



November 16, 2023

The Honorable Ron Wyden
Chairman, Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
United States Senate
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the American College of Physicians (ACP), I am writing to share our support for the Better Mental Health Care, Lower Drug Costs and Extenders Act that was recently approved by the Senate Finance Committee. This legislation would reduce the Medicare physician payment cuts slated for the fee schedule next year, increase access to behavioral health services, and improve the accuracy of clinician directories within Medicare Advantage. We have outlined provisions that we support in this bill as well as offered several recommendations to improve this legislation.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.

Improvements to the Medicare Physician Fee Schedule and Alternative Payment Models

We appreciate that this legislation would improve Medicare physician payments to reduce the impact of 3.36 across the board payment cut to physicians in the 2024 Medicare Physician Fee Schedule (MPFS). ACP strongly supports the provision that would replace the statutory increase of 1.25 percent for Medicare physician fee schedule services furnished in 2024 with a 2.50 percent increase to reduce the impact of the scheduled physician payment cut next year.

We continue to urge Congress to ensure that the MPFS provides physicians with positive and stable [payment updates](#) consistent with the Medical Economic Index (MEI) that adequately reflect the increased costs in their practice due to inflation. We ask Congress to [improve the structural foundation of the MPFS](#) and ensure that it accurately values the work of primary and cognitive care physicians.

We also ask that you hold a hearing, or series of hearings, to examine policies to [reform MACRA](#) to ensure that it creates a value-based physician payment system and moves the needle toward achieving greater equity in the delivery of health care.

Additionally, the Better Mental Health Care, Lower Drug Costs and Extenders Act would provide for a 1.75 percent Alternative Payment Model (APM) Incentive Payment for Qualifying APM Participants (QPs) for payment year 2026 (based on performance year 2024) and would extend the QP payment and patient thresholds in place with respect to payment year 2025 through payment year 2026 (based on performance year 2024).

These extensions to incentive payments for participation in APMs are helpful but additional increases in APM incentives are needed to ensure that [small independent physician practices](#) have the resources and capital necessary to provide care in these value-based models. **We urge the [approval](#) of H.R. 5013, the Value in Health Care Act of 2023 which provides a multi-year commitment to reforming care delivery by extending MACRA's 5 percent advanced APM incentives that are scheduled to expire at the end of the year.** It also gives the Centers for Medicare & Medicaid Services (CMS) authority to adjust APM qualifying thresholds so that the current one-size-fits-all approach does not serve as a disincentive to including rural, underserved, primary care or specialty practices in APMs.

Improving Behavioral Health in Primary Care

We support Section 101 of this legislation that would increase bonus payments from 10 to 15 percent for physicians that diagnose, treat, or evaluate mental health and substance use disorders furnished in mental health professional shortage areas (HPSAs).

We are supportive of incentives such as bonus payments, scholarships, and loan repayments for physicians to practice in shortage areas. ACP [supports policies](#) to increase the professional workforce engaged in the treatment of behavior health and substance use disorders. Loan forgiveness programs, mentoring initiatives, and increased payment may encourage more individuals to train and practice as behavioral health professionals.

We support provisions in this legislation that would increase the payment amount under the MPFS for certain behavioral health integration services beginning in 2026, and then phase down that increase in 2027 and 2028. For 2026, the payment for the behavioral health integration services would be 175 percent of the MPFS amount; for 2027, the payment would be 150 percent; and for 2028, it would be 125 percent. The increase and phase-down in payments under this provision would not be included in the MPFS's budget neutrality calculations.

This measure is similar to legislation that we [supported](#) offered by Senators Cornyn and Cortez-Masto, S. 1378, the Connecting Our Medical Providers with Links to Expand Tailored and Effective (COMPLETE) Care Act. It would help expand access to behavioral health services by increasing Medicare payment rates for behavioral health integration services in the years of

2025, 2026 and 2027 to help defray a portion of the startup costs that physicians incur when they begin delivering care through models that integrate behavioral health and primary care.

Ensuring Accurate Provider Directories in Medicare Advantage

We appreciate that this legislation would require Medicare Advantage (MA) plans to maintain accurate provider directories on a public website beginning in plan year (PY) 2026 and would require directory information to be updated at least every 90 days. MA plans would be required to note in the directory providers whose information could not be verified and to remove providers listed in a directory within 5 business days if the organization determines the clinician is no longer participating in the network.

We urge the Senate to require MA plans to update their provider directories on a monthly, rather than quarterly basis to ensure that our patients may have access to accurate directories when they choose a plan or health professional. MA directories often include [incorrect](#) information and a [GAO report](#) found that additional measures were needed to ensure a sufficient number of clinicians within MA networks. We suggest requiring MA provider directories include additional information, such as the health care professional's gender, medical group and facility affiliations if applicable. Additionally, we urge you to require MA plans to maintain regularly updated directories that include information on whether listed clinicians are accepting new patients.

We appreciate your work in advancing this legislation through the Senate Finance Committee and urge you to include our recommendations to improve the bill as it moves forward. Should you have any questions or concerns regarding this letter, please do not hesitate to contact Brian Buckley, Senior Associate Legislative Affairs, at bbuckley@acponline.org.

Sincerely,



Omar T. Atiq, MD, MACP
President