

July 23, 2021

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives

The Honorable Kevin McCarthy  
Republican Leader  
U.S. House of Representatives

The Honorable Charles Schumer  
Majority Leader  
U.S. Senate

The Honorable Mitch McConnell  
Republican Leader  
U.S. Senate

Dear Speaker Pelosi and Leaders Schumer, McConnell, and McCarthy:

On behalf of the undersigned organizations, representing over *one million* physician and non-physician health care providers, thank you for your ongoing support for Medicare beneficiaries and the health care provider community. Congress' willingness to ensure greater financial stability in the Medicare program for 2021 — by mitigating significant cuts generated within the Medicare Physician Fee Schedule (MPFS) via a 3.75% Conversion Factor (CF) increase for all services — avoided significant disruptions to care for Medicare beneficiaries, supported small health care businesses — especially in rural and underserved areas — and provided a lifeline for health care providers still reeling from the residual impacts of the COVID-19 pandemic. Unfortunately, this temporary measure did not address the ongoing structural problems with the MPFS, and the provider community is again bracing for steep cuts in 2022, which could result in many beneficiaries losing timely access to essential health care services. ***To avoid this scenario, our organizations urge Congress to maintain the 3.75% increase to the CF through at least calendar years 2022 and 2023.***

Medicare payments have been under pressure from the Centers for Medicare & Medicaid Services' (CMS) anti-inflationary payment policies for more than 20 years. While physician and non-physician provider services represent a very modest portion of the overall growth in health care costs, they are perennial targets for cuts when policymakers seek to limit spending. Although physicians and other health care providers generally avoided direct cuts to reimbursements caused by the sustainable growth rate formula (SGR) — which was enacted in 1997 and repealed in 2015 — because Congress repeatedly acted, Medicare provider payments have remained constrained by a budget-neutral financing system. Updates to the CF have failed to keep pace with inflation, and the result is that the CF today is only about 50% of what it would have been if it had been indexed to general inflation starting in 1998. In addition, the cost of running a medical practice has increased by 37 percent between 2001 and 2020, which equates to 1.7 percent per year, when measured by the Medicare Economic Index (MEI). The startling reality is that, adjusted for inflation in practice costs, Medicare physician pay actually *declined* 22 percent from 2001 to 2020, which equates to a 1.3% per year average reduction.

Moving forward, Congress must recognize the need for critical reforms to the MPFS system, including addressing the budget neutrality requirement, which can lead to arbitrary reductions to reimbursement unrelated to the cost of providing care. The primary goal of the MPFS must be to encourage broad participation of health care providers to deliver appropriate and timely quality care to meet the health needs of Medicare beneficiaries. A secondary goal of the fee schedule should be to reflect the modern health care delivery system in which different health care professionals work collaboratively to advance appropriate health outcomes for their patients. Unfortunately, these goals are not reflected in the “zero-sum” structure of the MPFS. Instead, physicians, therapists, and other health care providers are forced into an adversarial role when fee schedule payment policies are developed and/or implemented. The result is that patients suffer as providers adjust to unpredictable and excessive reductions to reimbursement that

inhibit their ability to ensure beneficiaries have access to the care they need; services that improve outcomes and lower costs.

**We, therefore, urge Congress and the Administration to make a critical investment in the nation's health care delivery system by maintaining the 3.75% increase to the CF through at least calendar years 2022 and 2023.** Maintaining this level of funding will ensure physicians and other health care providers can continue to provide high-quality care focused on engaging patients, increasing the delivery of integrated, team-based care, expanding chronic disease management, and reducing hospital admission/readmission rates for beneficiaries residing in the community as well as those in long-term nursing facilities.

Our organizations would welcome the opportunity to work with Congress to address long-term challenges associated with Medicare payment policy, especially the budget neutrality provision that has precipitated these steep cuts. The undersigned groups were encouraged by recent discussions with congressional leadership and staff, who acknowledged the need to maintain and address payment stability for physician and non-physician providers who serve older Americans. Millions of seniors rely on the Medicare program, and we must work to ensure it remains a robust and dependable option for those who need it the most. We remain committed to partnering with Congress to identify and advance these critical reforms and appreciate your continued support of the health care providers on which older Americans rely.

