



August 4, 2020

The Honorable Charles Grassley  
Chairman  
Senate Committee on Finance  
Washington, D.C. 20510

The Honorable Ron Wyden  
Ranking Member  
Senate Committee on Finance  
Washington, D.C. 20510

The Honorable Richard Neal  
Chairman  
House Committee on Ways and Means  
Washington, D.C. 20515

The Honorable Kevin Brady  
Ranking Member  
House Committee on Ways and Means  
Washington, D.C. 20515

Dear Chairman Grassley, Ranking Member Wyden, Chairman Neal, and Ranking Member Brady:

On behalf of the American College of Emergency Physicians (ACEP) and the 39,000 emergency physicians we represent, I write to share our grave concerns with the Centers for Medicare & Medicaid Services (CMS) CY 2021 Physician Fee Schedule (PFS) proposed rule. If finalized, the rule will result in drastic cuts to emergency medicine practitioners, who are already under unprecedented strain due to the ongoing COVID-19 pandemic. As we finalize our full response to the PFS proposed rule, we strongly urge Congress to work with the Administration to prevent this staggering cut that poses a significant threat to emergency physicians and the health care safety net and will ultimately harm patient access to lifesaving emergency care at a time when our country needs it most.

Due to the budget neutrality adjustment for the office and outpatient evaluation and management (E/M) policy finalized in the CY 2020 PFS final rule, emergency medicine Medicare reimbursement is expected to decrease by 6 percent in 2021 – a drastic cut in its own right, but now magnified by the myriad financial challenges currently affecting emergency departments (EDs) throughout the country due to COVID-19. As EDs across the United States continue to bear the brunt of the COVID-19 pandemic, the proposed PFS presents an existential threat for emergency physicians already facing a number of substantial financial challenges. For many EDs, patient volumes have decreased by more than 40 percent (and as much as 60 percent, in some cases) as patients defer necessary emergency care or avoid the ED altogether due to concerns about contracting the coronavirus. Other emergency physicians in COVID-19 hotspots have worked tirelessly, often without sufficient personal protective equipment (PPE) needed to keep them safe, as their EDs are overwhelmed with patients in desperate need of lifesaving care.

Further exacerbating the financial burden, most emergency physicians are part of independent groups and are not directly employed by hospitals. Therefore, they have received little if any financial relief under the CARES Act Provider Relief Fund, which has mainly been distributed to hospitals and not directly to emergency physician groups (it is estimated that emergency physician practices have received only 7 to 15 percent of what they need to make up for lost revenues and increased expenses due to COVID-19). Additionally, emergency physicians who received Medicare Advanced Payment Program loans earlier this year now face offsetting Medicare payments in order to repay those loans.

The ongoing financial challenges associated with the COVID-19 response stress an already strained health care safety net, and the proposed CY2021 PFS cuts will result in long-term

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damage to patient access to emergency medical care. As the leaders of your respective committees, we ask that you work with the U.S. Department of Health and Human Services (HHS) and strongly urge the Department to use its available authorities and flexibilities under the public health emergency to help avert these cuts, and we urge Congress to waive the budget neutrality requirement when the CY 2021 PFS is finalized. Preventing this harmful cut to emergency medicine services is necessary to ensure that EDs remain accessible to all patients as we continue to fight on the front lines of the most challenging public health crisis of our time.

Should you have any questions, please contact Laura Wooster, ACEP's Associate Executive Director of Public Affairs, at [lwooster@acep.org](mailto:lwooster@acep.org).

Sincerely,

A handwritten signature in black ink that reads "William P. Jaquis". The signature is written in a cursive style with a large, stylized initial "W".

William P. Jaquis, MD, MSHQS, FACEP  
ACEP President