

Congress must act to fortify health care system and protect access to care

WASHINGTON—The final 2021 Medicare Physician Fee Schedule (MPFS) issued today by the Centers for Medicare & Medicaid Services (CMS) failed to provide relief from a significant shift in physician and non-physician payments expected to take effect on January 1, 2021. Thousands of comments submitted by providers, patients, and Members of Congress highlighted the importance of mitigating payment cuts associated with budget neutrality requirements triggered by higher payment and modified reporting requirements for evaluation and management (E/M) services. **Due to CMS’ unresponsiveness to address these concerns, organizations representing more than 1 million physicians and nonphysician health care providers across the United States urge Congress to include legislation in any year-end package to prevent these arbitrary Medicare cuts in order to protect patient access to medically necessary services.**

In late 2019, CMS announced new Medicare payment policies for office and outpatient visits — also known as E/M services — billed by physicians and some nonphysician providers. These new payment policies will result in cuts of up to 10 percent or more for certain specialties. Due to Medicare’s budget-neutrality requirements, physician, nonphysician, and institutional providers billing under the PFS will experience substantial payment reductions to offset payment increases to physicians and other providers who primarily deliver office-based services. These cuts will be devastating to an already struggling health care system and may lead to reduced access to care for older Americans and Americans with disabilities.

Similar concerns were relayed to CMS in a September 24, 2020 letter signed by 161 bipartisan members of the U.S. House of Representatives. However, the recent publication of the Final Rule confirmed CMS’ intent to move forward with implementation of the E/M changes without recognition that these payment reductions will have a net negative impact on the Medicare program. As a result, our organizations are calling on Congress to include H.R. 8702, the *Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020*, in a forthcoming year-end legislative package. This critical legislation, [supported by more than 300 national, regional, state and local organizations](#)—including all 50 states, the District of Columbia and Puerto Rico—provides a necessary reprieve for a broad array of physicians and non-physician health care providers facing substantial payment reductions in the coming months, while also allowing payment increases to go forward for those who provide E/M services to Medicare beneficiaries in a stand-alone office visit or outpatient setting.

If Congress fails to mitigate these cuts, decreases in Medicare payments will further exacerbate the problems occurring across the country with practices and institution-based providers furloughing or cutting staff and an increasing number closing their doors in response to the

COVID-19 pandemic. Of great concern is the impact that this will have on access to needed health care services, especially for beneficiaries in rural and underserved areas. Our organizations stand united in highlighting that in the end, patients will suffer the most from implementation of these detrimental cuts.

Academy of Nutrition and Dietetics
Alliance for Physical Therapy Quality and Innovation
American Academy of Audiology
American Academy of Dental Group Practice
American Academy of Dermatology Association
American Academy of Ophthalmology
American Academy of Oral and Maxillofacial Pathology
American Academy of Oral and Maxillofacial Radiology
American Academy of Otolaryngology—Head and Neck Surgery
American Association of Neurological Surgeons
American Association of Nurse Anesthetists
American Association of Oral and Maxillofacial Surgeons
American Association of Orthopaedic Surgeons
American Association of Post-Acute Care Nursing
American Chiropractic Association
American College for Surgeons
American College of Emergency Physicians
American College of Gastroenterology
American College of Mohs Surgery
American College of Obstetricians and Gynecologists
American College of Osteopathic Surgeons
American College of Radiation Oncology
American College of Radiology
American Gastroenterological Association
American Health Care Association
American Medical Association
American Occupational Therapy Association
American Optometric Association
American Physical Therapy Association
American Psychological Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society of Echocardiography
American Society of Hand Therapists
American Society of Neuroradiology
American Society of Nuclear Cardiology

American Society of Plastic Surgeons
American Speech-Language-Hearing Association
Association for Quality Imaging
Association of Black Cardiologists
Association of Freestanding Radiation Oncology Centers
Association of Pathology Chairs
CardioVascular Coalition
Clinical Social Work Association
College of American Pathologists
Congress of Neurological Surgeons
Dialysis Vascular Access Coalition
Digestive Health Physicians Association
National Association for the Support of Long Term Care
National Association of Rehabilitation Providers and Agencies
National Association of Social Workers
National Association of Spine Specialists
National Center for Assisted Living
Private Practice Section of the American Physical Therapy Association
Radiology Business Management Association
Select Medical
Society for Cardiovascular Angiography and Interventions
Society of Interventional Radiology
Society of Nuclear Medicine and Molecular Imaging
The Society of Thoracic Surgeons
United Specialists for Patient Access