

# Support Physician Practices & Preserve Patients' Access to Care

As the COVID-19 public health emergency continues, many physicians are struggling to keep their doors open to continue treating patients in need of their care. The American Academy of Dermatology Association (AADA) thanks Congress for its hard work to pass legislation that supports physicians and their patients during this crisis. However, more work needs to be done to preserve the viability of the physician workforce and to ensure patients can access the medical care they need.

The AADA represents **more than 13,800 dermatologists nationwide** who diagnose and treat **more than 3,000 diseases**, including skin cancer, psoriasis, immunologic diseases, and many genetic disorders. One in four Americans suffers from a skin disease and patients should have access to the full range of these specialists through private and public payers, especially during the public health emergency, as many patients with skin diseases are at increased risk of contracting COVID-19. Health care policy should support preserving the ability of dermatologists to own and operate their own practices and maintain competitiveness in a health system that is trending toward increased consolidation and impacting patients' access to quality and affordable care.

## Ensure Medicare Stability for Patients & Physicians



### Issue Overview

The Medicare Access and CHIP Reauthorization Act of 2015 was enacted with the goal of improving the quality and value of care and patient outcomes with evidence-based policies that involve physician input without overly burdensome documentation and compliance activity. Essential to the success of these reforms is preserving appropriate reimbursement for medical services and procedures under the current fee-for-service program.

The Centers for Medicare & Medicaid Services (CMS) final Medicare Physician Fee Schedule (MPFS) rule for Calendar Year 2020 included broad changes designed to reduce administrative burden, improve payment rates, and reflect current clinical practice, especially as it relates to evaluation and management (E/M) services that are provided in physician offices. These changes include new increased values for the revised E/M codes, which are scheduled to go into effect on January 1, 2021. However, because CMS is required to offset the anticipated increased expenditures associated with these services in a budget neutral manner, often referred to as budget neutrality, these changes for E/M codes will drastically cut what is known as the conversion factor (CF) by over 10% in next year's MPFS. This reduction in the CF will generate sizable cuts for various sections of the physician and health care provider community.

**These cuts would be in addition to the substantial financial uncertainties for physician practices due to the COVID-19 public health emergency (PHE).** Nine in ten dermatologists have reported losing more than half their income due to the PHE, and significant reductions in Medicare payments would only add to the financial challenges facing dermatology practices. The increased cost of operating (e.g. personal protective equipment, sterilization and disinfection of reusable devices, safe injection practices, hand hygiene products, and environmental cleaning) in the PHE environment disproportionately impacts physicians, including dermatologists, that provide medical procedures to patients.

Dermatology practices that perform fewer office E/M services will be especially hit hard, including those practices that provide dermatologic surgical care and dermatopathology practices. Reductions for these practices, attributable to this policy alone, will be between 6 and 8% in 2021. The negative financial impact is expected to continue as long as most of the U.S. population does not have immunity to COVID-19.

The AADA urges Congress to take action now to preserve patients' access to care and mitigate financial distress due to the pandemic by waiving the budget neutrality requirement. This will allow CMS to implement the planned office visit increases in a manner that does not generate payment cuts for other services.

In addition, the AADA urges Representatives to sign onto a bipartisan letter led by Rep. Roger Marshall, MD (R-KS) and Rep. Bobby Rush (D-IL), which asks CMS to take immediate actions to delay or mitigate these pending Medicare payment cuts and give Congress sufficient time to develop a meaningful solution and to address the challenges facing dermatologists and other physician specialties during this difficult time.



### Legislative Ask

Take action to preserve patients' access to care and mitigate the financial distress facing dermatology practices due to the pandemic. Support legislation that would **waive the budget neutrality requirements** for the finalized E/M code proposal that is slated for implementation on January 1, 2021.

House only: Please sign the **Marshall-Rush letter** asking CMS to delay pending Medicare cuts.

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## Protect Physicians Working in the National Health Crisis



### Issue Overview

As the sweeping impact of the COVID-19 crisis continues, dermatologists are treating patients under extremely challenging and unprecedented conditions that are beyond their control.

