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February 3, 2021
Speaker Nancy Pelosi
U.S. House of Representatives
H-232 the Capitol
Washington, DC 20515

Dear Speaker Pelosi;

On behalf of AMGA, I would like to thank you for assisting our members and other healthcare providers as we battle the novel coronavirus (COVID-19) pandemic. Founded in 1950, AMGA represents more than 440 multispecialty medical groups and integrated delivery systems, representing about 175,000 physicians who care for one in three Americans. Our medical groups and integrated systems have been on the front lines of this public health emergency from the beginning and have navigated the new normal to continue providing high-quality, cost-effective, and patient-centered medical care. With your work in the 117th Congress already underway, there will be many opportunities to address critical health policy issues, and we look forward to serving as a resource for you as they are discussed and developed.

AMGA would like to share our thoughts on the most important issues for medical groups and health systems, including:

- Supporting Vaccine Administration
- Funding and Reforming the Provider Relief Fund
- Promoting Telehealth
- Ensuring Access to Care for the Chronically Ill
- Halting Medicare Sequestration Cuts
- Eliminating Coverage Gaps
- Ensuring Provider Access to Data
- Promoting Health Equity

Supporting Vaccine Administration

As our providers are on the front line of the pandemic, the vaccination distribution strategy should enlist multispecialty medical group practices. Our members have relationships in communities throughout the country with patients in need of vaccination. With proven structures and processes in place, our members are situated to achieve the best possible outcomes. Every dose provided in one of our members' offices means one fewer person in line at a community vaccination center.

Given that currently approved vaccines require a second dose, our established relationships with our patients will facilitate the scheduling, care management, and documentation needed to ensure patients

adhere to the vaccine protocols. Relying on group practices to schedule appointments will relieve some of the responsibility for tracking patients from county health departments or other community vaccination efforts. Additionally, rather than requiring patients to navigate an unfamiliar state or county website, or travel to a new location, patients can contact their trusted clinicians to schedule an appointment at the appropriate time and in their usual care setting.

As additional supplies of vaccine become available, coordinating with group practices will be an important aspect of the distribution effort. Our members have the storage and staffing requirements necessary for the vaccine, but to ensure operational success, medical groups should be notified three to four weeks in advance of the number of doses they will receive. With a dedicated supply of vaccine and support, including the necessary financial support for staff, tents, and the other logistical needs to manage vaccine operations, medical groups are well positioned to quickly help vaccinate as many patients as possible. Our members are best able to handle any potential adverse patient reaction. AMGA members also have established relationships with their state and county health departments and can share data with them to ensure health officials have an accurate vaccination record.

Funding and Reforming the Provider Relief

AMGA appreciates the significant support that Congress has provided to help providers' response to COVID-19. In total, policymakers have appropriated \$178 billion to the Public Health and Social Services Emergency Fund (Provider Relief Fund). AMGA recommends at least an additional \$100 billion in new appropriations to the Provider Relief Fund during this upcoming legislative session. The increase in the number of cases, the need to cancel elective procedures, influenza season, and the current winter months create a confluence of conditions that will strain healthcare systems' ability to respond to this national crisis.

In addition to new appropriations for the Provider Relief Fund, Congress should approve legislation similar to the Eliminating the Provider Relief Fund Tax Penalties Act introduced last Congress, which would ensure that any funding received by for-profit medical provider entities under the Provider Relief Fund would not be taxable. All providers, regardless of tax status, should receive the maximum amount of support from the Provider Relief Fund since it is intended to ensure the viability of our healthcare system. Treating Provider Relief Fund grants as taxable income is counterproductive to the purpose of these funds.

Promoting Telehealth

In response to COVID-19, AMGA members revised their care delivery models based on the need to keep patients safe at home. Telehealth became a vital tool in how our members care for their patients. Patients are now accustomed to their providers treating them via telehealth and expect this to continue after the end of the public health emergency. Not only does telehealth increase access to care, it also leads to improved spending efficiency in the healthcare system.

Through the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Congress waived Medicare's telehealth originating site and geographic limitations. In addition, CMS expanded the number of services that qualify for telehealth, while also increasing payments for telehealth so reimbursement is the same as for in-person services. CMS also recognized the need for patients without smartphones or computers to access care while staying at home by creating a set of audio-only codes for select services. Congress should now recognize the important role that telehealth has in a modern

healthcare system and permanently lift the geographic and originating site restrictions that normally limit the availability of telehealth.

