

June 25, 2021

Chiquita Brooks-LaSure Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services Attention: CMS-1752-P PO Box 8013 Baltimore, MD 21244-1850

Dear Administrator Brooks-LaSure:

On behalf of our more than 55,000 Texas physician and medical student members, the Texas Medical Association (TMA) writes with comments on the 2022 hospital inpatient prospective payment systems proposed rule published by the Centers for Medicare & Medicaid Services (CMS) in the May 10, 2021, Federal Register.

Of specific interest to TMA are the CMS proposals to implement legislation relating to Medicare graduate medical education (GME) funding and revisions to the Medicare Shared Savings Program.

## **CMF**

Texas has been highly successful in recruiting and retaining physicians, but this success has fallen short of the state's sustained high rate of population growth. Our state has been leading the nation in net population growth for decades. We need to train more residents for future practice in the state.

Our physicians stand in strong support of the GME provisions in the Consolidated Appropriations Act of 2021. After a 25-year freeze on Medicare-funded GME positions, it is an important milestone to see the approval for 1,000 new positions in 2022. Further, it is significant that 10% will be prioritized for rural areas, hospitals above their caps, states with new medical schools, and health professional shortage areas. We applaud this prioritization plan. However, it is also appropriate to consider that the distribution of 200 positions per year across potentially 50 states will likely have minimal impact, particularly after a 25-year wait.

While we remain optimistic, we also recognize that Texas was not deemed eligible for the redistribution of unused GME slots in prior years, and it is necessary for us to remain realistic about the potential benefit from the new allocation. With regards to the other Medicare GME funding provisions, TMA applauds Congress on the remedies offered for low resident rotator-related caps, low per-resident amounts (PRAs), and low base-year caps. These have been long awaited and are sorely needed to assist teaching hospitals with large numbers of residents above their caps and exceedingly low PRAs.

Texas physicians ask for your help in identifying future opportunities to grow the GME capacity at a level commensurate with medical school enrollment growth and at sufficient levels to train the number of new physicians required to meet our nation's growing needs for medical care.

## **Shared Savings Program**

Due to the COVID-19 pandemic and public health emergency (PHE), the agency proposes to amend the Medicare Shared Savings Program regulations to allow eligible accountable care organizations (ACOs) participating in the BASIC track's glide path the opportunity to maintain or "freeze" their current level of participation for performance year 2022. TMA fully supports allowing ACOs the ability to elect whether or not to change their level of participation. We appreciate CMS recognizing how the PHE significantly disrupted utilization use, beneficiary assignment, and performance year expenditures. This lack of

predictability is a significant concern for ACOs operating in Texas. Providing them with choice on whether to advance or freeze their level of participation has TMA's full support.

Thank you for the opportunity to comment. If you have any questions, please do not hesitate to contact Robert Bennett, TMA vice president of medical economics, at <a href="mailto:Robert.Bennett@texmed.org">Robert.Bennett@texmed.org</a>.

Sincerely,

E. Linda Villarreal, MD

President

Texas Medical Association