Heart Rhythm Society

Honorable Mitch McConnell
317 Russell Senate Office Building
Washington, DC 20510

March 20, 2020

Dear Leader McConnell:

Cardiac electrophysiologists are an important part of a health care organization's ecosystem. With more than 40% of the cardiology encounters being arrhythmia related and 17% of COVID-19 patients manifesting arrhythmias, which are a common cause of fatal outcomes in this disease, the current situation puts electrophysiologists on the frontline of this health care crisis. Representing over 7,000 heart rhythm care specialists, the Heart Rhythm Society urges Congress to include the following in the next COVID-19 emergency response package:

Access to personal protective equipment

As the pandemic spreads and continues to affect more people, it is imperative that we have access to personal protective equipment (PPE). The scientific community in the United States has learned from our colleagues in Asia and Europe. The SARS-CoV-2 virus that causes COVID-19 is highly contagious, associated with high viral loads in the upper respiratory tract and potential for viral shedding and transmission in patients who are without symptoms before they manifest overt symptoms of cough or fever. Limitations in testing capability in the United States and transmission through droplets with the potential for viral persistence on surfaces that can be on the order of hours to days have created challenges to pandemic containment. Patients infected with COVID-19 may also present with seemingly unrelated medical problems or symptoms, such as digestive system symptoms, shortness of breath masquerading as heart failure, or palpitations suggesting arrhythmias. Such presentations may not trigger immediate triage and isolation, thereby potentially exposing healthcare providers, including cardiac electrophysiology personnel, who currently do not routinely wear PPE due to the need to conserve these diminishing resources. In China, containment in Wuhan and minimization of healthcare worker exposure has been attributed to routine wearing of surgical masks, a practice that has not been able to be encouraged in the United States due to anticipated shortages. Obstacles to widely testing our patients and fellow health care workers make the new clinical practice for empiric PPE even more fundamental to preventing the spread of the disease.

Running out of PPE has led to the death of healthcare providers in Italy. In order to avoid this tragic consequence and to ensure our ability to continue to care for our critically ill patients during the COVID-19 pandemic, we healthcare providers on the front lines need ready access to PPE. We need N95 masks, surgical masks, sterile and nonsterile gloves, eye protection, and surgical gowns to help ensure our ability to continue to provide patient care. Just as the healthcare system has wholly diverted resources to combating the COVID-19 pandemic, national resources need to be re-directed to increase production of needed supplies for not only healthcare providers but the general population at risk. This will require funding to provide these supplies and potential re-direction of industries to support production and distribution.

Access to necessary equipment and therapies

It is critical that we have access to the necessary treatments (as they come available) and supportive equipment (e.g., ventilators). Therefore, we appreciate the provisions in the Senate GOP package which help prioritize those key elements. In particular, we thank you for including:

- section 4113 (liability protections for the production of respirators and PPE) and
- section 42303 (which provides free coverage without cost-sharing of a vaccine within 15 days for COVID- 19 that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP)).

HRS urges you to continue to use all of the authorization and funding available to you to ensure continued access to critical medical supplies and equipment and rapid approval of promising therapies and vaccines.

Telehealth

As the pandemic spreads and continues to affect more people, it is imperative that we minimize patient exposures to the hospital environment for routine health care needs that could be postponed for the short to intermediate term. While hospitals in low incidence geographies may feel confident of their capacity to handle both low prevalence COVID-19 as well as elective procedures, current projections predict a spread of COVID-19 that will overwhelm resources unless there is mitigation. Keys to reducing and flattening the incidence curves of the disease are minimizing exposure to patients and social distancing irrespective of the incidence of the infection in a given location. COVID-19, a highly infectious disease, can develop clusters of infected patients that spread out of control very quickly, as observed in China and Italy. Until rapid and easy testing becomes readily and widely available, preventing exposure still appears to be a critical approach and includes minimizing patient visits to hospitals for non-urgent conditions. Telemedicine has become a vital approach toward reducing patient exposures to hospital environments. Cardiac electrophysiology is particularly suited to telemedicine approaches to reduce patient exposure to the hospital or clinic during this pandemic. Remote monitoring of pacemakers, defibrillators and arrhythmia monitoring devices are routine, but challenges remain in implementing virtual visits for our patients.

Through the authorization of the *Telehealth Services During Certain Emergency Periods Act of 2020*, which was included in the Public Law No: 116-123, with changes made by sec. 6010 of H.R. 6201, Congress has acknowledged the key importance of telehealth services during the COVID-19 pandemic. We appreciate the efforts of the Administration to use this authority, as well as additional emergency authorities, to quickly implement critical telehealth capacities. We are also heartened by sections in your phase III package, including:

- 4213, which reauthorizes programs that promote the use of telehealth technologies. Like the crafters of the bill, we agree that telehealth is a critical tool to provide additional flexibility for patients with, or at risk of contracting, COVID-19 to access screening or monitoring care while avoiding exposure to others; and
- 4401, which eliminates the requirement in *Telehealth Services During Certain Emergency Periods Act of 2020* that limits the COVID-19 Medicare telehealth expansion authority during the COVID-19 emergency to situations where the physician or other professional has treated the patient in the past three years. As such, both new and established patients would have critical access to telehealth. This would enable beneficiaries to access telehealth, including in their home, with or without access to the internet, from a broader range of providers, reducing COVID-19 exposure risk.

Unfortunately, key barriers and limitations remain. Therefore, we want to continue to work with the Congress to further address these challenges, including private payer coverage and payment and additional assistance to ensure that providers can provide these services across state lines.

In summary, healthcare providers, including arrhythmia specialists, who are caring for patients during this pandemic need readily available PPE, access to COVID-19 testing, medical equipment to support our critically ill patients and a path forward for expanding telehealth medical services.

For questions regarding this letter, please contact Laura Blum, Heart Rhythm Society's Vice President for Provider and Patient Advocacy at lblum@hrsonline.org.

Sincerely,

Andrea M. Russo, MD, FHRS
President