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Infectious Diseases Society of America

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The Honorable Ami Bera, M.D.
United States House of Representatives
1727 Longworth House Office Building
Washington, DC 20515

The Honorable Larry Bucshon, M.D.
United States House of Representatives
2313 Rayburn House Office Building
Washington, DC 20515

November 9, 2020

Dear Representatives:

The Infectious Diseases Society of America (IDSociety) is pleased to support the Holding Providers Harmless From Medicare Cuts During COVID-19 Act of 2020 and to offer our perspective on the 2021 Medicare Physician Fee Schedule (MPFS) rule. We would also like to address the impact of the 2021 MPFS proposed rule on infectious diseases (ID) physicians, and the policies needed to secure the ID physician workforce while maintaining access to ID specialty care for current and future Medicare beneficiaries. IDSociety represents more than 12,000 infectious diseases physicians, scientists, public health professionals and other health care providers who are on the front lines of the COVID-19 pandemic while continuing our efforts to prevent, diagnose and treat serious infectious diseases including influenza, HIV, viral hepatitis, pneumonia, tuberculosis, complicated wound infections, meningitis, sepsis and infections caused by antibiotic resistant pathogens.

IDSociety supports the updates to documentation, coding and payment for the outpatient evaluation and management (E/M) services included in the rule, and we urge Congress to ensure those changes take effect on Jan. 1, 2021. Evaluation and management services have been undervalued for decades, and these changes are long overdue. However, these changes are expected to result in an estimated 4% reduction in payments to ID physicians for 2021 due to statutory budget neutrality requirements that apply to the MPFS. We greatly appreciate that your bill will prevent this payment cut while allowing the implementation of the changes to move forward.

In addition to high volumes of patient care, ID physicians are providing many unique, often uncompensated, services that are critical to the pandemic response, including developing and regularly updating infection prevention and clinical management protocols, collaborating with state and local health departments on response efforts and managing interdisciplinary care teams within health systems. A [recent survey](#) found that 25% of ID physicians are suffering negative economic impacts during the pandemic, such as pay cuts as a result of hospital and hospital systems policies, despite taking on significant additional work. Preventing another payment cut, particularly at this time, is greatly appreciated and critically important.

We also underscore that CMS efforts must continue next year to update the inpatient E/M codes through a data driven process that ensures appropriate valuation. The vast majority of ID physicians' work is conducted in the inpatient setting, and the persistent

undervaluing of this work has exacerbated the substantial salary disparity between physicians who mainly provide E/M services and those who mainly provide procedure-based care. This disparity threatens patient access to ID specialty care, which is associated with improved outcomes and lower health care costs. According to a [study published in the *Annals of Internal Medicine*](#), 208 million Americans live in predominantly rural areas with little or no access to an ID physician. Continued undervaluation of inpatient E/M services puts the entire future of the ID physician workforce at risk, as increasing numbers of physicians with significant medical student debt find lower paying specialties financially infeasible.

We greatly appreciate your leadership and efforts to ensure fair and appropriate compensation for all physicians to ensure patient access to care. We hope to work with you to advance your legislation and we would welcome the opportunity to work collaboratively on long term efforts to strengthen physician reimbursement.

Sincerely,

A handwritten signature in black ink that reads "Barbara D. Alexander". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Barbara D. Alexander, M.D., MHS, FIDSA
President, IDSA