



Physicians Caring for Texans

# HELP FIGHT MEDICARE PAYMENT CUTS

TEXAS MEDICAL ASSOCIATION ADVOCACY TOOLKIT

## BACKGROUND

Once again, physicians face hefty cuts to their Medicare payments unless Congress acts to prevent them – this time totaling about 8.5% in reductions, starting Jan. 1, 2023.

These cuts stem from a nearly 4.5% cut to the conversion factor and a 4% reduction stemming from the Statutory Pay-As-You-Go (PAYGO) Act sequester. These cuts sting practices trying to stay viable and care for the most vulnerable patients – older adults and people with disabilities.

The Medicare physician fee schedule is highly flawed because it fails to keep up with inflation. In fact, when adjusted for inflation, Medicare payments to physicians have declined 22% from 2001 to 2021. Meanwhile, the consumer price index for medical care in U.S. cities increased 95% over the same period, according to the U.S. Bureau of Labor Statistics.

Compounded by the COVID-19 pandemic, supply shortages, and increasing inflation, the timing and result of these pay cuts for physician practices are devastating.

Federal spending must not be balanced on the backs of patients, physicians, and other health care professionals. **Congress must take action to stop further physician payment cuts and overhaul the broken Medicare system used to calculate physician payments.**

Unless Congress acts, Medicare physician pay will be slashed yet again, on top of other harmful program changes planned for 2023.

The Texas Medical Association strongly urges Congress to do two things: pass a stopgap measure to prevent the 2023 cuts AND find permanent, sensible solutions to the Medicare physician payment system.

Already, TMA has signed onto a letter in support of a bill, House Resolution 8800, the Supporting Medicare Providers Act of 2022. This federal legislation provides a 4.42% positive adjustment to the Medicare physician fee schedule conversion factor for 2023, stopping the physician Medicare payment cuts scheduled for Jan. 1.

TMA also calls on Medicare to work with the American Medical Association Relative Value Scale Update Committee to appropriately value all services and implement payment policies that are fair for all physician specialties. That includes eliminating budget neutrality requirements that create a system of winners and losers because any pay increases and decreases must offset one another.

TMA created this toolkit to empower physicians, county medical societies, and TMA Alliance members with the information they need to stop the Medicare physician pay cut. These resources are for your traditional and social media channels: messages, sample letters to the editor, a sample op-ed, social media graphics and posts, and an Action Alert to send directly to legislators. TMA urges your active participation in this crucial advocacy effort.



## HOW TO USE THIS TOOLKIT

1. Copy and paste social media post(s) to your social media accounts or use the talking points to craft your own message(s). One to two Facebook posts and three to five tweets per week are customary.
2. Download the social media graphics by clicking on the graphic itself, then right-clicking to copy or save to your computer for use in a social media post.
3. Click on the links in the Action Alert to email your U.S. senators and representative. You can also find these toolkit elements on TMA's [Physician Advocacy](#) or [County Medical Society Resources](#) pages.

## TALKING POINTS

### STOP MEDICARE PHYSICIAN PAYMENT CUTS

- Unless Congress acts NOW, physicians' Medicare payments will be cut approximately 8.5% beginning on Jan. 1, 2023.
- These cuts hurt physicians at a time when they already are recovering from the impacts of the pandemic. Physicians are exhausted and have had to use their own savings and capital to keep their patients, themselves, and their staff safe with extra infection control and personal protective equipment throughout the pandemic.
- Congress should pass House Resolution 8800, the Supporting Medicare Providers Act of 2022. The bill stops the physician Medicare payment cuts scheduled for Jan. 1, 2023.
- Congress must stop physicians' payment cuts. Slashing physician payments is not the way to treat our valued Medicare patients or the physicians who have sacrificed on the front lines of the pandemic for nearly three years.
- If physicians cannot stay in business, they cannot continue to treat Medicare patients. The health and care of our most vulnerable patients – older adults and people with disabilities – will be jeopardized.
- Nearly 20% of Americans are covered by Medicare. They are most susceptible to chronic illnesses and infectious diseases like COVID-19.
- Physicians are retiring because of exhaustion and stress brought on by the pandemic. Another payment cut could be the last straw – the one that finally forces physicians out of the Medicare system.
- Medicare patients count on their physicians to be there when they need them in doctors' offices, clinics, and hospitals.



