November 3, 2020

The Honorable Nancy Pelosi Speaker of the House U.S. House of Representatives H-232, U.S. Capitol Washington, DC 20515 The Honorable Kevin McCarthy Minority Leader U.S. House of Representatives H-204, U.S. Capitol Washington, DC 20515

Dear Speaker Pelosi and Leader McCarthy,

We write to you as members of the Coalition of State Medical Societies (COSMOS) of New York, New Jersey, Pennsylvania, Connecticut, Massachusetts, Ohio, Delaware, and Maryland on a matter of great concern. As you are well aware, physicians across America have been significantly impacted by COVID-19, fighting on the front lines to contain the virus and save lives while putting our own lives and those of our families at great risk. At the same time, physicians are experiencing substantial financial losses due to the prohibitions that were placed on non-emergency procedures during the height of the pandemic.

We appreciate the bipartisan efforts of Congress to offer financial and other relief to doctors in the form of the Provider Relief Fund (PRF), as well as other assistance. However, the Centers for Medicare and Medicaid Services (CMS) has proposed a change to the CY2021 Medicare Physician Fee Schedule (MPFS) that threatens to cut rates for many physicians beginning January 1, 2021, just as we are regaining our footing from the COVID-19 crisis.

Specifically, the CMS MPFS Proposed Rule would increase payments for Evaluation and Management (E/M) codes—increases that are sorely needed, and which we support. However, in doing so, CMS is bound by statute to remain budget neutral—to offset any increases by making corresponding decreases. To meet these requirements, CMS has proposed a drastic, nearly 11% decrease to the conversion factor that determines all Medicare payment rates. These cuts will be harmful to primary care physicians (PCPs) and other medical specialty types. For example, while the positive E/M changes were meant to give PCPs a significant increase, having a conversion factor decrease of 11% means that those benefits are diminished—especially in face of increased cost and decreased reimbursements during the COVID-19 pandemic.

The proposed policy will also bring extreme cuts to many specialties. For example, according to the Proposed Rule, the MPFS changes will result in:

- Anesthesiology cuts of 8%
- Cardiac Surgery cuts of 9%
- Critical Care cuts of 8%
- Emergency Medicine cuts of 6%
- Interventional Radiology cuts of 9%
- Radiology cuts of 11%

Many of these physicians are the same ones that are on the front lines of COVID-19 and cannot withstand further cuts of this magnitude. We urge you to work together to pass legislation to waive the statutory budget neutrality requirements to avoid these cuts.

Recently, nearly <u>230 of your colleagues in Congress wrote you a letter</u>, urging you to pass legislation this year to halt the payment cuts to physicians. We are aware of at least two efforts to advance legislation on this issue. One bill holds physicians who would experience these Medicare cuts harmless and provides them with a temporary, additional payment for two years for the difference between their 2020 and 2021 payments. The other legislation would finance a one-year waiver of Medicare's budget neutrality requirements from the remaining PRF amounts. We appreciate both efforts; however, the PRF funds are quickly dwindling down, and physicians are still in desperate need of them to recoup expenses and revenues lost due to COVID. If this is the approach to advance, we urge Congress to work together to replenish the PRF as quickly as possible and to ensure that any further distribution of PRF amounts are allocated based off of actual expenses and losses due to COVID-19.

Thank you for your consideration of our request and for your leadership during this difficult time.

Sincerely,

CONNECTICUT STATE MEDICAL SOCIETY MEDICAL SOCIETY OF DELAWARE MED CHI, THE MARYLAND STATE MEDICAL SOCIETY MASSACHUSETTS MEDICAL SOCIETY MEDICAL SOCIETY OF NEW JERSEY MEDICAL SOCIETY OF THE STATE OF NEW YORK OHIO STATE MEDICAL ASSOCIATION PENNSYLVANIA MEDICAL SOCIETY