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The Honorable Greg Murphy, MD 407 Cannon House Office Building Washington, D.C. 20515

The Honorable Mariannette Miller-Meeks, MD 504 Cannon House Office Building Washington, D.C. 20515

The Honorable John Joyce, MD 2102 Rayburn House Office Building Washington, D.C. 20515

The Honorable Carol Miller 465 Cannon House Office Building Washington, D.C. 20515

The Honorable Claudia Tenney 2230 Rayburn House Office Building Washington, D.C. 20515 The Honorable Jimmy Panetta 200 Cannon House Office Building Washington, D.C. 20515

The Honorable Ami Bera, MD 172 Cannon House Office Building Washington, D.C. 20515

The Honorable Raul Ruiz, MD 2342 Rayburn House Office Building Washington, D.C. 20515

The Honorable Kim Schrier, MD 1110 Longworth House Office Building Washington, D.C. 20515

The Honorable Raja Krishnamoorthi 2367 Rayburn House Office Building Washington, D.C. 20515

Re: Support of H.R. 879 – Medicare Patient Access and Practice Stabilization Act

Representatives Murphy, Panetta, Miller-Meeks, Bera, Joyce, Ruiz, Miller, Schrier, Tenney, and Krishnamoorthi:

The Coalition of State Rheumatology Organizations (CSRO) would like to thank you for your leadership in reintroducing the *Medicare Patient Access and Practice Stabilization Act* (H.R. 879), which would eliminate the 2.83% cut to the Medicare Physician Fee Schedule and provide a 2.0% payment update to help stabilize physician practices. CSRO serves the practicing rheumatologist and is comprised of over 40 state rheumatology societies nationwide with a mission of advocating for excellence in the field of rheumatology and ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease.

Rheumatologic disease, such as rheumatoid arthritis, psoriatic arthritis and lupus, are systemic and incurable, but innovations in medicine over the last several decades have enabled rheumatologists to better manage these conditions. With access to the right treatment early in the disease, patients can generally delay or even avoid damage to their bones and joints, as well as reduce reliance on pain medications and other ancillary services, thus improving their quality of life.

As you know, unlike other healthcare providers, the Medicare Physician Fee Schedule (MPFS) does not receive annual payment updates based on an inflationary index, such as the Consumer Price Index (CPI). This has created an ever-growing disconnect between the cost of providing care to Medicare beneficiaries and the program's reimbursement for that care.

On January 1, 2025, CMS reduced Medicare reimbursement for physician services by 2.83%. This significantly hurt physician practices, which face a total 6.33% cut in 2025 due to the additional CMS estimated increase in practice expenses at 3.5%. According to the American Medical Association, when adjusted for medical practice cost inflation, Medicare physician payments have declined by 29% since 2001. To make matters worse, physicians also face cuts from budget neutrality and Medicare sequestration – causing almost double-digit reductions for many physicians.

The Medicare Trusteesⁱⁱ and MedPACⁱⁱⁱ have also expressed concerns over the lack of an inflationary index applied to the MPFS, including potential healthcare consolidation if physicians are forced to sell their practices to larger health systems and private equity groups. Such consolidation would only increase costs within the healthcare system, as hospital payments are 23-41% higher than physician practice payments in Medicare Fee-for-Service.^{iv}

Furthermore, we're concerned that the continuous cuts to physician reimbursements are exacerbating physician shortages by driving early physician retirement and healthcare consolidation. Rheumatologists in private practice are unable to remain in practice as they face annual Medicare reimbursement cuts, rising inflation and growing operating expenses. As these private practices close, rheumatology patients will be forced to more expensive sites of care, including hospital settings. Current estimates predict that demand for rheumatologists will exceed the number of practicing providers by over 100% by 2030 due to retirements and other workforce dynamics. To ensure there are sufficient rheumatologists to treat the more than 58.5 million adults with rheumatic disease and 300,000 children with juvenile arthritis, it's imperative that Congress address these cuts to the fee schedule immediately.

While this current cut remains the top priority, we also appreciate efforts to advance a long term solution that will: 1) stop recurring Medicare cuts; 2) provide an annual inflation update equal to the Medicare Economic Index (MEI); and 3) update the budget neutrality threshold to allow for greater flexibility in determining physician pricing adjustments for services without leading to harmful payment cuts.

We thank you for your leadership on this important issue as providers face significant hardship due to these cuts and, more importantly, patient access to board certified rheumatologists could be jeopardized. We stand ready to support your efforts to address this serious problem.

Respectfully,

Aaron Broadwell, MD, FACR

President

Board of Directors

Madelaine A. Feldman, MD, FACR VP, Advocacy & Government Affairs

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¹ American Medical Association. "Medicare physician pay has plummeted since 2001, Find out why," June 2024.

ⁱⁱ The Boards of Trustees, Federal Hospital Insurance and Federal Supplemental Medical Insurance Trust Funds. "2020 Annual Report." April 2020.

iii MedPAC. "Congressional request on health care provider consolidation." March 2020.

iv Congressional Budget Office. "The Prices that Commercial Health Insurers and Medicare Pay for Hospitals and Physicians' Services." January 2022.

^v Arthritis Care Res. "2015 American College of Rheumatology Workforce Study: Supply and Demand Projections of Adult Rheumatology Workforce, 2015-2030." April 2018.

vi American College of Rheumatology. "Rheumatic Disease Report Card: Raising the Grade on Rheumatology Care in America." September 2022.