## 2021 PHYSICIAN SURVEY RESULTS

TMA surveyed Texas physicians when they went through the same rigmarole last year and faced an even larger cut on Jan. 1, 2022. At that time, they:

- Mostly accepted Medicare patients (93%);
- Considered not accepting new Medicare patients, opting out of Medicare altogether, retiring, or ending existing Medicare patient relationships; and
- Said cutting Medicare physician payments meant smaller staffs and longer wait times, and could result in shorter patient visits.

(Source: TMA survey of 54,602 Texas physicians in active practice; 1,381 responses. Sept. 28, 2021.)

## TMA OP-ED

As physicians, we're problem-solvers, diagnosing our patients' ailments and finding remedies. We establish a treatment plan.

Imagine if your problem persisted for 20 years with no solution; you might seek another doctor.

Yet every year, that's the scenario physicians face with the failing Medicare physician payment system: For more than two decades, Congress has not found a suitable, stable fix so doctors can continue caring for the nation's most vulnerable patients – older adults and those with disabilities.

Here we go again: Without congressional intervention in the next few weeks, physicians who care for Medicare patients will see a cumulative payment reduction of about 8.5% starting in January.

Can doctors leave the program? Yes. But most of us choose not to because we love caring for our Medicare patients. Physicians, however – just like any other business – have their breaking point. Facing high inflation, the "great resignation," and ongoing pandemic pressures, this just might be it for doctors.

The culprit is a patchwork of congressional Medicare policies that care more about the budget than physicians and patients. When those policies don't keep pace with Medicare expenses, physician payments end up on the chopping block. The cuts typically are 4% here, 3% there, but they add up to an untenable system that stings our medical practices trying to stay viable.

The Medicare physician fee schedule fails to keep up with inflation. When adjusted for inflation, Medicare payments to physicians have declined 22% from 2001 to 2021. Meanwhile, the consumer price index for medical care in U.S. cities increased 95% over the same period, according to the U.S. Bureau of Labor Statistics. (Imagine those numbers amid current inflation rates.)

In the meantime, other health care providers that also care for Medicare patients – hospitals, nursing homes, and the like – have seen pay increases. Once again, they're slated for modest increases in 2023.

Not physicians.

Instead, each year – for decades now – we've had to beg Congress to enact emergency patches to pull patients and their doctors from the brink – because we have no permanent, stable fix.

The result: Physicians caring for fragile patients are essentially losing practice revenue each year.

These deepening pay reductions put practices – and patients' access to care – in jeopardy.

Medicare patients and their physicians deserve better!

Nearly one in five Americans are covered by Medicare (almost 20%). They're most susceptible to chronic illnesses and infectious diseases like COVID-19. You probably know them; they're your loved ones, your family members. Or maybe you.

Medicare patients count on their physicians when they need them most in clinics and hospitals. Physicians tend to these precious patients' health care needs, managing their blood pressure and medications. It's our honor.

But this endless situation – on top of pandemic stress and fatigue – is exasperating. Physicians might have to cut back because of it. When doctors faced the same rigmarole last year – a 10% Medicare cut on Jan. 1, 2022 – they told a Texas Medical Association survey they considered not accepting new Medicare patients, opting out of Medicare, retiring, or ending existing Medicare patient relationships. In all, 93% of physicians said they accepted Medicare patients back then.

I fear the same answers if I asked my Texas colleagues what they'll do if Congress allows this 8.5% January cut. The likely result: fewer physicians seeing Medicare patients, smaller staffs, and longer patient wait times.

TMA, the American Medical Association, and other medical societies are calling for wholesale, permanent Medicare reform. Patients and their doctors deserve a stable, reliable, predictable Medicare physician payment system.

Failing that, House Resolution 8800, the Supporting Medicare Providers Act of 2022, provides temporary relief. Congress should pass that to preserve patient access to care for now.

Ultimately, Medicare patients and the physicians who care for them need Congress to work with doctors to establish a permanent fix to this recurring problem – to stabilize Medicare physician payments to avoid this annual uncertainty, drama, and fear.

It's time for Congress to act.

Gary W. Floyd, MD, president  
Texas Medical Association

## **SAMPLE LETTERS TO THE EDITOR**

Physicians: please customize with your story/perspective and submit to your local newspaper.

### **LETTER 1**

Nov. XX, 2022

I am a local physician who enjoys caring for Medicare patients. This January, Medicare payments for seeing these wonderful yet often vulnerable patients will be cut – 8.5%.

