Cuts Systematically Dismantle Access to Quality Healthcare

Mark Isenberg, Executive Vice President, Healthcare Advocacy, Zotec Partners

Dear Members of Congress:

Death by a thousand cuts is systematically dismantling access to quality healthcare.

As most clinicians will tell you, it isn't just one medical issue that impacts a patient's holistic health, but a myriad of afflictions—the cascading impact of multiple ailments—that left unaddressed can inevitably cause systematic failure. Hyperbolically speaking, the current patient is quality healthcare, specifically patients' access; more specifically, the rural patient's access, and the corresponding danger of the lack of access. (Sounds like Medicare for all—"rights" are akin to those granted in the Bill of Rights, the Constitution, or the law—and aside from the emergency department, there are no "rights" to healthcare).

Thousands of Baby Boomers are joining the ranks of Medicare (estimated at over 10K per day). To keep up with the demand for healthcare, we need a frontline ready to handle their needs across a multitude of specialties, in urban and rural settings. However, clinicians and healthcare facilities all over the nation are facing significant reimbursement cuts at a time when they are still trying to recover from the ongoing Public Health Emergency (PHE). In a pre-pandemic working paper, the National Bureau of Economic Research (NBER) found that rural hospital closures increased community mortality by about 5.9 percent overall, while urban hospital closures had no measurable impact on mortality.

With the Medicare Physician Fee Schedule (MPFS) release on November 2, 2021, physicians across the board will face -9.75% in Medicare cuts in 2022, barring any last-minute legislative recourse. Some medical specialties will face even deeper cuts. This is the result of a perfect storm: sequestration (-2%), PAYGO (-4%), and the MPFS (3.75%) hitting clinicians all at once. Nothing says thank you to the healthcare community for fighting on the frontlines during a pandemic, like a significant pay cut. (Take action now and tell Congress to stop the cuts.)

Recently, Representatives Bucshon (R-IN) and Bera (D-CA) introduced bipartisan legislation (H.R. 6020: Supporting Medicare Providers Act of 2021) that would extend the 2021 Medicare physician payment adjustment of 3.75%. This would be a welcome reprieve, but it won't stop the bleeding. (Join advocates across the country in urging Congress that our frontline healthcare workers deserve our support during this healthcare crisis, so they can continue to keep our communities safe and healthy.)

With the recent passing of the No Surprises Act - Interim Final Rule Part II, physicians were dealt yet another blow. This rule justifiably helps take the burden of surprise medical bills off the patient's shoulders; however, it severely limits physician groups' ability to negotiate a commercially "reasonable" rate with carriers. Additionally, a deeply flawed Independent Dispute Resolution (IDR) process heavily favors the carriers by "weighting" the Qualified

Payment Amount (QPA), essentially putting doctors' ability to seek fair reimbursement on life support.

We see commercial carriers forcing reduced rates with current in network physicians or sending termination letters to others. This was always their goal: reduce what they must pay to in network groups—surprise billing was merely the Trojan horse they used to convince lawmakers. We do not need to look any further than the California state system, which similarly tilts the balance so strongly in favor of the health plans. According to the CA Medical Association pre-COVID survey and the American Society of Anesthesiologists member survey, both showed that an unlevel playing field will have dire consequences for patients' access to care.

Most health insurers, after achieving record breaking earnings in 2020, during a once-in-a-lifetime pandemic, have announced that they are raising their premiums again in 2022–along with declining contract rates for physician practices, hospitals, and other healthcare facilities. Since the PHE is ongoing and many elective procedures are restricted, this is essentially pulling the plug on clinicians and healthcare facilities, making any future recovery questionable.

With all of these "injuries," how can access to care be assured, particularly in the rural and underserved areas? While on the surface, this appears to be a financial issue—it becomes an access to care issue. Why would physician groups facing Medicare cuts and reduced commercial rates drive to rural areas to provide services? They are not compensated for their travel time, their costs continue to rise, and their revenue is set to decline in 2022.

Perhaps a more important question is, if healthcare clinicians and facilities can no longer pay their employees or keep the lights on, how can the rural and underserved communities receive the quality healthcare relied on by millions of Baby Boomers and families? With health equity a pillar of the Biden Administration, surely, they are aware that this simple economic equation will regrettably play out throughout the nation.

Unfortunately, this new "normal" that we all are trying to navigate has become overwhelming. It is important to revise the strategy NOW, not years down the road when rural hospitals are closing left and right and already overwhelmed urban facilities don't have staff or capacity to provide quality healthcare—then it will be too late. Where is the equity in that scenario?

We ask that you consider co-sponsoring or voting for H.R. 6020. Your support will give healthcare a fighting chance, enable patients with quality healthcare in their communities, and grant time to find a better solution, ensuring health equity now and for generations to come.