Sincerely,

Academy of Nutrition and Dietetics  
Alliance for Physical Therapy Quality and Innovation  
Alliance for Recovery Care  
Alliance of Specialty Medicine  
Ambulatory Surgery Center Association  
American Academy of Allergy, Asthma & Immunology  
American Academy of Audiology  
American Academy of Dermatology Association  
American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Family Physicians  
American Academy of Hospice and Palliative Medicine  
American Academy of Neurology  
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 Academy of Physical Medicine and Rehabilitation  
American Association for the Study of Liver Diseases  
American Association of Clinical Urologists  
American Association of Hip & Knee Surgeons  
American Association of Neurological Surgeons  
American Association of Oral and Maxillofacial Surgeons  
American Association of Orthopaedic Surgeons  
American Chiropractic Association  
American Clinical Neurophysiology Society  
American Cochlear Implant Alliance  
American College of Cardiology  
American College of Emergency Physicians  
American College of Foot and Ankle Surgeons

American College of Gastroenterology  
American College of Mohs Surgery  
American College of Obstetricians and Gynecologists  
American College of Osteopathic Surgeons  
American College of Physicians  
American College of Radiation Oncology  
American College of Radiology  
American College of Rheumatology  
American College of Surgeons  
American Gastroenterological Association  
American Geriatrics Society  
American Health Care Association  
American Medical Association  
American Medical Group Association  
American Medical Society for Sports Medicine  
American Medical Rehabilitation Providers Association  
American Occupational Therapy Association  
American Optometric Association  
American Orthopaedic Foot & Ankle Society  
American Physical Therapy Association  
American Podiatric Medical Association  
American Psychiatric Association  
American Psychological Association  
American Rhinologic Society  
American Society for Dermatologic Surgery Association  
American Society for Gastrointestinal Endoscopy  
American Society for Metabolic & Bariatric Surgery  
American Society for Radiation Oncology  
American Society for Surgery of the Hand  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Echocardiology  
American Society of General Surgeons  
American Society of Hand Therapists  
American Society of Nephrology  
American Society of Neuroradiology  
American Society of Nuclear Cardiology  
American Society of Pediatric Nephrology  
American Society of Plastic Surgeons  
American Society of Retina Specialists  
American Society of Transplant Surgeons  
American Speech-Language-Hearing Association  
American Urogynecologic Society  
American Urological Association  
Association for Clinical Oncology  
Association for Quality Imaging  
Association of American Medical Colleges  
Association of Black Cardiologists  
Association of Freestanding Radiation Oncology Centers  
CardioVascular Coalition  
Clinical Social Work Association

Coalition of State Rheumatology Organizations  
Congress of Neurological Surgeons  
Dialysis Vascular Access Coalition  
Digestive Health Physicians Association  
Emergency Department Practice Management Association  
Endocrine Society  
Fibroid Coalition  
Heart Failure Society of America  
Large Urology Group Practice Association  
Medical Group Management Association  
National Association for the Support of Long Term Care  
National Association of Rehabilitation Providers & Agencies  
National Association of Spine Specialists  
National Center for Assisted Living  
North American Neuro-Ophthalmology Society  
Private Practice Section of the American Physical Therapy Association  
Radiology Business Management Association  
Renal Physicians Association  
Society for Cardiovascular Angiography and Interventions  
Society for Vascular Surgery  
Society of American Gastrointestinal and Endoscopic Surgeons  
Society of General Internal Medicine  
Society of Interventional Radiology  
Society of NeuroInterventional Surgery  
Society of Nuclear Medicine and Molecular Imaging  
Society of Gynecologic Oncology  
The American Society of Breast Surgeons  
The Society of Thoracic Surgeons  
United Specialists for Patient Access

Cc:

U.S. Senate

U.S. House of Representatives