



February 8, 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. Our organizations were pleased that at the end of 2021, you supported passage of S. 610, the *Protecting Medicare and American Farmers from Sequester Cuts Act*, that averted a nine percent cut to Medicare payment for physicians this year. We are also appreciative of the ongoing work on FY22 appropriations in advance of the current continuing resolution ending on February 18th. Our organizations urge your continued support on key funding priorities that will help ensure our patients have access to care during and after the pandemic and we are hopeful that congress will agree soon on a full-year omnibus appropriations package.

Protecting Access to Care

We urge Congress to address Medicare sequester cuts during the ongoing appropriations process for this fiscal year. One of the Medicare cuts addressed in the *Protecting Medicare and American Farmers from Sequester Cuts Act* is a three-month delay of the two percent Medicare sequester payment reductions (Jan. 1 to March 31) and a three-month, one percent reduction in Medicare sequester payment reductions (April 1 to June 30). There are long-term issues relating to the Medicare Part B payment structure that we hope Congress will begin to address later this year. However, more immediate action is needed to address sequestration. Many physicians are still struggling with the financial challenges imposed by the COVID-19 pandemic

and public health emergency (PHE), with one-third of primary care practices reporting in an August 2021 survey that they had been unable to make-up revenues lost during the pandemic.¹ The resumption of sequestration cuts to Medicare would impose a hardship and serve as a blow to their ability to deliver high quality care to their patients. Our organizations are urging Congress to extend the full moratorium on the sequester cuts at least until the end of 2022.

Our organizations urge Congress to extend Medicare telehealth flexibilities for as much as two years beyond the public health emergency to ensure beneficiaries' continued access to care and 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 health care team, and reduce medical costs when used as a component of a patient's longitudinal care. Extending the temporary flexibilities for an additional two years gives clinicians and patients the freedom to choose the most appropriate modality of care while giving regulators additional time to collect data and develop evidence-based permanent telehealth policies that protect patient safety and the patient-physician relationship. **Additionally, we recommend the collection and reporting of telehealth data stratified by race, ethnicity, language, gender, and other key demographic factors to ensure policies are equitably improving access to and quality of care.**

Our organizations also urge Congress to reauthorize the Conrad 30 Program to help alleviate ongoing physician shortages and ensure the long-term health care needs of communities across our country are met. We support reauthorizing the Conrad 30 Waiver Program which is set to expire on Feb. 18, 2022. The Conrad 30 Program allows foreign doctors studying in the U.S. to remain in the U.S. following their medical residency without having to return home if they agree to practice in an underserved area for three years. Over the last 15 years, the program has brought more than 15,000 foreign physicians to underserved and rural communities, filling a critical need for quality care in these communities – a need that has been highlighted throughout the COVID-19 pandemic and letting the program expire will only exacerbate health inequities.

Protecting Public Health

Our groups support additional funding to support the nation's ongoing fight to confront the devastating effects of COVID-19 and its variant mutations on the health of Americans. Our members have been serving on the frontlines of the pandemic for nearly two years, often at great personal risk and sacrifice. They are exhausted and are again facing an unprecedented surge in COVID-19 cases. Despite an overwhelmed health care system and a consistent lack of adequate support for frontline health care workers, they continue to step up, serve their communities, and save lives. We urge federal, state, and local leaders to hear our organizations' and members' call for bold action to truly support frontline clinicians by prioritizing their mental health and overall wellbeing, as well as committing to a long-term multilayered public health

response to contain COVID-19 and bolster our overwhelmed health care system. In that regard, Congress should support the administration in deploying a multilayered strategy that emphasizes the role of vaccination, testing, masking, and physical distancing.

This strategy should be coupled with more consistent and ongoing [investment](#) in improvements to the vaccines and treatments for the disease, as well as continued public messaging campaigns to provide education on how each layer of defense protects families from COVID-19 and ultimately will help end the pandemic.ⁱⁱ In addition, we urge you to ensure that all clinicians participating in Medicare and Medicaid can be adequately [reimbursed](#) for counseling their patients about the COVID-19 vaccines, even if the vaccine is not administered in conjunction with the counseling. Finally, COVID-19 funding should include research on the effects of, and improvements in, vaccines for children, pregnant and lactating individuals, long-term COVID cases.

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

ⁱ Quick COVID-19 Primary Care Survey: Series 30 Fielded August 13-17 2021. The Larry A Green Center. Available at: https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/615653643c3097648325ce4c/1633047398171/C19_Series_30_National_Executive_Summary.pdf.

ⁱⁱ Centers for Disease Control and Prevention, Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020 (cdc.gov), October 30, 2020.