



## Lawmakers and Stakeholders Agree: Clinical Cuts Must be Addressed

### September 2021 USPA Letter

*“Successive, cumulative cuts to specialists under the PFS are resulting in reimbursement **ever more out of touch with actual resource needs** as well as increased healthcare consolidation and healthcare costs, greater health inequities, and a healthcare system unable to meet the challenges of an ongoing pandemic.”*

### September 2021 Letter Signed by 75 Bipartisan Lawmakers

*“These year-over-year “budget-neutral” cuts, being implemented during a pandemic, are **causing significant disruption to the healthcare system** and are being implemented without regarding to patient outcomes, actual PFS provider resource needs, or any other rationale policy.”*

### December 2021 Tri-Caucus Letter Signed by 25 Lawmakers

*“These reductions cut reimbursement for office-based services — **which treat diseases disproportionately impacting minority populations** — by 20 percent or more. While President Biden’s FY 2022 Budget contained many worthy provisions aimed at addressing health inequity through the elimination of disparities in health care, the 2022 PFS Final Rule threatens to undermine those initiatives in areas throughout the PFS.”*

### January 2022 USPA/Specialty Providers Letter

*“These “clinical labor” cuts are the most significant negative impact of the 2022 Physician Fee Schedule by **far and threaten to undermine efforts to address health inequity**, the acceleration of health system consolidation, and weaken our ability to deal with the pandemic.”*

### February 2022 Letter Signed by 63 Bipartisan Lawmakers

*“Another round of 20 percent cuts as planned by the 2022 Physician Fee Schedule **will cause many of the remaining office-based centers to simply close their centers** and complete the migration to large health systems.”*

### February 2022 Medical Device Groups Letter

*“For device-intensive PFS services, the phase-in will only delay the eventual unviability under the MPFS rather than preventing it, **affecting the ability of patients to access proven treatments** for a wide variety of conditions, including cancer, peripheral vascular disease, benign prostatic hyperplasia (BPH) and chronic wounds”*

### March 2022 Stakeholder Letter

*“Due to the budget neutrality constraints in the MPFS, the dramatic rise in direct practice expense costs resulting from the increase in clinical labor rates decreases reimbursement rates for those services with high supply and equipment costs when performed in a community-based office setting... **Such drastic cuts will result in many beneficiaries losing timely access to essential health care services.**”*

### July 2022 Stakeholder Letter

*“**Congress must add new funding to the MPFS** for the explicit purpose of increasing the non-facility/office-based practice expense relative value units (NF PE RVUs) negatively impacted by CMS’ recent clinical labor policy.”*