

October 30, 2020

The Honorable Ami Bera, M.D.
U.S. House of Representatives
Washington, DC 20515

The Honorable Larry Bucshon, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Reps. Bera and Bucshon,

On behalf of the undersigned organizations representing the hundreds of thousands of physicians who furnish the vast majority of primary, comprehensive, and cognitive care to Americans including patients with COVID-19, we are writing to share our perspectives on your bill, the Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020. While we are strongly supportive of providing relief to physicians who are adversely affected by revenue losses associated with COVID-19, ***we must oppose the bill as introduced because it expressly lists as excluded services from hold harmless provisions the majority of office visits of primary and comprehensive care physicians, as well as the GPC1X add-on code that will be used for complex and prolonged office visits.*** In our view, it is wrong to exclude primary and comprehensive care physicians who are on the frontlines of treating COVID-19 patients, and the millions more patients they are treating for other medical conditions, from COVID-19 relief.

The 2021 Medicare Physician Fee Schedule (MPFS), which is scheduled for implementation by the Centers for Medicare and Medicaid Services (CMS) on Jan. 1, 2021, makes important improvements to Medicare physician payment policies for outpatient established patient office visits and some other evaluation and management (E/M) services. However, those increases, *after budget neutrality (BN) is applied*, will not offset the severe financial losses experienced by practices providing these services, many of which are at risk of closing their doors due to COVID-19. One study published in Health Affairs found that primary care practices will have lost over \$67,774 per full time physician in revenue in calendar year 2020 because of COVID-19, compared to expected revenue without it.¹ In addition, *primary and comprehensive care physicians will experience cuts in payments after budget neutrality is applied for new patient office visits, when they are appropriately billed in conjunction with the HCPCS code GPC1X (or a successor code)*, at a time when many patients delayed getting preventive services or treatment for their complex chronic illnesses and are now presenting as new patients needing our members' care.

¹ Basu S, Philips R et al. Primary Care Practice Finances In The United States Amid The COVID-19 Pandemic. Health Affairs, June 25, 2020. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00794>

On October 20, our organizations signed onto a [Statement](#) from America's Primary and Comprehensive Care Physicians: Congress Should Support Medicare's Plan to Pay More for Office Visits and Other Essential Services, which stated the following:

Congress should ensure that any proposed legislation to address the cuts for some services resulting from budget neutrality is fair to all services and specialties, does not distort relative values and actual payments as determined through the usual regulatory process with public comment and input from physicians, and does not disadvantage primary and comprehensive care services compared to other services.

Regrettably, **the Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020 is not fair to all services and specialties, distorts the relativity of the MPFS by undermining the revaluation of services determined by the usual regulatory process with public and physician comment; and disadvantages primary and comprehensive care services compared to other services by excluding them from COVID-19 relief.** While your legislation guarantees that payment for non-E/M services is held constant for the next two years, E/M services are not only subject to reductions in the conversion factor in 2021 but potentially further reductions in 2022. **In essence, the burden of budget neutrality over the next two years is placed solely on primary and cognitive care.**

In this statement, we expressed our support for legislation that would achieve the outcomes described above, by enacting a one-time, one-year waiver of BN for *all* services with RVUs or base values as finalized in the 2021 MPFS. H.R.8505, as introduced by Reps. Burgess and Rush, would do just that by enacting a one-time, one-year COVID-19 percentage payment adjustment to all services with RVUs or base values as finalized in the 2021 MPFS, in an amount sufficient to offset reductions due to BN. H.R. 8505 also recognizes that physicians across all specialties have experienced substantial revenue losses and increased expenses due to COVID-19, and calls for unused Provider Relief Fund dollars to pay for a BN waiver or COVID-19 payment adjustment. Alternatively, we would support enacting a one-time, one-year COVID-19 relief payment to all services with RVUs or base values as finalized in the 2021 MPFS, in an amount sufficient to offset BN reductions to all services and specialties.

We remain committed to finding a solution that provides COVID-19 relief to all physicians who are experiencing substantial revenue losses because of the pandemic, so they may continue to provide medical care to their patients during this crisis, and respectfully ask that Congress work with us on such an approach.

Sincerely,

American Academy of Family Physicians, American Academy of Neurology, American College of Physicians, American Medical Society for Sports Medicine, American Thoracic Society, Renal Physicians Association

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