

Congress of the United States
Washington, DC 20515

November XX, 2021

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
H-232, The Capitol
Washington, D.C. 20515

Dear Speaker Pelosi:

As members of the Congressional Tri-Caucus, we write to express our strong concern regarding the Medicare reimbursement reductions contained in the Centers for Medicare & Medicaid Services' (CMS) 2022 Physician Fee Schedule (PFS) Final Rule, released on November 2, 2021 and published by . 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, as exemplified with several examples in the table below.

Disease/Service	Health Inequity	Fully-Implemented Cuts*
Venous Ulcer / Endovenous radiofrequency ablation	Black patients present with more advanced venous insufficiency than white patients	Key Code (36475) cut by 23%
ERSD / Dialysis Vascular Access	Black and Latino patients start dialysis with a fistula less frequently despite being younger	Key Code (36902) cut by 18%
Cancer / Radiation oncology	Black men are 111 percent more likely to die of prostate cancer; Black women are 39 percent more likely to die of breast cancer	Key Code (G6015) cut by 15%
Peripheral Artery Disease / Revascularization	Black Medicare beneficiaries are three times more likely to receive an amputation; Latino are twice as likely	Key Codes (37225-37221) cut by 22%
Fibroid / Uterine Fibroid Embolization	Uterine fibroids are diagnosed roughly three times more frequently in Black women	Key Code (37243) cut by 21%

* Note: In the 2022 PFS Final Rule, CMS phases-in these cuts over 4 years. Cuts in this table are estimates based on the 2022 PFS Proposed Rule as CMS did not publish the effects of the cuts over the 4-year period.

In September, 75 Members of Congress sent a letter to CMS asking the Agency not to proceed

with the clinical labor cuts and, just last month, 247 Members of Congress signed a letter asking that Congress begin “long-term reform” of the Physician Fee Schedule “as soon as possible.”

It is clear that any benefits of proceeding with the clinical labor policy at this time are far outweighed by the significantly negative impacts on PFS specialists, which will exacerbate health inequity, drive further health system consolidation, and undermine specialty care. In short, these cuts will harm our nation’s most vulnerable patients and should not be allowed to be implemented. While we believe it is past-time time to work on fundamental reform of the Physician Fee Schedule, in the meantime, we strongly urge you to include language in the end-of-the-year legislative package which directs CMS not to proceed with the implementation of the clinical labor update.

Thank you for the consideration of this request. If you have questions, please do not hesitate to contact us.

Sincerely,

Bobby L. Rush
Member of Congress

Danny K. Davis
Member of Congress

Tony Cárdenas
Member of Congress