Medicare patients pay into the system all their working lives to have health insurance and access to their doctor.

Yet every year physicians face a pay cut because the system is broken and underfunded.

Physicians have not received a Medicare cost-of-business increase in more than two decades, effectively resulting in a 22% decrease in Medicare payments since 2001.

Because of this, the government forces physicians into tough decisions about whether to stop seeing Medicare patients. Our patients deserve better, and so do we.

We all must urge Congress to pass legislation this year – House Resolution 8800, the Supporting Medicare Providers Act of 2022 – to stop the cut, and then once and for all enact a permanent fix.

[Signature]

[Physician's specialty, city]

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### **LETTER 2**

Nov. XX, 2022

I'm concerned about the latest cuts planned for Medicare payments to physicians – scheduled for Jan. 1 – and you should be too. Nearly every year physicians are forced to beg Congress to pass emergency legislation to stop planned cuts to our payments for caring for Medicare patients. In 2022 it was a 10% cut. In 2023 it will add up to a new 8.5% cut.

Whether one big cut or a bunch of little ones, it all adds up to the same thing: Medicare patients' ability to find a physician to care for them is once again in jeopardy unless Congress acts before year end.

My older adult patients deserve better. You deserve better. I deserve better.

Congress: Stop the cuts, and enact a permanent, reliable Medicare physician payment system that keeps up with inflation and practice costs. Right now, pass House Resolution 8800, the Supporting Medicare Providers Act of 2022.

Fix this Medicare mess and preserve access to care!

[Signature]

[Physician's specialty, city]

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## **SAMPLE LETTERS TO THE EDITOR** *(continued)*

### **LETTER 3**

Nov. XX, 2022

We physicians are problem-solvers who diagnose patients' ailments and find remedies. If your problem persisted for 20 years with no remedy, you might seek another doctor.

Yet every year that's what physicians and patients face with the failing Medicare physician payment system. For more than 20 years, Congress has not established a stable fix so doctors can continue caring for the nation's most vulnerable patients – older adults and those with disabilities.

Here we go again: Without congressional intervention before year end, physicians who care for Medicare patients will see a cumulative payment reduction of about 8.5% starting in January.

This happens because congressional Medicare policies care more about the budget than physicians and patients. They care more about federal spending than they do about you and me.

Enough.

Congress: Stop these Medicare cuts, and enact a permanent, reliable Medicare physician payment system that keeps up with inflation and practice costs. Right now, pass House Resolution 8800, the Supporting Medicare Providers Act of 2022.

Fix this Medicare mess and preserve access to care for my patients!

[Signature]

[Physician's specialty, city]

## SOCIAL MEDIA

### POSTS FOR FACEBOOK/TWITTER

**Facebook:** One per week

**Twitter:** Three per week

### HASHTAGS:

**#StopMedicareCuts**

**#ProtectMedicarePatients**

**#CuttingMedicareHurtsPatients**

**#TMAadvocacy**

- Congress should pass H.R. 8800, the Supporting Medicare Providers Act of 2022. The bill stops the 4.5% physician Medicare payment cuts scheduled Jan. 1, 2023. #StopMedicareCuts
- Congress' budget gimmicks require yet another round of cuts to Medicare physician pay in January 2023 – about 8.5% total – threatening Medicare patients' ability to receive timely health care. Congress: Stop balancing budgets on doctors' backs. #ProtectMedicarePatients #TMAadvocacy
- Physicians treating Medicare patients face a nearly 8.5% Medicare pay cut in January. Protect access to care for older adults and people with disabilities. #StopMedicareCuts #CuttingMedicareHurtsPatients #TMAadvocacy
- Medicare physician payments haven't kept up with inflation for decades, falling 22% from 2001 to 2021. Now Congress wants to cut doctors' payments further in January. Deeper Medicare cuts threaten patients' access to physician care. #TMAadvocacy #ProtectMedicarePatients
- In the last 20 years, PHYSICIANS' inflation-adjusted Medicare payments FELL 22% as Medicare HOSPITAL/health payments KEPT PACE with inflation, while the CONSUMER PRICE INDEX for medical care in U.S. cities INCREASED 95%. #StopMedicareCuts
- Driving physicians out of practice helps no one and harms patients, but a new planned #Medicare physician payment cut might do just that. Tell #Congress to stop the cuts before it's too late & patients lose access to their doctors. #StopMedicareCuts #TMAadvocacy
- Vulnerable Medicare patients might not get the health care they need if Congress cuts physician pay again as planned on Jan. 1 – about 8.5% in total. Who will treat older adults and people with disabilities then? #StopMedicareCuts #CuttingMedicareHurtsPatients #TMAadvocacy
- Tell #Congress: STOP the #Medicare physician payment cuts! Contact your federal legislators today. Another pay cut after decades of no increases jeopardizes access to health care & adds insult to injury. #TMAadvocacy
- Physicians' Medicare pay will drop again on Jan. 1. It's unfair: 2001-21, Medicare doctor inflation-adjusted payments fell 22% while others' health care pay kept pace. #StopMedicareCuts #TMAadvocacy
- Here we go again: Physicians face new Medicare pay cuts in January. Doctors' Medicare pay has barely changed in 20 years, while other providers' pay rose 60%. Tell #Congress: STOP the #Medicare physician payment cuts! #TMAadvocacy
- Physicians' practice costs jumped 37% in 19 years. Medicare pay has not kept pace and fell 22% in that time. #Congress must enact a permanent Medicare physician payment solution. #TMAadvocacy
- Physicians' Medicare pay has not kept pace as inflation increased over 68% since 2001. Now Congress wants to cut Medicare pay again in January. #Congress must enact a permanent Medicare fix! #TMAadvocacy



