



THE AMERICAN GERIATRICS SOCIETY
40 FULTON STREET, 18TH FLOOR
NEW YORK, NEW YORK 10038
212.308.1414 TEL 212.832.8646 FAX
www.americangeriatrics.org

November 12, 2020

The Honorable Michael Burgess
United States House of Representatives
Washington DC 20515

The Honorable Bobby Rush
United States House of Representatives
Washington DC 20515

Dear Dr. Burgess and Representative Rush:

The American Geriatrics Society (AGS) supports your legislation, 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 Physician Fee Schedule (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.

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.

However, due to budget neutrality, this new policy will significantly 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.

Additionally, the recent rising number of COVID-19 cases has and continues to financially impact all clinicians. Primary care providers continue to 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. We urge you to consider increasing money for the Provider Relief Fund in the next COVID-19 relief package to cover the funds that will be used to waive budget neutrality.

Doctor Burgess and Congressman Rush, thank you for all you are doing to support healthcare professionals and patients during this challenging time. We appreciate your leadership on this important legislation and look forward to working with you to advance the bill. If you have further questions, please feel free to contact Alanna Goldstein, Director of Public Affairs and Advocacy, at agoldstein@americangeriatrics.org.

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