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March 19, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
H-232, U.S. Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230, U.S. Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
H-204, U.S. Capitol
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

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

On behalf of the more than 82,000 members of the American College of Surgeons (ACS), I write to you as Congress considers proposals to address the impact of Coronavirus Disease 2019 (COVID-19). Guided by the trajectory of current cases at home in the U.S. and across the world, it is very likely that the U.S. health care infrastructure and resources, particularly as they relate to care of the most critically ill patients, will become severely strained over the coming months. Social distancing, crowd avoidance, and other techniques do help to flatten the curve of the dissemination of COVID-19, but beyond that, it is appropriate to be forward thinking regarding those patients who will, nevertheless, become infected. The ACS is ready to partner with Congress and serve as a resource to you during this difficult time as we stand ready to help patients in need. **While we are continuously evaluating the impact of COVID-19 on surgeons and the surgical patient, there are a few points we put forward for your consideration.**

Support Good Samaritans' Ability to Assist Patients

In order to assist overwhelmed state and local health systems, volunteer surgeons and other health care professionals will be needed to provide coverage. The current federal and state Good Samaritan laws provide some civil liability protections for volunteer health care providers, but only if they are licensed in the state where the services are provided. This will leave many health care professional volunteers who provide care in other states without Good Samaritan



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protections. Without federal intervention these states cannot address the gaps in Good Samaritan laws to protect providers from out of state. **The *Good Samaritan Health Professionals Act (S. 1350/H.R. 6283)* provides certainty by extending federal Good Samaritan civil liability protections (equivalent to the protections found in the federal *Volunteer Protection Act of 1997* and many state laws) to inter-state volunteers who are licensed in their home state.** ACS encourages Congress to include this legislation as part of the response to the coronavirus pandemic in order to ensure providers can assist where the need is the greatest.

Private Surgical Practice Economic Impact

The ACS issued recommendations to its membership to establish guidelines based on knowledge of what could be forthcoming. Specifically, in regards to elective procedures, the ACS recommends that hospitals, health care systems, and surgeons thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until the predicted inflection point in the exposure graph has passed, and we are confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs.

While we support safeguarding surgical patients and surgeons through such recommendations, the reality is that as health care systems throughout the U.S. begin to postpone and cancel elective procedures, the economic impact of such decisions will be felt by private practice surgeons and their teams, which include practice nurses, administrative staff, and others. To help lessen the damage, **we ask that Congress consider including surgical private practices in any small business grant relief packages.**

Maintaining Trauma Readiness

As the health care system continues to respond to COVID-19, trauma centers and trauma surgeons remain on the front lines of care for emergency situations. Not only do hospitals have to prepare to treat patients with coronavirus but they must maintain resources and staffing to respond to traumatic injuries such as vehicle crashes, falls, industrial and farm accidents, firearm injuries, and natural disasters. It is crucial during a national pandemic to maintain trauma readiness through additional resources and staffing. The *MISSION ZERO Act* was signed into law on June 24, 2019 as part of S. 1279, *The Pandemic and All Hazards*

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Preparedness and Advancing Innovation (PAHPAI) Act. (Public Law No: 116-22). This program establishes military-civilian trauma care partnerships, embedding military trauma professionals in civilian centers. These partnerships further advance trauma care and provide greater civilian access through additional staffing and sharing of best practices. **The ACS encourages Congress to fully fund this program at the authorized amount of \$11.5 million.**

We welcome the opportunity to work together with Congress as we continue to respond to COVID-19. Please let us know how we can be of service to you moving forward. Your leadership during this difficult time is appreciated.

Sincerely,

Valerie W. Rusch, MD, FACS
President

Beth H. Sutton, MD, FACS
Chair, Board of Regents

Gary L. Timmerman, MD, FACS
Chair, Health Policy and Advocacy Group

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