly more as cases multiply.

Expand the Number of Available Tests Across the Country

- We appreciate the recent efforts to increase access to testing, but most emergency departments, hospitals, doctors' offices, and other urgent care and outpatient clinics across the country still face severe shortages of COVID-19 tests.

- Additionally, many communities are encountering testing backlogs and delays in getting lab results, hampering our ability to mitigate the spread.
• We are encouraged by the recent announcements to expand community-based testing centers (drive-thru clinics) and to significantly ramp up testing across both the public and private sectors, but this can't come soon enough.

**Full Coverage and Elimination of Cost-Sharing of Testing and all Services Related to the Treatment of COVID-19**

• While ACEP appreciates that patients will not be subject to cost-sharing for receiving the COVID-19 test itself, it remains unclear whether copayments, coinsurance, and deductibles will be covered for the additional services that patients with suspected or confirmed cases of COVID-19 often receive when they come to the ED.

• Patients should not have to choose between life and debt.

• Removing the fear of potential out-of-pocket costs will remove what could be a dangerous obstacle to more widespread testing.

**Guidance to Patients on When it is Appropriate to Come to the Emergency Department**

• Clearer guidance needs to be communicated by state, local, and national officials as to when patients should go to the ED.

• As the number of COVID-19 cases increases, we need to keep space open in EDs to treat patients with serious conditions.

• Overcrowding of the ED can significantly slow down our ability to treat critically ill patients and will further expose patients and health care workers to the disease.

• ACEP has released its own guidance and materials for patients, which the officials should use as a template.