

October 9, 2020

The Honorable Nancy Pelosi
Speaker of the House of Representatives
U.S. Capitol Building, H-222
Washington, DC 20515

The Honorable Mitch McConnell
Senate Majority Leader
U.S. Capitol Building, H-230
Washington, DC 20510

The Honorable Kevin McCarthy
House Republican Leader
U.S. Capitol Building H-204
Washington, DC 20515

The Honorable Charles Schumer
Senate Democratic Leader
U.S. Capitol Building S-221
Washington, DC 20510

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

The undersigned organizations note and commend previous actions taken by Congress and the Administration to assist physicians, clinicians, and hospitals during the COVID-19 pandemic. These frontline workers and facilities have been tirelessly treating, diagnosing, and staging care for COVID-19 patients, while maintaining or restarting essential procedures, scans and treatments of non-COVID patients due to previous government restrictions on the ability of clinicians to perform elective procedures.

We write with concern about an upcoming change in Medicare payment for evaluation and management (E/M) services that threaten to upend the already struggling medical system. Under the CMS CY 2020 Medicare Physician Fee Schedule (MPFS), a new structure was established to increase the valuation of E/M services. The statutory requirement of the MPFS to maintain budget neutrality by offsetting payment increases for certain services by reducing payments for others comes at the most inopportune time. Due to the COVID-19 pandemic, physicians and healthcare providers face not only an unprecedented public health challenge but serious economic ones, too.

According to the Medical Group Management Association, 97 percent of physician practices have experienced a negative financial impact directly or indirectly related to COVID-19, with practices reporting a 55 percent decrease in revenue and a 60 percent decrease in patient volume since the beginning of the spread.¹ The reevaluation of E/M services included in the Centers for Medicare and Medicaid Services' (CMS) CY2021 Medicare Physician Fee Schedule (MPFS) proposed rule will lead to staggering cuts for all other specialties that do not frequently bill E/M visits. The E/M changes were developed in a very different period than the one we are living in and coping with today. We do not oppose improving payments for E/M billed office visits, like primary care, but this moment is the wrong time for significant cuts to essential services. The drastic budget neutrality adjustments required by CMS will cripple specialty providers **unless Congress acts to waive budget neutrality.**

¹ Medical Group Management Association, COVID-19 Financial Impact on Medical Practices, April 13, 2020, <https://www.mgma.com/resources/government-programs/covid-19-financial-impact-on-medical-practices>.

The proposed Medicare cuts would force many offices to close, furlough, or lay off employees, delay hiring new physicians and staff, stop or limit research, and delay new or replacement equipment purchases.^{2/3} These unfortunately necessary actions would have downstream effects on the entire healthcare ecosystem and force patients to look elsewhere for screenings and treatment. Worse yet, those needing care may forego necessary medical procedures entirely. This absence of patient choice and access comes when it has already been estimated that more than 10,000 Americans could perish from cancers alone because of delayed or missed diagnosis of detectable diseases during the Public Health Emergency.⁴

We appreciate the attention this issue has gained among Members of Congress and encourage exploration of proposed solutions, such as H.R. 8505 introduced by Representative Burgess.

We strongly urge Congress to waive budget neutrality for payment changes included in the Medicare Physician Fee Schedule that is slated to be implemented on January 1, 2021.

We welcome the opportunity to work with Congress, the Administration, and other interested parties on this necessary relief to ensure stability for the health care delivery system. Thank you for considering our request.

Sincerely,

American College of Radiology (ACR)
American Society of Radiologic Technologists (ASRT)
Association for Quality Imaging
The Association for Medical Imaging Management (AHRA)
Center for Diagnostic Imaging
Medical Imaging & Technology Alliance (MITA)
Radiology Business Management Association (RBMA)
Shields Healthcare Group
Society of Nuclear Medicine and Molecular Imaging (SNMMI)
Society of Diagnostic Medical Sonographers (SDMS)

²SNMMI COVID-19 Task Force Surveys, The Journal of Nuclear Medicine, September 1, 2020
<http://jnm.snmjournals.org/content/61/9/17N.1.full.pdf+html>

³ Radiology Business Management Association Member Survey

⁴ <https://www.nbcnews.com/health/health-news/10-000-more-cancer-deaths-predicted-because-covid-19-pandemic-n1231551>