

November 16, 2020

Chairman Frank Pallone, Jr.
50 Independence Avenue, SW
2107 Rayburn House Office Building
Washington, DC 20515-3006

Chairman Richard Edward Neal
50 Independence Avenue, SW
2309 Rayburn House Office Building
Washington, DC 20515-2101

Ranking Member Gregory Walden
50 Independence Avenue, SW
2185 Rayburn House Office Building
Washington, DC 20515-3702

Ranking Member Kevin Brady
15 Independence Avenue, SE
1011 Longworth House Office Building
Washington, DC 20515-4308

Dear Chairman Pallone, Ranking Member Walden, Chairman Neal, and Ranking Member Brady:

The undersigned physician organizations strongly support implementation of the coding and reimbursement policies included by the Centers for Medicare and Medicaid Service (CMS) in its Calendar Year (CY) 2021 Medicare Physician Fee Schedule (MPFS), as well as a one-year waiver of budget neutrality requirements to avoid payment reductions which have been a concern during the COVID-19 public health emergency.

We applaud Rep. Michael Burgess and Rep. Bobby Rush for their leadership on this issue, and **urge members of Congress to advance H.R. 8505, a bill to provide for a one-year waiver of budget neutrality adjustments under the Medicare physician fee schedule.** This legislative solution meets the needs of all stakeholders by allowing CMS to implement the MPFS final rule on schedule and as written while funding offsets to the reimbursement reductions using funds allotted for provider support during the pandemic crisis.

The provider relief fund was passed by Congress in the CARES Act specifically to relieve the financial strain on medical providers during this public health emergency. H.R. 8505 recognizes that physicians across all specialties are experiencing significant financial strain due to COVID-19 and applies unused Provider Relief Fund dollars to fund a one-year budget neutrality waiver to support medical providers and avoid cuts to reimbursements under Medicare.

In addition to averting payment reductions due to budget neutrality, H.R. 8505 keeps CMS's finalized coding revisions and payment rates on track to be implemented on schedule on January 1, 2021. The updated office visit policies will substantially reduce administrative burden on providers with a simplified and more intuitive system of evaluation and management (E/M) services coding that reflects the current practice of medicine. Additionally, the MPFS establishes a new single complexity add-on code, GPCX1, which will be available to all specialties for visits that are part of ongoing care related to a patient's single, serious, or complex chronic condition. This code will capture additional resource costs required to deliver care to the most complex patients.

These improvements come after years of significant collaboration across medical specialties and address concerns from MedPAC that time-intensive E/M services—which include examinations, disease diagnosis and risk assessments, and care coordination—have suffered historically from gross under-compensation.

These improvements are the first step in addressing imbalances in Medicare reimbursement for complex in-office care, a goal that should not be pushed off course by a pandemic that only proves its necessity. Additionally, cognitive care specialties were facing a severe workforce shortage even before the current

crisis as fewer physicians go into office-based internal medicine and cognitive specialties, often citing the services being undervalued by payers. Current E/M reimbursement rates suppress patient access to diagnosis, treatment, and health maintenance at a time when demand for care is increasing. If this dire situation is not addressed as planned in the MPFS, then patient access to care will continue to decline.

As COVID-19 impacted providers, a clear consensus to waive the budget neutrality requirement related to the MPFS during the crisis emerged in the recommendations of physician organizations across specialties. Waiving budget neutrality for a year to hold physicians harmless during the pandemic has been the consensus solution to concerns about cuts resulting from the MPFS. Alternative legislative approaches, like H.R. 8702, the Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020, would allow budget neutrality cuts to go into effect in 2021 and 2022 for office visits and other related E/M services, while holding all other procedures harmless from cuts during this period. At a time when all clinicians, in all specialties, are struggling with significant losses of revenue due to COVID-19, allowing budget neutrality cuts to go into effect for E/M codes while denying those codes the COVID-19 relief payments available to all other codes does not make sense.

The long-overdue increases to patient office visits and other E/M services will not offset the severe financial losses practices that provide these services have experienced during the COVID-19 pandemic. All clinicians are suffering financially at this time and legislative support related to the pandemic should not exclude primary and cognitive care physicians who are on the front lines of treating patients. We urge Congress to ensure that any legislation to address cuts for certain services resulting from budget neutrality does so narrowly and without distorting relative values and actual payments as determined through the regulatory process which considers public comment and input from physicians.

We hope you will stand for patients and providers by supporting CMS's implementation of E/M code improvements as well as H.R. 8505 to avoid reimbursement reductions during this unprecedented time without rewriting regulatory policy. We welcome the opportunity to work with you to support legislation to protect patient access during the COVID-19 pandemic. If we can be of assistance, please contact Lennie Shewmaker, Director of Congressional Affairs for the American College of Rheumatology at LShewmaker@rheumatology.org or (404) 365-1375.

Sincerely,

American Academy of Allergy, Asthma & Immunology
American Academy of Family Physicians
American Academy of Neurology
American College of Rheumatology
American Epilepsy Society
American Gastroenterological Association
American Geriatrics Society
American Headache Society
American Medical Society for Sports Medicine
American Neurological Association
American Society of Nephrology
American Society of Pediatric Nephrology
American Thoracic Society
Association for Clinical Oncology
Association of Women in Rheumatology

Child Neurology Foundation
Endocrine Society
National Association of Epilepsy Centers
North American Neuro-Ophthalmology Society
Renal Physicians Association
Society of General Internal Medicine

Alabama Society for the Rheumatic Diseases
Alaska Rheumatology Alliance
Arizona Neurological Society
California Neurology Society
California Rheumatology Alliance
Commonwealth Neurological Society
Florida Society of Rheumatology
Georgia Neurological Society
Illinois Academy of Family Physicians

Illinois State Neurological Society
Iowa Neurological Association
Maine Neurological Society
Maryland Society for the Rheumatic Diseases
Massachusetts, Maine, and New Hampshire
Rheumatology Association
Michigan Neurological Association
Michigan Rheumatism Society
Midwest Rheumatology Association
Mississippi Arthritis and Rheumatism Society
Missouri and Kansas Neurological Society
Nebraska Neurological Society
Nebraska Rheumatology Society
New York State Neurological Society
New York State Rheumatology Association
North Carolina Neurological Society
North Carolina Rheumatology Association

Ohio Association of Rheumatology
Pennsylvania Neurological Society
Pennsylvania Rheumatology Society
Rheumatology Association of Minnesota and the
Dakotas
Rhode Island Neurological Society
South Carolina Rheumatism Society
State of Texas Association of Rheumatologists
State of West Virginia Rheumatology Society
Tennessee Rheumatology Society
Texas Neurological Society
Virginia Society of Rheumatologists
Washington Rheumatology Alliance
Washington State Neurological Society
Wisconsin Neurological Society
Wisconsin Rheumatology Association

CC: Members of the U.S. House of Representatives