Even with shortages of medical supplies and personal protective equipment, constantly changing medical directives and guidance from authorities, the dramatic shift of patient care to telehealth, and limitations on what's deemed essential care, physicians are determined to focus on providing high quality patient care. In addition, as dermatologists continue to re-open their practices, they are doing everything in their power to protect their employees and patients from potential COVID-19 exposure while treating the communities where they live.

Across all practice types, these concerns raise serious potential for liability claims against physicians, other health care clinicians, and facilities. Congress must act to provide broader liability protections to preserve the viability of the physician workforce.

The Coronavirus Provider Protection Act (H.R. 7059) and similar provisions in the SAFE TO WORK Act (S. 4317) would provide targeted and limited immunity from liability to health professionals and facilities for care provided in good faith during the PHE. This would allow physicians to continue treating patients and protecting their employees to the best of their abilities without fear of unfair lawsuits.



### Legislative Ask

Take action to ensure that dermatologists on the front lines of the coronavirus pandemic can focus on helping patients without the fear of being targeted in unwarranted lawsuits.

- Cosponsor and support passage of the **Coronavirus Provider Protection Act (H.R. 7059)** and similar provisions in the **SAFE TO WORK Act (S. 4317)** prior to the close of the 116th Congress, which would provide targeted and limited immunity from liability to health professionals and facilities for care provided in good faith during the PHE.
- Support liability workplace safeguards to protect physicians, other health care providers, facilities, and their employees.

### Additional Ways to Support Patients

Providing patients with necessary treatment and care has always been a top priority for dermatologists, but the COVID-19 crisis has emphasized the need for legislation to help reduce barriers to care and treatment. That's why the American Academy of Dermatology Association also supports the following legislation:



**Safe Step Act (H.R. 2279/S. 2546)** – which would ensure that physicians remain the clinical authority over a patient's care and lessen the burden on patients required to go through step therapy protocols instituted by insurance companies.

*Sponsored by Reps. Raul Ruiz, MD, D-CA and Brad Wenstrup, R-OH; Senators Lisa Murkowski, R-AK, Doug Jones, D-AL, Bill Cassidy, MD, R-LA, Maggie Hassan, D-NH, Cindy Hyde-Smith, R-MS, Jacky Rosen, D-NV, Kevin Cramer, R-ND, and Angus King, I-ME.*



**Improving Seniors' Timely Access to Care Act (H.R. 3107)** – which would reduce the burden of prior authorization and allow physicians to spend more time treating patients. *Sponsored by Reps. Suzan DelBene, D-WA, Mike Kelly, R-PA, Ami Bera, MD, D-CA, and Roger Marshall, MD, R-KS.*



**Knowing the Efficiency and Efficacy of Permanent (KEEP) Telehealth Options Act (H.R. 7233)** – which would direct the Secretary of Health and Human Services (HHS) and Comptroller General of the United States to conduct studies and report to Congress on actions taken to expand access to telehealth services under Medicare, Medicaid, and Children's Health Insurance programs during the COVID-19 PHE. *Sponsored by Reps. Troy Balderson, R-OH and Cynthia Axne, D-IA.*



**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act (H.R. 4932/S. 2741)** – which would give the Secretary of HHS the option to waive coverage restrictions if it is deemed that it would not deny or limit the coverage or provision of benefits; remove geographic restrictions and add the home as an originating site for mental health services; remove geographic barriers at federal Qualified Health Centers, rural health clinics and Indian Health Services; require CMS' process to add telehealth services to better consider how telehealth can improve access to care; and require an analysis of the impact of telehealth waivers in CMS Innovation Center models. *Sponsored by Reps. Mike Thompson, D-CA, Peter Welch, D-VT, Bill Johnson, R-OH, David Schweikert, R-AZ, and Doris Matsui-D-CA; Senators Brian Schatz, D-HI, Roger Wicker, R-MS, Ben Cardin, D-MD, John Thune, R-SD, Mark Warner, D-VA, and Cindy Hyde-Smith, R-MS.*