February 8, 2022

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, Minority Leader McConnell:

We write regarding our grave concerns regarding the viability of office-based specialists given the recent changes to the Physician Fee Schedule. While S. 610, the Protecting Medicare and American Farmers from Sequester Cuts Act (PL 117-71), provided temporary relief from most of the 3.75 percent cut to the conversion factor which was scheduled to take place on January 1, 2022, we were disappointed that the extensive cuts for office-based specialists under the 2022 Physician Fee Schedule were left unaddressed. These “clinical labor” cuts are the most significant negative impact of the 2022 Physician Fee Schedule by far and are expected to cut reimbursement by more than 20 percent for some specialties. Frankly, these cuts threaten to undermine efforts to address health inequity, accelerate health system consolidation, and weaken our ability to deal with the pandemic.

Cuts to Office-Based Specialists Threaten Health Equity

The 2022 Physician Fee Schedule threatens access to a number of services which disproportionately impact minority patients as shown in the table below.

<table>
<thead>
<tr>
<th>Disease/Service</th>
<th>Health Inequity</th>
<th>Fully-Implemented Cuts¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venous Ulcer / Endovenous radiofrequency ablation</td>
<td>Black patients present with more advanced venous insufficiency than white patients</td>
<td>Key Code (36475) <strong>cut by 23%</strong></td>
</tr>
<tr>
<td>ERSD / Dialysis Vascular Access</td>
<td>Black and Latino patients start dialysis with a fistula less frequently despite being younger</td>
<td>Key Code (36902) <strong>cut by 18%</strong></td>
</tr>
</tbody>
</table>

¹ The 2022 PFS Final Rule phases-in these cuts over 4 years. Cuts in this table are estimates as CMS (1) does not disaggregate impacts by site-of-service and (2) did not publish the effects of the cuts over the 4-year period.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
<th>Key Code</th>
<th>Cut Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer / Radiation Oncology</td>
<td>Black men are 111 percent more likely to die of prostate cancer; Black women are 39 percent more likely to die of breast cancer</td>
<td>G6015</td>
<td>15%</td>
</tr>
<tr>
<td>Peripheral Artery Disease / Revascularization</td>
<td>Black Medicare beneficiaries are 3X more likely to receive an amputation; Latino beneficiaries are 2X as likely</td>
<td>37225-37221</td>
<td>22%</td>
</tr>
<tr>
<td>Fibroid / Uterine Fibroid Embolization</td>
<td>Uterine fibroids are diagnosed roughly 3X more frequently in Black women</td>
<td>37243</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Cuts to Office-Based Specialists Accelerate Health System Consolidation**

Since 2006, office-based specialists under the Physician Fee Schedule already have seen cuts of 20 to 40 percent. According to the American Medical Association, the share of physicians working for a hospital increased from 29.0 percent in 2012 to 39.8 percent in 2020. The ongoing pandemic also has accelerated these trends with hospitals and corporate entities acquiring 20,900 additional physician practices over the last two years. We firmly believe that another round of 20 percent cuts as planned by the 2022 Physician Fee Schedule will cause many of the remaining office-based centers to simply close their centers and complete the migration to large health systems. As a result, Medicare spending and patient copays will increase, and the Medicare Part A Trust Fund will move closer towards insolvency.

**Cuts to Office-Based Specialists Undermine Our Health System’s Pandemic Response**

These ongoing cuts to specialties under the Physician Fee Schedule are also weakening our healthcare system’s ability to deal with the ongoing COVID-19 pandemic. A key lesson learned since the start of the pandemic is that it is critical that hospitals be able to focus on our sickest pandemic patients. Yet many other patients dealing with cancer, end-stage renal disease, limb salvage, and other issues cannot wait for the care that is critical to keeping them alive or out of the hospital. Office-based care provides a critical point of access outside of hospitals that have been overwhelmed during the COVID-19 pandemic. Unfortunately, ongoing cuts to office-based providers threaten their very existence and will further undermine our health system’s pandemic response.

There is widespread agreement that the Physician Fee Schedule is desperately in need of reform, and we look forward to working with you on this larger endeavor. While we continue this important work, we strongly urge you to include relief to office-based specialists in the upcoming omnibus appropriations legislation to protect access to care for Medicare patients around the country.
Thank you for the consideration of this urgent request.

Sincerely,

Bobby L. Rush
Member of Congress

Gus M. Bilirakis
Member of Congress

Fred Upton
Member of Congress

Sanford D. Bishop, Jr.
Member of Congress

Bennie G. Thompson
Member of Congress

Sheila Jackson Lee
Member of Congress

Danny K. Davis
Member of Congress

James P. McGovern
Member of Congress

Barbara Lee
Member of Congress

Steve Chabot
Member of Congress
Billy Long
Member of Congress

Austin Scott
Member of Congress

Donald M. Payne, Jr.
Member of Congress

Tony Cárdenas
Member of Congress

Ann McLane Kuster
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David B. McKinley
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Terri A. Sewell
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Ed Case  
Member of Congress

Mike Bost  
Member of Congress

Earl L. "Buddy" Carter  
Earl L. "Buddy" Carter  
Member of Congress

Tom Emmer  
Member of Congress

Ruben Gallego  
Ruben Gallego  
Member of Congress

Bonnie Watson Coleman  
Bonnie Watson Coleman  
Member of Congress

David G. Valadao  
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Brian K. Fitzpatrick  
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Vicente Gonzalez
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Al Lawson
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Member of Congress

Marie Newman  
Member of Congress

Deborah K. Ross  
Member of Congress
Maria Elvira Salazar
Member of Congress

Eleanor Holmes Norton
Member of Congress

Jenniffer González-Colón
Member of Congress