## GRAPHICS FOR SOCIAL MEDIA

**CUTTING  
MEDICARE  
PHYSICIANS'  
PAYMENTS  
MEANS...**

**SMALLER  
STAFFS, LONGER  
WAIT TIMES FOR  
PATIENT VISITS.**

 (Source: TMA survey of 54,602  
Texas physicians  
in active practice; 1,381  
responses, Sept. 28, 2021.)  
Physicians Caring for Texans




**DON'T CUT PHYSICIANS'  
MEDICARE PAYMENTS!**  
ENSURE OLDER ADULTS AND  
PEOPLE WITH DISABILITIES  
CAN SEE THEIR DOCTOR.

 Physicians Caring for Texans

**Physicians' inflation-adjusted  
MEDICARE PAYMENTS  
FELL 22% IN THE PAST 20 YEARS,  
with another cut planned for Jan. 1.**

**#StopMedicareCuts**

 Physicians Caring for Texans



**STOP  
BALANCING  
THE BUDGET ON  
PHYSICIANS'  
BACKS.**

**TELL CONGRESS:  
Don't cut physician  
payments in the  
Medicare program!**

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**THIS JANUARY, preserve patients'  
ability to find a doctor to care for them.**




**Don't cut Medicare  
patients' physicians'  
payments AGAIN!**

 Physicians Caring for Texans



**DON'T CUT  
MEDICARE  
DOCTORS'  
PAYMENTS!**

 Physicians Caring for Texans

**CONGRESS:  
SAVE MEDICARE  
FOR PATIENTS;  
PASS H.R. 8800,  
THE SUPPORTING  
MEDICARE PROVIDERS  
ACT OF 2022.**

## SOCIAL MEDIA GRAPHICS FOR FACEBOOK, INSTAGRAM, AND LINKEDIN

**CUTTING MEDICARE  
PHYSICIANS'  
PAYMENTS MEANS...**

**SMALLER STAFFS,  
LONGER WAIT TIMES  
FOR PATIENT VISITS.**



Physicians Caring for Texans

(Source: TMA survey of 34,002 Texas physicians in active practice, 1-301 responses, Sept. 20, 2021.)


**DON'T CUT PHYSICIANS'  
MEDICARE PAYMENTS!**  
ENSURE OLDER ADULTS AND  
PEOPLE WITH DISABILITIES  
CAN SEE THEIR DOCTOR.



Physicians Caring for Texans

**STOP BALANCING  
THE BUDGET ON  
PHYSICIANS' BACKS.**


**TELL CONGRESS:**  
Don't cut physician payments  
in the Medicare program!



Physicians Caring for Texans

Physicians' inflation-adjusted  
**MEDICARE PAYMENTS  
FELL 22% IN THE  
PAST 20 YEARS,**  
with another cut planned for Jan. 1.

