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November 12, 2020

Ami Bera, MD
United States House of Representatives
Washington DC 20515

Larry Bucshon, MD
United States House of Representatives
Washington DC 20515

Dear Drs. Bera and Bucshon:

On behalf of the American Geriatrics Society (AGS), thank you for your long-standing support of ensuring that we have the eldercare workforce that is needed to care for older Americans. We are writing to express a concern that we have with H.R. 8702, *Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020*.

The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. AGS has long advocated for increased payment and support for primary care services and we are fully supportive of the changes to the evaluation and management (E/M) office visits codes. We applaud Medicare for its ongoing efforts to appropriately value these services which are at the core of high quality, person-centered care that supports all of us as we age. We very much appreciate that H.R. 8702 is intended to address reduction in payment that some specialties will experience in 2021 under the proposed fee schedule given budget neutrality requirements.

The harsh reality is that **all** clinicians caring for older adults (including nurse practitioners, advanced practice nurses, physician assistants) have suffered financial harm due to COVID-19. The Larry A. Green Center has been surveying primary care clinicians since March 2020. In the latest survey ([Series 21](#)), the Green Center found that 54% of respondents indicated that their practice had laid off or furloughed staff. More worrisome, 72% of clinicians reported working 6-20 hours per week unpaid. In its most recent workforce shortage reports, HRSA has identified that we have a current and growing shortage of [primary care clinicians](#) and of [geriatricians](#). We have no doubt that the COVID-19 pandemic will exacerbate this shortage as clinicians retire early and given that primary care services for complex older adults have historically been undervalued on the fee schedule. The recent rising number of COVID-19 cases nationwide continues to financially impact primary care providers who struggle to meet the needs of their patients and to maintain operations, while facing significant reductions in patient volume and practice revenue, and increases in expenses related to COVID-19, such as technology to support telehealth needs and maintaining needed personal protective equipment.

In terms of optics, the unintended message of H.R. 8702 is that Congress is not ensuring that older Americans continue to have access to primary care clinicians, geriatrics health professionals, and other physician specialties that are important to their health and quality of life.

Home and Facility-based Care

We appreciate and are fully supportive of the proposals that CMS put forward for increasing payment for office-based E/M services. However, we are concerned that budget neutrality will significantly and adversely impact nursing home and home care providers and beneficiaries receiving care in those settings. If the proposed cuts go into effect, there will be a disproportionate impact on older adults with complex and chronic conditions and access to care will be impacted for those that need it most. For older Americans, our primary care geriatrics workforce is essential to preventing disease and coordinating care given disease burden and complex social and medical care needs. Furthermore, the risk of infection may lead many patients, particularly chronically ill older adults who are at elevated risk from COVID-19, not to seek care in the office setting. Services furnished in the nursing facility, home and domiciliary settings will be critical to providing access to needed care and to maintaining care relationships. Reduced access to care in these settings will likely lead to more Emergency Department visits, hospitalizations, and deaths.

New Patient Office Visits

We appreciate that your proposal makes payment in 2021 no worse than in 2020 for codes 99202-99205. However, it does not remove the effects of the conversion factor on these services. The result is that there is no increase in payment and no recognition of the increased resources necessary to provide these services. These services are much lower volume than established patient services. The higher level services 99204 and 99205 most directly affect those who serve the more complex patients who need access to a physician for the first time. In primary care, the professional most adversely affected is the new physician or healthcare professional who sees more complex patients and is paid under the Medicare Physician Fee Schedule (PFS) by either Medicare or Medicare Advantage plans. In other words, this negatively affects developing the geriatrics workforce. Therefore, to improve access, support a developing workforce and to recognize the resources of providing these services we ask that you consider removing budget neutrality from these codes or allow the GPC1X code to be applied to new patient services without removal of exception status.

The AGS would be pleased to work with your staff on identifying bi-partisan solutions to the issues that we have identified with H.R. 8702 as proposed. We have expressed our support to Doctor Burgess and Congressman Rush for H.R. 8505, that would amend title XVIII of the Social Security Act and implement a one-year waiver on budget neutrality requirements under the Medicare PFS. Budget neutrality adversely affects clinicians in every specialty, including primary care, and the proposed cuts for services paid under the PFS is especially concerning as the country continues to respond to the risks and challenges of COVID-19. We believe that the waiver of budget neutrality could be covered if Congress were to increase money for the Provider Relief Fund in the next COVID-19 relief package to cover the funds that would be needed for the budget neutrality waiver.

Doctors Bera and Bucshon, thank you for all you are doing to support healthcare professionals and older Americans during these challenging times. We appreciate your leadership and willingness to find common ground in order to preserve access to the many clinicians who care for older adults. Please do not hesitate to contact us, Alanna Goldstein, Director of Public Affairs and Advocacy, at agoldstein@americangeriatrics.org, if you would like to discuss the concerns we have raised and identify potential solutions.

Sincerely,

Handwritten signature of Peter Hollmann MD in black ink.

Peter Hollmann, MD
President-Elect

Handwritten signature of Nancy E. Lundebjerg in black ink.

Nancy E. Lundebjerg, MPA
Chief Executive Officer