



November 6, 2019

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

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

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

On behalf of the American College of Physicians (ACP), I am writing to urge your committees to express strong support for the Centers for Medicare and Medicaid Services (CMS) final rule to improve payments for physicians' undervalued Evaluation and Management (E/M) services and reduce the time they must spend on unnecessary documentation. These changes, finalized in the rule for the 2020 Medicare Physician Fee Schedule, will help patients by allowing physicians to spend more time with them, and by making it possible for more physicians to go into and remain in primary care. The support of your committees is urgently needed to ensure that these policies are not weakened or delayed prior to their implementation on January 1, 2021.

The American College of Physicians is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

### **Recognizing the Value of Primary and Cognitive Care**

Medicare has long undervalued E/M codes (office visits) by internal medicine physicians, family physicians, and other cognitive and primary care physicians. At the same time, physicians have been faced with excessive documentation requirements to be paid for such services. The direct result of that has been fewer physicians going into office-based internal medicine and other primary care and mostly cognitive disciplines. CMS's new rule can help reverse this trend at a time when an aging population will need more primary care physicians—especially internal medicine specialists to care for them. Studies show that access

to primary care physicians is associated with better outcomes, increased longevity, lower costs, and reduced preventable hospital and emergency room admissions.

In September, ACP submitted a [letter](#) to CMS Administrator Seema Verma applauding the agency for adopting recommendations from a multi-specialty advisory process to CMS to increase the relative values for office and outpatient E/M visits and reduce documentation. ACP was a leader in working with other physician specialties in developing data to support such changes. CMS appropriately finalized these recommendations, which had the support of most physician specialties, in the final rule.

### **Key ACP-supported Provisions in the Final Rule**

ACP specifically urges your committees' support for the following provisions in 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.

Under Medicare law, any changes in RVUs for services in the Medicare Physician Fee Schedule must be budget-neutral, requiring an across-the-board offset to the fee schedule's dollar conversion factor. When budget neutrality is applied, some physicians will experience overall payment reductions while others will see increases, as occurs every year when changes are made to RVUs in the physician fee schedule. While it may be understandable that there likely will be objections to the budget neutrality adjustment currently required by law, ACP believes that such concerns must not result in any delay or changes that will reduce the benefits to patients from the above three provisions in the final rule.

Accordingly, we respectfully ask that your committees express strong support for implementation of the provisions in CMS's final rule to increase RVUs for office visits, reduce documentation, and expand and improve payment for care management services, without any delay or changes that will undermine them. Patients will benefit from physicians spending more time with them, and from the better outcomes and lower costs associated with having access to primary and cognitive care physicians; please give them your support.

Sincerely,



Robert M. McLean, MD, MACP  
President