**#StopMedicareCuts**



Physicians Caring for Texans

**THIS JANUARY,  
preserve patients'  
ability to find a doctor  
to care for them.**


**Don't cut Medicare  
patients' physicians'  
payments AGAIN!**



Physicians Caring for Texans

**DON'T CUT MEDICARE  
DOCTORS' PAYMENTS!**

**CONGRESS: SAVE  
MEDICARE FOR PATIENTS;  
PASS H.R. 8800,  
THE SUPPORTING MEDICARE  
PROVIDERS ACT OF 2022.**



Physicians Caring for Texans

## **TEXAS MEDICINE ARTICLE**

Reprinted from the November 2022 issue of *Texas Medicine*

### **DEATH BY A THOUSAND CUTS**

TMA fights yet another proposed Medicare pay cut while pressing for comprehensive reform

by EMMA FREER and AMY LYNN SORREL

The infamous “SGR” may be dead, but as many physicians can attest, it appears someone forgot to bury the hatchet that keeps chopping Medicare physician payments and continues to wound practices each year. The 2023 proposed Medicare physician fee schedule is no different – except the cuts appear to be nicking in the form of incessant tweaks to the quality, technology, and e-prescribing programs that also sting practices trying to keep up and stay viable.

There are some potentially bright spots in the 2023 draft that propose to expand access to telemedicine and behavioral health care, and make certain value-based care initiatives more accessible.

But Texas Medical Association President Gary Floyd, MD, says that’s all overshadowed by the threat of deepening pay reductions that put practices – and patients’ access to care – in jeopardy and require the full force of TMA’s advocacy to prevent.

“Continued cuts, year after year, without taking into effect inflation and the increased cost of doing business ... will impact physicians to the point where they will have to stop taking care of Medicare patients to keep their practices running,” he told *Texas Medicine*.

The final 2023 Medicare physician fee schedule is expected this month, and most provisions will take effect Jan. 1. However, the annual rigmarole reminiscent of the sustainable growth rate (SGR) has TMA, the American Medical Association, and other state medical and national specialty societies calling for wholesale, once-and-for-all reform.

“In addition to immediately addressing the forecasted cuts in 2023, TMA calls on Congress and policymakers to provide stable and predictable Medicare physician payments,” Dr. Floyd wrote in September in response to the Centers for Medicare & Medicaid Services’ (CMS’) 984-page proposal ([tma.tips/2023FeeScheduleAnnouncement](#)). “Physicians and the patients in their care deserve a reliable Medicare physician payment system that keeps up with inflation and practice costs.”

### **An unsustainable system**

TMA’s comment letter focused largely on the following CMS proposals:

- Cutting Medicare physician pay by 4.4%;
- Further adjusting the Merit-Based Incentive Payment System (MIPS);
- Rejiggering the Medicare Shared Savings Program (MSSP) to spur participation;
- Extending pandemic-era telehealth flexibilities;
- Allowing nonphysician health care professionals to provide behavioral health care without direct physician supervision; and
- Penalizing physicians who don’t e-prescribe controlled substances.

The fee schedule proposal lowers the conversion factor that helps determine physician payments by 4.4% compared with the 2022 formula. If enacted, the cut would be one of many to take effect in 2023 – barring congressional intervention – including a sequester cut and other reductions mandated by law.

In its letter, TMA calls on Medicare to work with the AMA RVS Update Committee (RUC) to appropriately value all services and implement payment policies that are fair for all physician specialties. That includes eliminating budget neutrality requirements that TMA says “creat[e] a system of ‘winners’ and ‘losers,’” because any pay increases and decreases must offset one another.

Between 2001 and 2020, Medicare physician payments decreased 22% when adjusted for inflation, whereas Medicare payments for hospitals and other health care facilities generally have kept pace with inflation, according to AMA. Over the same period, the consumer price index for medical care in U.S. cities increased 95%, according to the U.S. Bureau of Labor Statistics.

“Just like hospitals, physicians and their practices have increasing costs ... that are increasing even more because of inflation,” Dr. Floyd said. “We believe the physicians deserve that yearly increase just like hospitals, just like health care plans, because we have the same issues.”

When Texas physicians last went through the same rigmarole, nearly two-thirds of them reported in a 2021 TMA survey they might be forced to stop seeing new patients as a result of successive pay cuts. Additionally, 59% of respondents said they would consider opting out of Medicare entirely, 43% might consider retirement, and 42% may have to stop seeing their existing Medicare patients.

### **Stop the MIPS madness**

As for Medicare’s value-based care programs, CMS claims its proposed changes to MIPS and MSSP minimize the administrative burdens that frustrate participating physicians and dissuade others from enrolling.