Additionally, policymakers need to ensure that payment parity between telehealth services, including audio-only services and in-office visits continues beyond the public health emergency. AMGA also recommends that these audio-only visits satisfy the face-to-face requirement for collecting diagnoses for risk-adjustment and care coordination purposes. All of these policies ensure that more Medicare beneficiaries will be afforded the opportunity to take a more active role in accessing care and managing their health.

In order to ensure more providers are available to patients, policymakers should approve the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act. The TREAT Act aims to provide state reciprocity in licensing of healthcare professionals to enable them to practice across state lines during the COVID-19 pandemic.

Ensuring Access to Care for the Chronically Ill

Chronic Care Management (CCM) is an important part of coordinated care and remains one of AMGA's top priorities. In 2015, Medicare began reimbursing providers for CCM under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for non-face-to-face care management. Under current policy, Medicare beneficiaries are subject to a 20% coinsurance requirement to receive the service. Consequently, only 684,000 patients out of 35 million eligible Medicare beneficiaries with two or more chronic conditions benefitted from CCM services over the first two years of the payment policy.

Removing the coinsurance payment would facilitate more comprehensive management of chronic care conditions and improve the health of Medicare patients. Providers and care managers have discovered several positive outcomes for CCM beneficiaries, including improved patient satisfaction and adherence to recommended therapies, improved clinician efficiency, and decreased hospitalizations and emergency department visits.

We ask that policymakers pass legislation that would waive Medicare's CCM code coinsurance requirement, like the Chronic Care Management Improvement Act, which was approved by the House Ways and Means Committee last Congress.

Halting Medicare Sequestration Cuts

Due to obvious financial strains on the provider community as a result of the pandemic, Congress temporarily halted the Medicare sequester cuts through March 31, 2021. Given that COVID-19 relief and recovery efforts will go on throughout this year, Congress should approve the Medicare Sequestration COVID Moratorium Act, which would continue to halt Medicare sequester cuts until the end of the public health emergency.

Eliminating Coverage Gaps

The Affordable Care Act created an extensive expansion of health insurance access for Americans. However, the COVID-19 pandemic exposed certain gaps in health insurance coverage that must be addressed in order to ensure that Americans have increased affordability and coverage. Congress must

take additional actions to strengthen the Affordable Care Act by expanding subsidies, extending enrollment periods, and creating caps on premium contributions.

Ensuring Provider Access to Data

Last Congress, the Senate Health, Education, Labor and Pensions (HELP) Committee included in the Lower Health Care Costs Act a provision that would allow providers to access commercial payers' administrative claims data. Having access to claims data plays a critical role in patient care coordination. Studies have shown that if providers have access to commercial claims data, they are able to understand what services their patients utilize outside of their practices, allowing them to create better care management plans for their patients.

Not only does access to commercial claims data help providers deliver better care, but it additionally empowers the patient. Patient access to health data will only lead to better conversations with their providers and subsequently to better health outcomes. Access to data also ensures more accountability between the provider and the payer regarding a patient's care. Both the payer and the provider have an obligation to ensure the best health outcomes for the patient, and timely data-sharing is integral to achieving this goal.

We urge Congress to approve policies that will allow access to data in order to move providers closer to the goal of participating in a true value-based reimbursement system focused on reducing costs while improving patient outcomes.

Promoting Health Equity

In order to create true equity, we need to reduce the barriers to accessing care. It is important that Congress create legislative frameworks that address the underlying causes of inequality in the healthcare system. To that end, we support the passage of the Social Determinants Accelerator Act introduced last Congress. The legislation provides grants to assist communities with evidence-based approaches to coordinate health and social services, a key element to increasing health equity in underserved communities. We look forward to working with Congress on this fundamental issue.

Thank you for supporting policies that ensure providers have the resources they need to care for patients during this public health crisis. If we can provide you with any more information, please feel free to contact me or AMGA's Chief Policy Officer Chet Speed at cspeed@amga.org.

Sincerely,

A handwritten signature in black ink that reads "Jerry Penso" with a long, sweeping horizontal line extending to the right.

Jerry Penso, M.D., M.B.A.
President and Chief Executive Officer
AMGA