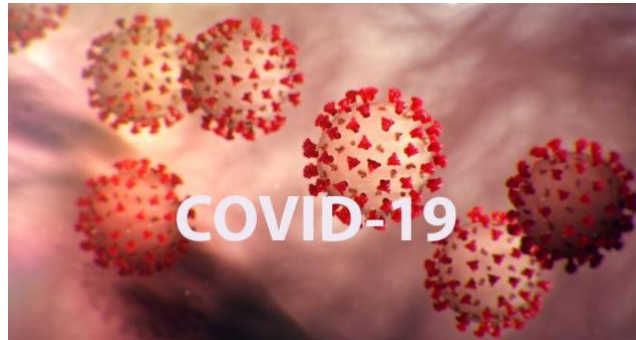




ADVOCATES FOR ADVANCEMENT



A Call to Action: Accept the Situation and Be Ready to Act

Dear Colleagues,

I am unsure what stage of grief everyone is in, but it is time to quickly move from denial, anger, bargaining, and depression, and get to acceptance. It was only one week ago today that we were wrapping up the MMA's interim meeting. At that time, in light of the COVID-19 virus, I had asked for everyone to meet via teleconference just to be on the safe side. I wasn't sure if that was the right call at that time, but since then a lot has happened. This remains a dynamic and ongoing situation.

Let me give everyone a situation report from a Family Doctor's perspective. I am not a brain surgeon or a rocket scientist, but I know enough that the combination of an economic collapse accompanied by a global pandemic cannot be a good thing. Either one of these crises alone will have an impact on mortality rates, and the combination of the two can only compound our situation even greater. I also know a few other things. As a biology major, I know that when a new virulent viral strain encounters a species with no natural immunity, bad things happen. I also know as a former Nuclear Submarine Medical Officer that preparation and organization saves lives and disarray and unpreparedness can cost lives. Here are some of the facts:

- December 31st, 2019 - A pneumonia of unknown cause was detected in Wuhan, China, and was reported to the World Health Organization (WHO) Country Office.
- January 30th, 2020 - The outbreak was declared a Public Health Emergency of International Concern.
- February 7th, 2020 - Dr. Li Wenliang (the 34-year-old Ophthalmologist who first identified a SARS-like coronavirus) dies from the same virus.
- February 11th, 2020 - WHO announces a name for the new coronavirus disease: COVID-19.
- February 19th, 2020 - The U.S. has its first outbreak in a Seattle nursing home.
- March 11th, 2020 - WHO declares the virus a pandemic and in less than three months, from the time when this virus was first detected, the virus has spread across the entire planet with cases identified in every country including Greenland.
- March 11th, 2020 - Over 60% of all COVID-19 deaths in the U.S. can be traced to that single nursing home in Seattle.
- March 11th, 2020 - Dr. Fauci from the National Institutes of Health (NIH) states, "If you count all the estimated cases of people who may have it but haven't been diagnosed yet, the mortality rate is probably closer to 1%," he said, "which means it's 10 times more lethal than the seasonal flu."

- March 19th, 2020 - Layoffs spike in the U.S. and Europe as the virus shuts businesses. The U.S. and global economies have come to a shuddering stop, unleashing a wave of layoffs that is much larger and moving much faster than job losses in previous downturns.
- March 21st, 2020 - The Dow Jones Industrial Average is down 35.1% from its February 12th record finish, while the S&P 500 is off 31.9% from its February 19th record (this percentage drop so far ranks as the second worst month in history).
- March 21st, 2020 - The U.S. has 24,105 active cases, 301 deaths, and 171 patients declared recovered.
- March 21st, 2020 - Emerging Infectious Disease Volume 26, Number 6—June 2020 “Our estimates of the risk for death in Wuhan reached values as high as 12% in the epicenter of the epidemic and ≈1% in other, more mildly affected areas. The elevated death risk estimates are probably associated with a breakdown of the healthcare system, indicating that enhanced public health interventions, including social distancing and movement restrictions, should be implemented to bring the COVID-19 epidemic under control.”

