

December 3, 2020

**TO: MEMBERS OF THE CONGRESSIONAL DELEGATIONS OF CONNECTICUT,  
DELAWARE, MASSACHUSETTS, NEW YORK, OHIO AND PENNSYLVANIA**

**FROM: CONNECTICUT STATE MEDICAL SOCIETY  
DELAWARE MEDICAL SOCIETY  
MASSACHUSETTS MEDICAL SOCIETY  
MEDICAL SOCIETY OF THE STATE OF NEW YORK  
OHIO STATE MEDICAL ASSOCIATION  
PENNSYLVANIA MEDICAL SOCIETY**

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As 2020 comes to a close and Congress works to finalize a spending package, we are writing to urge you to take action to help preserve the ability of physicians to continue to provide needed care for their patients. This is particularly important as we are managing a second surge in COVID-19 cases and many practices have yet to fully recover from the historic drops in patient visits this past spring. Without this assistance, patients in our states may find increasing difficulties in accessing care from their physicians due to practice closures and staffing shortages that could cause physicians to have to limit the patients they can treat.

Specifically, we urge you to work to find common ground to **enact a sorely needed COVID-19 relief package**. Essential components from various proposals we support include: expansion and improvement of important financial lifeline programs such as the Provider Relief Fund and the Medicare Accelerated and Advance Payment Program; expansion of the availability of needed personal protective equipment (PPE), particularly given the delays in obtaining PPE and steep cost hikes facing physician practices as they attempt to secure PPE; and meaningful funding to help our states and localities increase their COVID-19 response efforts and prevent them from having to make steep cuts to important safety net programs, such as Medicaid.

We also urge you to enact legislation to **prevent extreme cuts to Medicare payment**. As noted in a previous letter, the Centers for Medicare and Medicaid Services (CMS) is implementing a drastic, over 10% decrease to the conversion factor that determines all Medicare payment rates. While the 2021 Medicare payment rule would also provide long overdue increases in payments for Evaluation and Management (E/M) codes, because of budget neutrality requirements, CMS is bound to make cuts to offset these increases. These cuts will be harmful to primary care physicians (PCPs) and other medical specialty types for whom our seniors depend upon for their care needs. For example, while the positive E/M changes were meant to give PCPs a significant increase, having a conversion factor decrease of over 10% means that those benefits are diminished—especially in face of increased cost and decreased reimbursements during the COVID-19 pandemic. We thank the many of you who joined on the recent bipartisan “Dear Colleague” letter initiated by Representatives Bera and Bucshon urging Congressional action to prevent these cuts. We ask that you do everything in your power to avert such devastating cuts.

Finally, we are aware of ongoing discussions to address “surprise” out of network medical bills. It is critically important that any proposal to address surprise bills is fairly balanced and consistent with demonstrated successful laws—such as New York’s and Connecticut’s—rather than one-sided solutions advanced by the market-dominant health insurance industry. We are very concerned that several measures

advanced by the various congressional committees of jurisdiction could adversely impact patient access to essential on-call specialty care in emergency departments across our states. As we are facing a second surge of COVID-19 cases, now is not the time to disrupt our health care safety net. Again, we urge that there be a balanced solution to this problem.

Thank you for your consideration of our request and for your leadership during this difficult time.

Sincerely,

**CONNECTICUT STATE MEDICAL SOCIETY  
DELAWARE MEDICAL SOCIETY  
MASSACHUSETTS MEDICAL SOCIETY  
MEDICAL SOCIETY OF THE STATE OF NEW YORK  
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