



December 2, 2022

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

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

On behalf of the more than 590,000 physicians our organizations represent, we greatly appreciate your commitment to support patient access to affordable, high quality health care and the physicians who treat them. As we approach the end of the 117th Congress, we urge Congress to act on the important items described below to ensure our patients have access to quality, affordable, and accessible health care.

Medicare Payment

Our organizations are grateful that Congress acted last year to avert cuts to Medicare physician payments that were scheduled to take effect on January 1, 2022. As you know, these cuts stem from a very complex set of budgetary rules and systemic flaws within the Medicare Physician Fee Schedule (MFPS) that, unless addressed in a comprehensive way, will continue to plague physicians for years to come. As a result, patient access to care is once again threatened as cuts to Medicare payments are poised to take effect at the start of 2023.

These challenges are exacerbated further by the fact that the Medicare payment system has not updated physician payment rates to account for inflation for several years and does not accurately reflect the cost of health care delivery. The financial impact of a freeze on annual payment rates has been especially severe over the past two years as expenses rose substantially during the COVID-19 pandemic and inflation rates have increased to the highest level in decades. The current payment rates are not sustainable for physicians to cover the

basic expenses of their practice including payroll for their staff, maintenance and rent for their office buildings, and the purchase of new health information technology and equipment to advance the quality of health care they provide to their patients. According to an American Medical Association (AMA) analysis of Medicare Trustees data, Medicare physician payment has decreased by 20 percent from 2001–2021 when adjusted for inflation. Unless Congress acts, a continuing statutory freeze in annual Medicare physician payments is scheduled to last until 2026, when updates would resume at a rate of 0.25 percent per year, well below inflation rates.

We urge you to work in a bipartisan fashion to protect Medicare beneficiaries' access to care. One bill that addresses the looming Medicare cuts is H.R. 8800, the Supporting Medicare Providers Act of 2022, which has 98 bipartisan cosponsors. Our organizations urge Congress to pass this legislation, as it would negate the adverse effect of a 4.42 percent cut on Medicare physician payment and coverage in 2023 and provide an important measure of stability for physicians and their patients next year. We also ask you to end the Medicare physician payment annual freeze and provide an update to the MFPS that is consistent with the Medicare Economic Index (MEI) update for the coming year in any year-end legislation. Physicians are the only health care professionals in Medicare who have not received updates that are adjusted with the cost of inflation.

Prior Authorization

We also ask that Congress complete its work on H.R. 3173, the Improving Seniors' Timely Access to Care Act. This bill passed the House by voice vote with 326 cosponsors and the Senate companion bill has 43 bipartisan cosponsors. This bipartisan legislation will help protect patients from unnecessary delays in care and reduce administrative burdens on physicians by standardizing and streamlining the prior authorization approval process in the Medicare Advantage (MA) program.

Today, nearly half of Medicare eligible beneficiaries are enrolled in MA plans. These plans have prior authorization approval procedures that needlessly delay care for patients and are overly burdensome for physicians. Prior authorization requirements often delay patient care, which can be a life-or-death situation for people with serious diseases. They also force physicians to take time away from patient care and are costly for medical practices.

These issues are of great concern for all patients, and especially those with serious health conditions for whom delays in care are most dangerous. It is also particularly burdensome for smaller physician practices that may not have the staff or structure to address the additional administrative work, potentially impeding access to care in underserved areas with clinician workforce shortages. We hope you will ensure final passage of H.R. 3173 prior to the end of this Congress.

Ensuring Continuous Coverage in Medicaid and CHIP

Medicaid and CHIP serve as essential sources of coverage for low-income families, including more than half of all children, and covering 42 percent of all births in the US.¹ Ensuring this coverage lasts for 12 months has significant benefits to children, families, and to states, and a majority of diverse state Medicaid and CHIP programs have adopted the simplified pathways to offer 12 months of continuous eligibility for children or 12 months of postpartum coverage. These policies prevent children from losing coverage due to paperwork errors like lost mail or small changes in family income. They also ensure that new mothers can rely on coverage that can address pregnancy-related complications like postpartum depression, heart conditions, and high blood pressure, many of which may not surface for weeks or months after giving birth. Given that most maternal deaths are preventable and occur in the postpartum period, this coverage is critical to saving lives.

When the COVID-19 public health emergency ends and states are no longer obligated to maintain coverage for those who enrolled during the pandemic, many postpartum people in approximately half of states that have not opted to offer 12 months of coverage are likely to find themselves uninsured while their health remains in precarious condition. Similarly, an estimated 5 million children are expected to lose coverage when the public health emergency ends, nearly 4 million of whom will still be eligible but will lose coverage for procedural reasons. Enacting 12 months of continuous eligibility for these populations now will ensure that children and new mothers can rely on coverage and will save states the administrative costs associated with churn.

We urge you to establish permanent, nationwide Medicaid and CHIP coverage for 12 months postpartum and 12 months of continuous eligibility for children in the upcoming year-end package.