I am not an epidemiologist, economist, mathematician, or a doomsayer, but I can recognize some disturbing trends when I see them. Based on estimated mortality rates above, with a U.S. population of more than 330 million and not knowing what percent of our population may be infected, I will let you calculate the number of casualties we may experience over the next four to eight weeks. I am starting to accept the fact that we may be facing a “Spanish Flu” type epidemic in the setting of the “Great Depression.” *When you see bad weather coming, there is no harm to prepare for the worse and hope for the best. However, there is harm in being caught unprepared in the storm.*

I am calling for all Montana doctors to mobilize our healthcare teams to be prepared and ready for what may come. It is time for us to step up and lead by doing the following:

- 1) We need to be ready to mobilize all our resources toward our hospitals and ERs which will be our first line of defense. We need to get as much Personal Protective Equipment donated or delivered to these sites as possible, along with other necessary supplies.
- 2) We need to postpone as many non-essential surgeries and office visits as possible. We need to embrace the concept of social distancing and not put ourselves or our patients at risk. We need to lead by example and promote shelter in place. Flattening the curve of the infection rate is our best hope for saving lives.
- 3) We need to consider collateral damage. With recent layoffs affecting healthcare workers as well, we need our Government leaders to help hire these individuals back into the workforce. This is the time for “all hands-on deck.” We need a workforce that can meet the needs for the COVID-19 pandemic patients along with the capability to care for all the other medical conditions that still pose a threat to life.
- 4) Every doctor needs to be ready to practice in a way they may not be formally trained in. We need to anticipate that many of the doctors in the front lines will become ill and other doctors will need to step in and take their place even if it is not their specialty.
- 5) We need to make sure food and medical supply chains remain intact and do not get disrupted. We need to inspire calm amongst our patients to avoid hoarding.
- 6) Lastly, we need to act as one and be on the same page. Mixed messages sow confusion, confusion sows chaos, and chaos kills. Every doctor in our state needs to be on point with the same message. COVID-19 is a deadly virus that can easily overwhelm our healthcare system. We need to shelter in place and flatten the curve. We need time to ramp up to a wartime economy to make medications, ventilators, personal protective equipment, etc. Now is the time to act and not wax philosophical.

We are in unprecedented times. This is real and this is now. I have moved to a state of “acceptance.” I have accepted I will need to be on point with my message to my patients and be calm in the face of the storm. I have accepted I will be a role model for my patients on how to shelter in place. I have accepted I will step up and help my fellow colleagues in the ER and the hospital when the time comes. Lastly, I have accepted that I may well develop coronavirus, but I stand ready to act regardless. We are all in this together, as Montanans helping Montanans.

Marc Mentel, D.O. (Physician)
Montana Medical Association President

Montana Governor Waives Telehealth Regulations

March 20, 2020: RE: Directive Implementing Executive Orders 2-2020 and 3-2020 and providing for expanded telehealth Executive Orders 2-2020 and 3-2020 declare that a state of emergency exists in Montana due to the global outbreak of COVID-19 Novel Coronavirus.

The demand for health care practitioners and facilities needed to respond to this emergency will put significant strain on health care systems, and a majority of Montana counties already face shortages of health care and mental health practitioners. Pursuant to § 10-3-118, MCA, the Montana Department of Labor and Industry may provide interstate licensure recognition whenever a state of emergency or disaster is in effect by registering professionals who possess an active, unrestricted license in another state. Certain modification of statutes and administrative rules is necessary to achieve this purpose.

Those most at-risk to COVID-19, including older persons, persons with certain underlying health conditions, and persons with certain disabilities, could greatly benefit by being served by health care practitioners via telehealth while simultaneously maintaining appropriate social-distancing protocols. Allowing patients and providers to communicate via telephone or through online communications, as well as allowing private insurance companies to provide coverage for these services, will greatly expand Montanans' ability to have safe options to receive quality care. In accordance with the authority vested in me under the Constitution, Article VI, Sections 4 and 13, and the laws of the State of Montana, Title 10, Chapter 3 and Title 50, Chapter 1, MCA, and other applicable provisions of the Constitution and Montana Law, I hereby direct the following measures be in place in the State of Montana effective immediately:

