



December 2, 2020

The Honorable Frank Pallone  
Chairman  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Greg Walden  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, DC 20515

The Honorable Richard Neal  
Chairman  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Charles Grassley  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Pallone, Ranking Member Walden, Chairman Neal, Ranking Member Brady, Chairman Grassley, and Ranking Member Wyden:

On behalf of the American College of Physicians (ACP), I am writing to urge your support for the implementation of policies to improve payments for undervalued Evaluation and Management (E/M) Services in the 2021 Medicare Physician Fee Schedule (MPFS) Final Rule as finalized yesterday by the Centers for Medicare and Medicaid Services (CMS). Specifically, we urge you to support the policies in the 2021 MPFS to increase payments for many office visits and related evaluation and management (E/M) services, create new “G” codes to allow physicians to get additional payments for complex visits and visits that take more time than usual (prolonged services), and to raise payments for care coordination.

The American College of Physicians is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 163,000 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. Internal medicine specialists treat many of the patients at greatest risk from

COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease and asthma.

The long overdue payment increases for E/M services in the 2021 MPFS are essential to recognizing the value of primary and comprehensive care, have been many years in the making, were developed with the input and support of all physician specialties, and are imperative to support our members and their patients, especially during these difficult times. These improvements, while long overdue and absolutely essential, only *partially* offset the huge losses of revenue from the COVID-19 pandemic experienced by internal medicine specialists and other frontline physicians. While CMS's rule will help them keep their practices open at a moment when patients in their community desperately need access to their care, additional policies will be needed to address the decades-old underinvestment in primary and comprehensive care.

ACP notes that the application of budget neutrality (BN) to offset the budget cost of the increased payments for E/M and other services in the 2021 MPFS will cause reductions in Medicare's dollar conversion factor for all physician services and specialties. *ACP is supportive of Congress acting to prevent BN cuts for Calendar Year 2021 provided that such legislation does not in any way diminish or delay the improved payments for office visits and other related E/M services, including the new G codes for complex visits and prolonged services as finalized by CMS for implementation on January 1, 2021.* Any legislation to address BN cuts in CY 2021 should also be equitable, time-limited and minimize extended imbalances in payment.

In addition to the scheduled increases in payment for office visits and other related E/M services, we specifically urge you to support CMS's decision to implement a new code to better recognize a particularly complex patient visit. Code G2211 will allow physicians to note for services like chronic disease management tracking, reviews of consult or lab reports, medication-related monitoring and safety outside of a patient visit, physician input at assisted living or nursing homes. All of these actions take considerable physician time, yet have not previously been compensated.

In conclusion, we believe that the policies in the 2021 Medicare Physician Fee Schedule Final Rule begin to address the decades-long disparities in payments for E/M services, and the underinvestment in primary and comprehensive care, and deserve your enthusiastic support as finalized by CMS for implementation on January 1, 2021. We look forward to assisting you as you continue to explore equitable solutions to preserve these essential policies for patients and their physicians while preventing BN cuts during the COVID-19 pandemic.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline W. Fincher MD". The signature is written in a cursive, flowing style.

Jacqueline W. Fincher, MD, MACP  
President