

November 21, 2019

The Honorable Frank Pallone
Chair
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Richard Neal
Chair
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Grassley
Chair
Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Greg Walden
Ranking Member
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Ron Wyden
Ranking Member
Finance Committee
U.S. Senate
Washington, DC 20510

Dear Chairmen Pallone, Neal, and Grassley, and Ranking Members Walden, Brady and Wyden,

With the publication by the Centers for Medicare and Medicaid Services (CMS) of a final rule on November 1, the Medicare program made a strong inroad toward addressing the historic undervaluation of Evaluation and Management (E/M) codes (office visits) by internal medicine specialists and other physicians who deliver primary and subspecialty care to millions of Medicare patients.

The undersigned groups strongly support the CMS final rule. Not only will it improve the payment for the E/M services that have been undervalued by Medicare for so long, but it will reduce the time physicians are required to spend on unnecessary documentation.

Studies show that access to primary care physicians and cognitive specialists is associated with better outcomes, increased longevity, lower costs, and reduced preventable hospital and emergency room admissions. Internal medicine subspecialists also provide a critically important role in the diagnosis, care and treatment of patients with serious acute and chronic illnesses, in coordination with primary care physicians, resulting in better outcomes and reduced costs associated with preventing unnecessary hospital admissions, re-admissions, and complications.

Between Medicare's undervaluation of E/M codes for services performed by internal medicine physicians and the excessive documentation requirements placed on these physicians in order to be paid for their services, fewer physicians have been going into office-based internal medicine practice and internal medicine subspecialties that principally provide primary and

cognitive care services. Yet we find ourselves at a point in time where an aging population will need more physicians going into primary care and subspecialty disciplines to care for them.

This is why it is so very important that your committees support these policies and ensure that they are not weakened or delayed prior to their implementation on January 1, 2021.

Specifically the undersigned groups urge your respective committee's support for the following provisions of the final rule:

1. Higher physician work relative value units (RVUs) for new and established office visit codes, leading to increased payments for them. The higher work RVUs are essential and based on evidence that shows that current payment levels undervalue the complexity of physician work in providing primary and cognitive care to patients.

2. Reduced documentation requirements for office visit codes, which enables physicians to select and document for each visit based on medical decision-making or total time. These changes will allow physicians to spend more time with patients and less on documentation and paperwork.

3. Expanded and improved payment for care management services. Appropriate payment for care management will make it possible for physicians to coordinate care with others on the patient's clinical care team, leading to better health outcomes.

For the sake of our patients and their ability to realize the better outcomes and lower costs associated with increased access to internal medicine specialists and other physicians who deliver primary and subspecialty care to millions of Medicare patients, our groups respectfully request that your committees express strong support for implementation of the above provisions of CMS's final rule – without any delay or changes that will undermine these essential improvements in Medicare program policy.

Sincerely,

American College of Physicians
American Academy of Allergy, Asthma & Immunology
American Academy of Neurology
American College of Allergy, Asthma and Immunology
American College of Rheumatology
American Geriatrics Society
American Society of Hematology
American Society of Nephrology
American Society for Transplantation and Cellular Therapy
Endocrine Society
Infectious Disease Society of America
Renal Physicians Association
Society of General Internal Medicine