- Strict compliance with ARM § 24.101.417 is waived for the purposes of licensing health care professionals for the duration of the emergency so that health care facilities may bring in additional paid staff to Montana as soon as needed and possible.
- Health care practitioners shall be allowed to perform health care services using all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the state of Montana for all medically necessary and appropriate services.
- Strict adherence to the following requirements of board specific telehealth / telepractice / telemedicine requirements for these practitioners is suspended to the extent that doing so is necessary in responding to the emergency and consistent with the purposes of this Directive: o Section 37-3-102(14)(b), MCA, and ARM § 24.156.813 (physicians); o ARM § 24.189.301(16) (psychologists); o 37-15-102(11), 37-15-202(1)(d), MCA and ARM §§ 24.222.907; -.910; -.913; -.916; -.920 (speech language pathologists and audiologists).
- Practitioners should be aware that the recent Centers for Medicare and Medicaid Services ("CMS") waivers and modifications issued under Section 1135 of the Social Security Act in response to the COVID-19 public health emergency do not expand the list of health care professions or services that will be reimbursed under Montana Medicaid. For example, CMS has not reimbursed physical therapy telehealth services in the past and has not agreed to do so during this emergency.
- To the extent that § 33-22-138(6)(d)(ii)-(iii), MCA, conflicts with the purposes of this Directive, strict adherence is waived for the limited purpose of services provided via telehealth during the emergency.
- Further, to the extent that any other statute or administrative rule would frustrate the purposes of this Directive, strict adherence is hereby suspended during the emergency.

Authorities: Sections 10-3-104 and -118, MCA; Executive Orders 2-2020 and 3-2020; Montana Constitution, Art. VI, Sections 4 and 13; §§ 10-3-103, -302, and -305, MCA; §§ 50-1-202, -203, and -204, MCA; and all other applicable provisions of state and federal law.

Limitations

- This Directive is effective immediately and expires at the end of the declared state of emergency in Executive Orders 2-2020 and 3-2020.
- This Directive shall be implemented consistent with applicable law and subject to the availability of appropriations.
- This Directive is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the State of Montana, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

CMS Announces Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs-Response to COVID-19

On March 18, the Centers for Medicare & Medicaid Services (CMS) released two comprehensive toolkits on telehealth that are specific to general practitioners as well as providers treating patients with End-Stage Renal Disease (ESRD).

Under President Trump's leadership to respond to the need to limit the spread of COVID-19, CMS has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. These benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Each toolkit contains electronic links to reliable sources of information on telehealth and telemedicine, which will reduce the amount of time providers spend searching for answers and increase their time with patients. Many of these links will help providers learn about the general concept of telehealth, choose telemedicine vendors, initiate a telemedicine program, monitor patients remotely, and develop documentation tools. Additionally, the information contained within each toolkit will also outline temporary virtual services that could be used to treat patients during this specific period of time.

You can find the Telehealth Toolkit for General Practitioners here: <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

You can find the End-Stage Renal Disease Providers Toolkit here: <https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf>

CMS continues to monitor the developing COVID-19 situation and assess options to bring relief to clinicians. To keep up with the important work the Task Force is doing in response to COVID-19 visit the [coronavirus.gov](https://www.coronavirus.gov) webpage. For complete and updated information specific to CMS, please visit the [Current Emergencies Website](#).

CMS - Medicare FFS Response to the Public Health Emergency on the Coronavirus (COVID-19) — Revised

The MLN Matters Special Edition Article SE20011 on [Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\) \(PDF\)](#) was updated to cover the use of modifiers on telehealth claims and to explain that the DR condition code is not needed on telehealth claims under the waiver.

CMS - COVID-19 Elective Surgeries and Non-Essential Procedures Recommendations

On March 18, at the White House Task Force Press Briefing, the Centers for Medicare & Medicaid Services (CMS) announced that all elective surgeries, non-essential medical, surgical, and dental procedures be delayed during the 2019 Novel Coronavirus (COVID-19) outbreak.

You can find a copy of the press release here: <https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental>

You can find a copy of the guidance here: <https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>

These recommendations, and earlier CMS guidance and actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit the [coronavirus.gov](https://www.cdc.gov/coronavirus) webpage for further information. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).

MMA Creates COVID-19 Resource Website

The Montana Medical Association launched a new COVID-19 resource webpage. The webpage features resources from the Centers for Disease Control and Prevention (CDC), the American Medical Association (AMA), the World Health Organization (WHO), and John Hopkins University. It also features news and materials relevant to physicians. Click [here](#) to see our COVID-19 website.