# Congress of the United States
## Washington, DC 20515

September 6, 2022

The Honorable Chiquita Brooks-LaSure
Administrator Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Brooks-LaSure:

I appreciate that the Centers for Medicare and Medicaid Services (CMS) is proposing long awaited updates to inpatient evaluation and management (E/M) codes in the calendar year (CY) 2023 Medicare Physician Fee Schedule (MPFS) proposed rule. However, I am concerned that the modest increases to inpatient E/M codes envisioned by the proposal will jeopardize patient access to high quality inpatient care, particularly in the area of infectious diseases. Further, these proposed updates are inconsistent with the approach the agency has taken in updating other codes in recent years, including the CY2021 updates to the outpatient E/M codes.

Physicians specializing in infectious diseases (ID) most frequently use inpatient E/M codes. These physicians are critical to routine hospital functioning (including care for patients receiving surgeries, cancer care and other complex services) and central to our nation's preparedness and response to COVID-19, monkeypox, and future public health emergencies. Inadequate reimbursement threatens the very existence of the ID workforce. For example, ID physicians are already among the lowest paid in medicine with annual compensation below general internal medicine, despite two to three years of additional training. This compensation disparity is a key barrier to entering the ID field. In fact, only 70% of infectious diseases physician training programs filled their slots in 2021, while most other internal medicine subspecialties filled virtually all of their training slots. Nearly 80% of counties in the United States do not have a single infectious diseases physician.

In 2021, CMS increased outpatient E/M codes by 13-16% for specialties including family practice, endocrinology, hematology/oncology, and rheumatology. In contrast, the update to inpatient E/M codes will result in a 5% increase for ID physicians on average, with a 2% reduction to ID physicians who are hospital-based. Historically, CMS has maintained a relativity between inpatient and outpatient E/M codes to reflect the inherently more complex nature of inpatient care—the patients are sicker, with a higher risk of adverse events. Inpatient care carries a high degree of uncertainty, given the predominance of more seriously ill, extraordinarily complex patients with multiple comorbidities that can frequently lead to complications that change the trajectory of a patient's care. In the inpatient setting, infectious diseases physicians, in particular, spend a very large amount of time coordinating care with other practitioners, as infectious diseases can impact all organ systems and routinely intersect with surgery,

transplantation, oncology and critical care. In inpatient settings, these factors require a significantly higher level of physician work and medical decision-making, which the proposed rule inappropriately disregards.

To protect patient access to high quality inpatient physician care and to help sustain and grow the essential infectious diseases workforce, CMS must increase the reimbursement associated with inpatient E/M codes in a manner that maintains their historic relativity with outpatient E/M codes. Thank you for your consideration.

Sincerely,

Lori Trahan
Member of Congress