But TMA vociferously disputed this characterization in its comments, writing: “The agency proposes countless updates and changes to [MIPS] such that the agency posted a ZIP file containing four documents totaling 72 pages that attempt to explain this myriad of complicated changes.”

Instead, TMA pleaded with CMS to limit MIPS adjustments and prioritize voluntary, physician-led advanced alternative payment models rather than introducing new ones like the MIPS Value Pathways (MVPs). (See “What’s New in Value-Based Care,” July 2022 Texas Medicine, pages 12-18, [www.texmed.org/NewInVBC](http://www.texmed.org/NewInVBC).)

“Tweak MIPS requirements only as needed or when doing so significantly reduces the burdens physicians bear while navigating the MIPS program,” Dr. Floyd wrote. “CMS should maintain consistency in MIPS requirements if the agency earnestly hopes to encourage physician participation in this overly complicated program.”

On the other hand, TMA welcomed some of the MSSP changes that could reduce barriers to participation, such as advance investment payments (AIPs), while urging CMS to make such options even more widely available to practices of various stripes. (See “Holding Their Own,” page 46.)

Kim Harmon, TMA associate vice president of innovative practice models, says overall MSSP participation has declined in recent years as federal regulations have forced accountable care organizations (ACOs) to assume risk at a faster pace. Although more than 11 million patients are currently covered under MSSP, the number of patients assigned to the program continues to fall as Medicare Advantage enrollment outpaces traditional Medicare.

As part of a slate of changes intended to boost ACO participation, CMS proposes making AIPs available to certain new ACOs, which could be used to purchase the technology and data management resources and to hire the care coordinators necessary to participate in the program.

TMA welcomed this and other changes that could help CMS reach its goal of transitioning patients enrolled in traditional, fee-for-service Medicare to value-based care arrangements by 2030, including:

- Allowing smaller, inexperienced ACOs to remain in no-risk contracts for their initial agreement with Medicare, which would give them more time to transition to value-based care and to recruit physician members;
- Revising its method for calculating financial benchmark updates to ensure high-performing ACOs aren't penalized for their success;
- Implementing a sliding scale for quality performance that ensures ACOs qualify for a portion of shared savings even if they don't meet the threshold for maximum shared savings; and
- Simplifying ACOs' administrative requirements.

At the same time, TMA asked CMS to consider phasing in and even limiting recoupment of any advance funding in order to encourage long-term participation, and providing new opportunities to engage specialists in Medicare value-based programs.

Among Medicare's other proposals, TMA asked that CMS:

- Defer to state laws and rules that govern a health professional's scope of practice/licensure, including any delegation and supervision requirements applicable under state laws;
- Permanently continue telehealth flexibilities and pay for telehealth services at parity with in-person service rates after the COVID-19 public health emergency and the 151-day extension concludes;
- Not unfairly favor health visits with telemedicine-only companies with imbalanced pricing incentives; and
- Postpone e-prescribing of controlled substances (EPCS) enforcement for the next two years without imposing penalties for noncompliance.

CMS seeks to expand access to behavioral health care and telehealth, especially in rural and underserved areas, as part of its plan to address health inequities as well as long-standing issues related to mental health, the opioid epidemic, and cancer treatment.

However, TMA strongly objected to CMS' plan to permit licensed professional counselors, marriage and family therapists, and other behavioral health professionals to provide care under general, rather than direct, supervision, among other changes. CMS should defer to state laws and rules governing scope of practice for nonphysician health care professionals to minimize the risks of inconsistent quality of care and patient confusion, TMA urged in its comment letter.

"We staunchly support a physician-led medical team to take care of patients," Dr. Floyd told Texas Medicine. "Physician-led because they are the highest trained and have the most experience, and every patient deserves a physician with appropriate training ... as opposed to a six- or nine-month clinical stint and a very different curriculum."

And considering how important telehealth has become not only to behavioral health but also to other types of care, TMA offered some strong recommendations to go along with its endorsement of Medicare's plans to extend certain pandemic-era telehealth flexibilities – including removing site restrictions and covering audio-only visits – beyond the national COVID-19 public health emergency. (See "Mental Telehealth Paves the Way," page 34.)

Paying for telehealth visits at the same rate as in-person visits for the same service is critical to ensuring telehealth's continued success, says Ogechika Alozie, MD, an infectious disease specialist in El Paso and chair of TMA's Committee on Health Information Technology.

