

September 7, 2023

The Honorable Kevin McCarthy
Speaker of the House
U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Hakeem Jefferies
Minority Leader
U.S. House of Representatives
2433 Rayburn House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

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

On behalf of the undersigned organizations, representing a broad coalition of health care clinicians, patient advocates, and other stakeholders, we write to urge Congress to support CMS' proposal to implement a Medicare billing code, known as G2211, in 2024, as this add-on code will improve Medicare beneficiaries' access to high-quality, patient-centered care.

CMS finalized the G2211 add-on code in the calendar year (CY) 2021 Medicare Physician Fee Schedule (MPFS) final rule. This add-on code would be billed with codes for office/outpatient evaluation and management (E/M) visits to better recognize the inherent resource costs clinicians incur when longitudinally managing a patient's overall health or treating a patient's single, serious or complex chronic condition. In simpler terms, G2211 reflects the time, intensity, and practice expenses needed to meaningfully establish relationships with patients and address most of their health care needs with consistency and continuity. By paying clinicians for providing this highly effective, low-cost care, G2211 will help improve patient and population health outcomes and strengthen the Medicare program.

Before CMS could implement G2211, Congress placed a moratorium on payment for its use until January 1, 2024. In the CY 2024 MPFS proposed rule, CMS announced its plans to implement the G2211 code in 2024 when the moratorium ends. **Our organizations applaud CMS' plan to move forward with implementing G2211 in 2024 as it will have a meaningful impact on ensuring access to high quality, coordinated, patient-centered care for Medicare beneficiaries.**

Sustained continuity of care has been shown to improve quality and reduce health care spending, including for patients with chronic conditions such as asthma and diabetes, by decreasing hospitalizations and emergency department use and improving uptake of preventive services.ⁱ Additionally, stronger clinician-patient relationships can lead to improved functional health for patients.ⁱⁱ

Unfortunately, current fee-for-service payment and coding processes fail to properly compensate clinicians for the increased services and resources that are inherent to providing longitudinal office-based or outpatient primary and specialty care. Medicare's existing payment structure is jeopardizing patients' access to whole-person care and placing many clinicians in a difficult financial situation, forcing them to shorten office visits, address fewer patient concerns in one encounter, or limit how many Medicare beneficiaries they accept altogether. **Our health care system should be incentivizing high**

quality, patient-centered care by appropriately valuing and paying for these services. G2211 would be an important step towards doing so.

This add-on code is a much-needed investment in strengthening patient-clinician relationships by supporting clinicians' ability to foster longitudinal relationships, address unmet social needs, and coordinate patient care across the team. Evidence indicates increasing payments for these types of services reduce patient appointment wait times and supports the provision of services that improve patient health and can reduce costs.^{iii,iv,v}

We must ensure that these long overdue investments in high quality, whole-person, patient-centered care are fully implemented and that beneficiaries can continue to access all the services they need. As you return for the September work period, our organizations urge Congress to prioritize Medicare and other health care reforms to improve access to affordable care for our nation's seniors and support positive policy changes, such as implementation of G2211, intended to correct historic underinvestment in critical health care services.

Sincerely,

agilon health Physician Network
Aledade
ALS Association
American Academy of Family Physicians
American Academy of Home Care Medicine
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Physician Assistants
American Association for the Study of Liver Diseases
American Association of Nurse Practitioners
American College of Allergy, Asthma and Immunology
American College of Gastroenterology
American College of Lifestyle Medicine
American College of Osteopathic Family Physicians
American College of Physicians
American College of Rheumatology
American Geriatrics Society
American Medical Society for Sports Medicine
American Psychiatric Association
American Psychological Association Services
American Society of Addiction Medicine
American Society of Hematology
Arthritis Foundation
Elation Health
Endocrine Society
Families USA
Gerontological Society of America
National Partnership for Women & Families
National Rural Health Association
Primary Care Collaborative

Primary Care Development Corporation
Society for Internal General Medicine
Society of Critical Care Medicine
Society of Teachers of Family Medicine
The American College of Chest Physicians
The Society for Post-Acute and Long Term Care Medicine
Village Medical

ⁱ Cabana MD, Jee SH. Does continuity of care improve patient outcomes? *J Fam Pract.* 2004 Dec;53(12):974-80. PMID: 15581440.

ⁱⁱ Reddy A, Gunnink E, Taylor L, et al. Association of High-Cost Health Care Utilization With Longitudinal Changes in Patient-Centered Medical Home Implementation. *JAMA Netw Open.* 2020;3(2):e1920500. doi:10.1001/jamanetworkopen.2019.20500

ⁱⁱⁱ Increased Medicaid Reimbursement Rates Expand Access to Care. National Bureau of Economic Research. 2019. Available at: <https://www.nber.org/bh-20193/increased-medicaid-reimbursementrates-expand-access-care>

^{iv} Candon M, Zuckerman S, Wissoker D, et al. Declining Medicaid Fees and Primary Care Appointment Availability for New Medicaid Patients. *JAMA Intern Med.* 2018;178(1):145–146. doi:10.1001/jamainternmed.2017.6302

^v Williams MD, Asiedu GB, Finnie D, et al. Sustainable care coordination: a qualitative study of primary care provider, administrator, and insurer perspectives. *BMC Health Serv Res.* 2019;19(1):92. Published 2019 Feb 1. doi:10.1186/s12913-019-3916-5