Mental Health

The mental health and substance abuse disorder (SUD) crisis, including increases in anxiety, depression, post-traumatic stress, and substance use, requires prompt action by Congress. One in five Americans are affected by mental illness or SUD's annually, and many patients are struggling to receive access or timely treatment to behavioral health services. Consequently, we are witnessing staggering rates of suicide, record overdose rates, and increased depression and anxiety across all ages and demographics especially in children and teens. There is an alarming trend of children and teen suicides, including high rate increases for Black children under 12 years of age, and is the leading cause of death for Asian American youth and the second leading cause of death for young people nationally. Unfortunately, many of these mental health challenges are not met with the appropriate resources, which limits patient access and coverage of critical behavioral services.

¹ Birth Data. National Vital Statistics System. Centers for Disease Control and Prevention. 2020. <https://www.cdc.gov/nchs/nvss/births.htm>

Our organizations recognize and greatly appreciate the bipartisan and bicameral effort to develop policies to address the behavioral health challenges facing our country. Given the ongoing crisis and the bipartisan work Congress has already done this year, we strongly encourage your continued commitment by including the following critical policies in an end-of-year package to stem the tide of the mental health and SUD crisis in this country:

- **Promote the integration of behavioral health services with primary care:** provide resources for evidence-based integrated care models such as the Health Resources and Services Administration's (HRSA) Pediatric Mental Health Care Access Program; the Screening and Treatment for Maternal Depression Program; and the Collaborative Care Model.
- **Strengthen behavioral health workforce:** increase funding for graduate medical education for psychiatric residencies and loan repayment programs including for primary care training in mental health/SUD.
- **Enhance promotion prevention, and early intervention:** increase funding to community health and mental health centers as well as schools to access qualified mental health professionals and services.
- **Enforce the mental health / SUD parity law:** provide appropriate resources to ensure that the Department of Labor and state regulators enforce Federal parity laws and that health plans are compliant so patients receive the access to care to which they are entitled under the law.

Telehealth

We urge Congress to extend Medicare telehealth flexibilities through at least December 31, 2024, including coverage for audio-only services, to ensure beneficiaries can continue to access virtual care and to provide financial stability and regulatory clarity for clinicians. Telehealth has been a lifeline for our physicians and their patients throughout the COVID-19 pandemic, facilitating care continuity while mitigating exposure risks, but the benefits extend beyond pandemic contingencies. Our organizations support the expanded role of telehealth as a method of health care delivery that can enhance patient-physician collaborations, improve health outcomes, increase access to care and members of a patient's care team, and reduce medical costs when used as a component of a patient's longitudinal care.

We appreciate that Congress took action to preserve Medicare telehealth access for 151 days beyond the expiration of the public health emergency (PHE); however, such a limited extension coupled with ambiguity about when the PHE will end leaves clinicians and their patients in a state of uncertainty. Further extending the temporary flexibilities through the end of 2024 ensures that our members retain the freedom to choose the most appropriate modality of care for their Medicare patients and gives lawmakers and regulators additional time to collect data and develop evidence-based permanent telehealth policies that protect patient safety and the patient-physician relationship. Additionally, we strongly recommend that additional studies of

telehealth utilization and outcomes stratify data by race, ethnicity, language, gender, and other key demographic factors to evaluate whether existing policies are equitably improving access to and quality of care and to inform future legislation to address identified barriers.

Teaching Health Centers Graduate Medical Education (THCGME)

As strong advocates for improving primary care services and training in medically underserved communities, we ask Congress to extend multi-year funding for the THCGME program to support HRSA's on going work in increasing access for rural and urban medically underserved patients by training and producing primary care physicians to serve these populations. Without additional funding by the end of the year, we have grave concerns for the financial stability of programs for the upcoming year. Flat funding in a continuing resolution in October 2023 would mean a 40-50 percent reduction in per resident allocation for teaching health center programs, putting them at risk of closure.

Residents who train in THC programs are far more likely to specialize in primary care and remain in the communities where they train. Data shows that, when compared to traditional postgraduate trainees, residents who train at THCs are more likely to practice primary care (82 percent vs. 23 percent) and remain in underserved (55 percent vs. 26 percent) or rural (20 percent vs. 5 percent) communities. This demonstrates that the program is successful in tackling the issue of physician maldistribution and helps address the need to attract and retain physicians in rural areas and medically underserved communities.

We appreciate your consideration of these important health care issues. If you have any questions, please feel free to contact David Tully at dtully@aaafp.org.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American College of Physicians
American Osteopathic Association
American Psychiatric Association

cc:

The Honorable Frank Pallone, House Energy & Commerce Committee
The Honorable Cathy McMorris Rodgers, House Energy & Commerce Committee
The Honorable Richie Neal, House Ways & Means Committee
The Honorable Kevin Brady, House Ways & Means Committee
The Honorable Ron Wyden, Senate Finance Committee
The Honorable Mike Crapo, Senate Finance Committee
The Honorable Patty Murray, Senate HELP Committee

The Honorable Richard Burr, Senate HELP Committee