"To truly change how we provide care, permanent payment parity as well as permanent removal of the geographic site restriction is a must," he explained. "This will allow the most vulnerable patient populations, many who have comorbid conditions and mobility challenges, to be seen in their own homes."

Also a must for the continued success of EPCS is removing any monetary or other punitive penalties for noncompliant prescribers, which CMS proposes to implement starting in 2025.

TMA supports the agency's plan to delay program enforcement by two years. But citing the already high rate of compliance among prescribers – 74%, according to the 2021 National Progress Report published by Surescripts – TMA emphasized in its comments that noncompliant physicians either don't prescribe controlled substances or can't afford to adopt yet another unfunded mandate. Those in the latter camp likely work in small and rural primary care practices, which serve as "the bedrock of health care in many underserved communities," TMA wrote.

Instead, TMA urged CMS to incentivize such prescribers to adopt EPCS rather than penalize them, commenting: "Financial penalties impose unintended consequences, such as limited access to care or physicians not prescribing necessary medications to patients."

"We should be celebrating the fact that [more than] 70% of prescribers are now EPCS-enabled. That's quite an achievement," Dr. Alozie said.

TMA continues to monitor 2023 Medicare physician fee schedule development. Once CMS has released its final 2023 fee schedule, TMA will help prepare Texas physicians for the impending changes.

## **ACTION ALERT MATERIALS**

You can also find these materials in the TMA [Grassroots Action Center](#).

### **MESSAGE FROM THE TMA PRESIDENT**

Unless Congress acts now, you and many of our colleagues face another big cut to your Medicare payments on Jan. 1. This new round of cuts totals 8.5%, by chipping away 4.5% from the Medicare conversion factor on top of a 4% Medicare cut stemming from the Statutory Pay As You Go (PAYGO) Act (sequestration).

Take action now. Tell your U.S. representative and Sens. John Cornyn and Ted Cruz to stop these cuts and take immediate action to establish a reliable Medicare physician payment system that keeps up with inflation and practice costs.

The message is simple: Cutting physician payments – especially as physicians are still recovering from a pandemic – jeopardizes Medicare patients and their physicians.

At a minimum, Congress must pass House Resolution 8800, the Supporting Medicare Providers Act of 2022, which stops the physician Medicare payment cuts scheduled for Jan. 1.

Long term, Congress must find and pass a permanent, reliable Medicare physician payment system that: keeps up with inflation and practice costs; provides a baseline annual physician pay raise to keep up with inflation; eliminates, replaces, or revises so-called budget neutrality requirements (which require any physician pay increase or decrease to be offsetting); incentivizes value-based care; and reduces health disparities.

Sincerely,

Gary W. Floyd, MD  
President  
Texas Medical Association

## **TALKING POINTS**

### **GRASSROOTS MESSAGE TO CONGRESS**

- I am a Texas physician whom you represent. I urge you to stop the planned Medicare physician payment cuts from taking effect Jan. 1. You have the power to prevent this travesty and help older adults and people with disabilities in Texas continue to receive timely health care.
- At a minimum, Congress must support and pass House Resolution 8800, the Supporting Medicare Providers Act of 2022, which provides temporary relief from these Medicare cuts.
- We physicians have not received a Medicare cost-of-business increase in more than two decades – unlike any other profession – effectively resulting in a 22% decrease in Medicare payments since 2001. What other professionals have had to endure that?
- Please establish a rational Medicare physician payment system: Provide a baseline annual physician pay raise to keep up with inflation; eliminate, replace, or revise so-called budget neutrality requirements (which require any physician pay increase or decrease to be offsetting); incentivize value-based care; and reduce health disparities.
- Don't balance federal spending on the backs of patients and physicians. Physicians already are struggling to sustain their medical practices with supply shortages, growing inflation, and the ongoing economic stress of the pandemic.
- Cutting Medicare physician payment rates and forcing physicians out of Medicare or into retirement literally adds insult to injury. Please pass the stopgap measure to prevent the Medicare physician payment cut, and work for a permanent, stable solution.
- We strongly urge Congress to establish a permanent, reliable Medicare physician payment system that keeps up with inflation and practice costs.
- Do what's right for your Medicare-patient constituents who have paid into the system their entire working lives. Preserve their ability to see a physician.
- Thank you for your consideration.