

September 14, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the Group of Six, which represents more than 600,000 frontline physicians, we write to request that Congress strengthen access to care and health care infrastructure by addressing several important issues impacting patients and physicians.

The members of our six organizations provide the majority of care to our nation's children, pregnant women, adults and elderly for a full range of physical, mental and substance use conditions. Each day, our physician members provide health care to patients in communities large and small, urban and rural, rich and poor, and experience firsthand the inequities in health care access and outcomes between those with affordable, comprehensive health coverage and those without.

As the COVID-19 pandemic continues to strain our nation's health care system, and take a financial and emotional toll on physicians, the nexus between coverage and payment policy and patient access to care has grown.

Access to Care for Medicare and Medicaid Patients

Our country's health care system continues to face a severe financial strain due to the COVID-19 pandemic. It is taking a significant toll on physician practices. Physicians have major concerns about looming cuts to Medicare payment rates and the impact these cuts may have on their practices and ability to care for their patients. Ensuring that payment rates for medical services are not cut is essential to preserving and expanding patient access to care.

Due to these challenges, Congress halted the 2 percent Medicare sequestration cut earlier this year and mitigated what would have been an additional 3.75 percent budget neutrality cut in Medicare part B payment rates for coverage year 2021. Physician practices are impacted by payment cuts and reduced revenue similar to other businesses and are equally in need of support. Both the freeze on sequestration and budget neutrality cuts are scheduled to resume in CY 2022. Allowing these cuts to take effect in 2022 would be devastating and further strain Medicare beneficiaries' access to care in rural and underserved communities. **We urge Congress to act before the end of the year or all physician services will again be subject to reductions due to the application of budget neutrality.**

The pandemic has also significantly impacted the Medicaid program. Enrollment in Medicaid has increased by more than 8% during the pandemic, and as of March 2021, there were nearly

75 million Americans enrolled in this essential program. The demand for primary care, pediatric and mental health clinicians in the Medicaid program is more critical than ever. At the same time, physician practices are still grappling with financial challenges due to increased expenses and reductions in revenue due to the COVID-19 pandemic. Physician practices that accept large numbers of Medicaid patients face further challenges. The low payment rate for Medicaid services, compared with that of Medicare or private payers, is exacerbating their financial instability.

Medicaid payment rates remain significantly lower than Medicare and private insurance rates, and on average, Medicaid pays just 66% of what Medicare pays for primary care. Low physician payment rates have historically been a barrier to health care for enrollees because physicians are unable to accept additional Medicaid patients. Medicaid plays a particularly vital role in providing coverage to pregnant individuals, rural residents, and individuals with disabilities, and behavioral health conditions, as well as Black, Indigenous, Hispanic and other underrepresented minorities.

Increasing Medicaid rates for primary care would help to mitigate health inequities by ensuring these individuals have timely access to care. Our organizations strongly support increasing Medicaid payment rates for primary care, pediatric care, and behavioral health to at least Medicare levels to help maintain access to care for underserved and vulnerable populations and provide much needed financial support for physicians who treat these patient populations. **We urge your support in advancing the bipartisan *Kids Access to Primary Care Act (H.R. 1025)*. In addition, we urge Congress to ensure Medicaid payment parity with Medicare rates for mental health services.**

Maternal Health

Our organizations appreciate the bipartisan interest in addressing maternal mortality and improving maternal health outcomes. The COVID-19 pandemic is exacerbating the U.S. maternal health crisis and has further exposed health inequities experienced by underrepresented populations, including Black and Indigenous people, who disproportionately experience maternal mortality and morbidity. The bipartisan Maternal Health Quality Improvement Act (H.R. 4387/S.1675) will help our nation reverse course on this crisis by implementing evidence-based policies to improve maternal health outcomes and address inequities. This foundational bill establishes grants to directly address the maternal mortality crisis, supports evidence-based quality improvement initiatives, and takes steps to eliminate racial inequities.

The Maternal Health Quality Improvement Act advanced unanimously out of the House Committee on Energy and Commerce and the Senate Committee on Health, Education, Labor and Pensions and is primed for passage. **We urge you to prioritize the lives of women and families by swiftly enacting the bipartisan, evidence-based Maternal Health Quality Improvement Act (H.R. 4387/S.1675).**

Improving Access to Behavioral and Mental Health Services

The impact of the COVID-19 pandemic on mental health and substance use disorders is well-documented. Recent CDC data indicate that 120,000 U.S. children have lost a parent or primary caregiver to the pandemic – with Black youth experiencing the highest rate of loss. Further, visits to emergency departments for suspected suicide attempts increased more than 50 percent for adolescent girls in the early months of 2021. Now more than ever, Americans need access to potentially lifesaving care. Yet, accessing needed care is exceedingly difficult for too many patients. Our organizations recommend that Congress act to improve access to evidence-based mental health and substance use care that many Americans struggle to find. To address this challenge, Congress must ensure that parity in insurance coverage for medical benefits and coverage for mental health and substance use disorder benefits is appropriately implemented, maintained, and enforced.

The Collaborative Care Model is the only evidence-based integrated mental health care model currently reimbursable in primary care. The model has been covered by Medicare since 2017 and is currently used by many commercial and some Medicaid payers. However, the startup costs have created a barrier to primary care practices adopting the model. Grants are needed for primary care practices and technical assistance centers to increase uptake of this proven form of integrated care. **We urge Congress to enact the bipartisan Collaborate in an Orderly and Cohesive Manner (COCM) Act (H.R. 5218), which would remove barriers to greater use of the Collaborative Care Model.**

Our organizations stand ready to work with you on these important issues and to strengthen our nation's health care system for the betterment of all our patients.

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