



June 29, 2021

The Honorable James Clyburn  
House Majority Whip  
House Committee on Oversight and Reform  
Select Committee on the Coronavirus Crisis  
Washington, DC 20515

The Honorable Steve Scalise  
House Minority Whip  
House Committee on Oversight and Reform  
Select Committee on the Coronavirus Crisis  
Washington, DC 20515

Dear Chairman Clyburn and Ranking Member Scalise:

On behalf of the American College of Physicians (ACP), I would like to thank you for hosting a hearing in the Select Committee on the Coronavirus Crisis on “Building Trust and Battling Barriers: The Urgent Need to Overcome Vaccine Hesitancy.” Internal Medicine specialists remain one of the most trusted resources for our patients and are well positioned to take a leading role in combatting deliberations in taking a vaccine by reassuring patients of the safety and efficacy of all Food and Drug Administration (FDA) authorized COVID-19 vaccines. ACP has invested significant resources in promoting vaccination against COVID-19 through our medical journals as well as in print, web-based, and social media outlets and will continue this effort as long as a significant percentage of our population remains at risk of infection due to the coronavirus.

ACP is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 163,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

Although COVID-19 vaccines are available and accessible to most of our population, we remain concerned that the pace of vaccinations has plateaued. According to the Centers for Disease Control (CDC), only [54 percent of individuals ages 12 or older](#) are fully vaccinated and the number of vaccine doses administered each day [continues to decline](#). This data is even more alarming with the emerging threat of a delta variant of COVID-19 as the CDC estimates that it may be responsible for nearly [10 percent of all new infections in the United States](#). This trend is moving in the wrong direction and we need to redouble our efforts to ensure a significant increase in vaccinations against this deadly disease.

## Patients Trust Primary Care Physicians Regarding Safety of COVID-19 Vaccine

As daily COVID-19 vaccination rates are decreasing, the US will need to rely on the primary care community to increase vaccine confidence and help reach vaccination goals. According to a recent [CVS study](#) of 5000 patients, most agreed that their primary care physician was the most influential person regarding their choice to get the COVID-19 vaccine. According to data released by the [Larry Green Center on Primary Care](#), 73% of physicians report their relationships with patients has been key to addressing concerns and questions about the vaccine. Additionally, [a significant supermajority](#) of patients (80%) reported trusting their primary care doctor and 66% of patients were more willing to speak to their primary care doctor about a potential COVID exposure, while only 20% were willing to speak with public health officials. These data points underscore the vitality of the patient-physician relationship in getting Americans vaccinated against COVID-19 and the importance of relying on trusted messengers such as primary care physicians to build confidence in the vaccine for those who are hesitant to receive it.

## Improving the Value of COVID-19 Counseling

Primary care has played a critical role in addressing racial and health equity disparities as well as how these disparities influence considerations about the vaccine. While there is mistrust among Black Americans of the medical establishment, to reach groups most vulnerable to COVID-19, it is important that our [strategies](#) recognize the legacy of racism and mistrust in these institutions. We should also make vaccines available in primary care settings to increase vaccine acceptance and protect the health of people of color. The Centers for Disease Control (CDC) has issued [guidelines](#) for communities to increase COVID-19 vaccination distribution to primary care providers to address disparities in immunization. Primary care can play a critical role in administering the vaccine to those [deliberating](#) whether they should take the vaccine.

Many community-based physician practices continue to provide significant counseling and risk factor reduction services to patients who are concerned about COVID-19 or who are trying to get vaccinated against the virus. However, coding and payment have not been made available to allow physicians to bill for these services as no diagnosis has been established to necessitate an official office-based visit as in the case of a documented patient evaluation and management (E/M) visit that is paid through Medicare. Patients are calling for advice from their doctors, not to set up a visit for a medical problem/issue they are experiencing. Additionally, virtual check-ins are an ineligible option as they are for patients seeking to determine whether an E/M visit is necessary. In the case of COVID-19 vaccinations, patients are seeking to understand the risks associated with getting a COVID-19 vaccine, and where to find a vaccination site.

**ACP recommends that Congress urge, or if necessary, require CMS to make coding and payment available for time spent by physicians providing counseling services to patients who are seeking to mitigate their risk for COVID-19 infection. Specifically, ACP encourages CMS to make payment and coverage available for CPT code 99401 without the face-to-face requirement (Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes), wRVU 0.48. The**

**College believes that this code adequately describes the resources and physician work involved in providing counseling and risk factor reduction services to patients with inquiries about COVID-19. We encourage CMS to temporarily make payment available for this code through at least December of 2021. This change would also encourage physicians to spend more time with patients so that any of their concerns or questions about the COVID-19 vaccine are answered.**

### **ACP Supports and Promotes Adult Immunizations**

ACP supports recommendations from the Advisory Committee on Immunization Practices' (ACIP) for use of COVID-19 vaccines and has joined with physician and health professional organizations to endorse and promote the [National Vaccine Advisory Committee's \(NVAC\) revised Standards for Adult Immunization Practice](#). The National Vaccine Advisory Committee's Standards for Adult Immunization Practice "recognize the importance of the healthcare provider recommendation for patients to receive needed vaccines, the current low vaccination rates among U.S. adults, and reflect the changed environment within which adult vaccines are now given."

In addition to our support for ACIP recommendations and NVAC standards for adult immunization practice, we have developed a [Coronavirus Vaccine Resources Website](#) that reflects ACP's guidance in the realms of clinical, public, and ethical policy, as well as educational materials and recent developments concerning COVID-19 vaccines and their distribution. ACP and our medical journal Annals of Internal Medicine have hosted five virtual forums that feature a panel of experts providing practical information related to what physicians and other health care professionals need to know about the COVID-19 vaccine. The topics of these forums include: promoting vaccination, what physicians need to know about the vaccine, and vaccine allocation and distribution. These forums provide a vital resource for our physicians and provide them with the resources necessary to advise their patients on the safety and efficacy of vaccines.

### **Conclusion**

As the Select Committee on the Coronavirus Crisis examines the best ways to combat vaccine hesitancy, we encourage you to expand the role of internal medicine and other primary care physicians in this effort as we continue to promote and encourage vaccinations against COVID-19. If you have any questions, please do not hesitate to contact Senior Associate for Legislative Affairs, Brian Buckley at [bbuckley@acponline.org](mailto:bbuckley@acponline.org).

Sincerely,

A handwritten signature in black ink, appearing to read "George M. Abraham". The signature is written in a cursive style with a horizontal line underneath.

George M. Abraham, MD, MPH, FACP, FIDSA  
President