



Physicians Caring for Texans

A watercolor-style illustration of a male doctor with a beard and glasses, wearing a white lab coat over a blue shirt and dark tie, with a stethoscope around his neck. He is looking down at a tablet computer held by an elderly woman with short, wavy grey hair. The woman is also looking at the tablet. The background is a light, textured grey.

FIX MEDICARE NOW STOP THE PAY CUTS

2023 FEDERAL LEGISLATIVE ADVOCACY TOOLKIT

texmed.org

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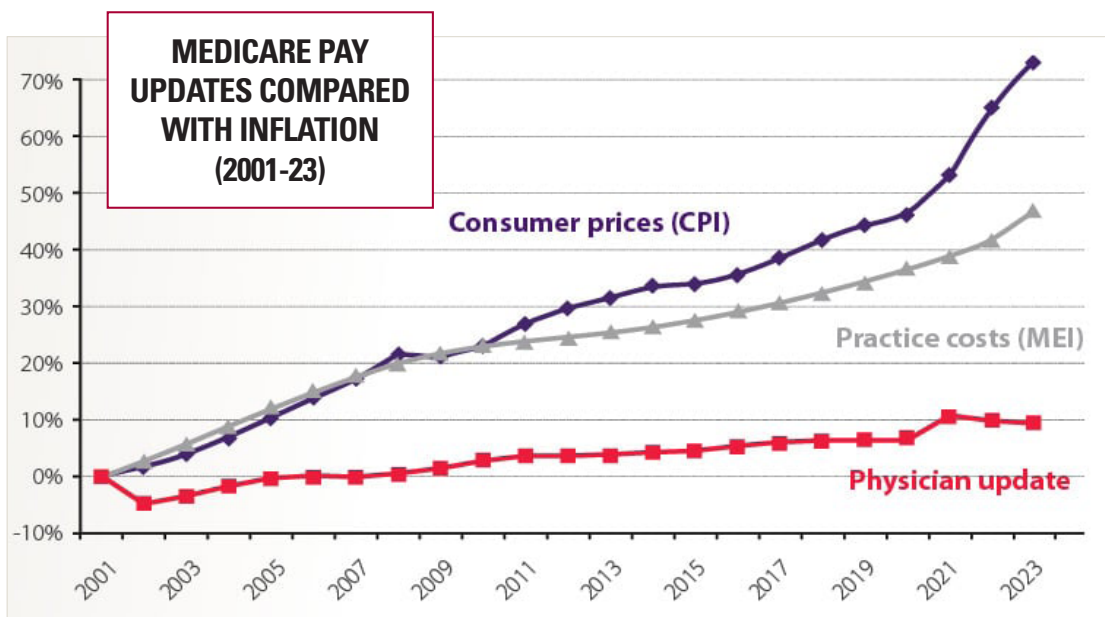
BACKGROUND

Here we go again.

Physicians have just days to convince Congress to stop planned cuts to their Medicare payments in 2024. The new cut will be 3.37% starting Jan. 1, 2024, on top of the 2% cuts that took effect this year and many other cuts over the past 20 years.

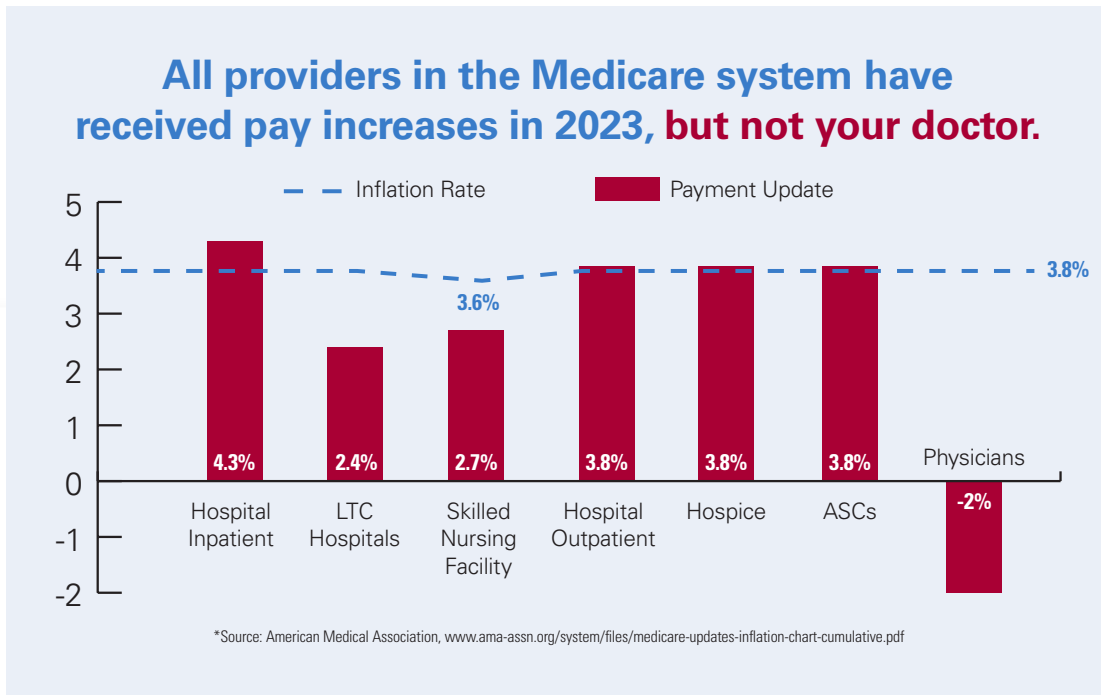
We must act now on behalf of our Medicare patients and our practices to stop these cuts. They harm practices trying to stay viable and care for the most vulnerable patients – older adults and people with disabilities.

The Medicare physician fee schedule is highly flawed because it fails to keep up with inflation. Between 2001 and 2023, Medicare physician payments [decreased by 26%](#) when adjusted for inflation. Meanwhile, Medicare payments to hospitals and other health care facilities generally have kept pace with inflation, [according to the American Medical Association](#). Over the same period, the consumer price index for physician services in U.S. cities increased by 65%.



Sources: *Federal Register*; Medicare Trustees' Reports; U.S. Bureau of Labor Statistics; Congressional Budget Office; and American Medical Association – Updated April 2023.

All Medicare providers received positive payment updates in 2023, but physicians instead received a pay cut. Compounded by previous pay cuts, supply shortages, inflation, and regulations from Medicare that are costly to implement or that penalize physicians if they don't implement them correctly – the result is devastating.



“As Medicare reimbursement continues to decline, I see other offices cutting back staff and services. Even in the large city of Fort Worth, there are now specialties and services for which we have to send patients out of the county, because key physicians have left practices altogether or because wait times to see available [doctors] are excessive.

“My practice receives so much praise from patients about our fantastic customer service, but unless CMS takes steps to stabilize physician reimbursement, private practices like ours will be a historical footnote.”

JERRY L. BARKER, MD, Fort Worth radiation oncologist in practice 20 years

A SOLUTION

We must urge Congress to pass the **Strengthening Medicare for Patients and Providers Act (House Resolution 2474)** to stop the scheduled cut. Congress must pass this bipartisan bill to reform Medicare's broken physician payment system and ensure physicians receive inflationary updates, like other Medicare providers.

That recommendation is part of the AMA House of Delegates' new initiative – largely informed by a Texas Medical Association-authored resolution early this year – directing AMA to take the tangible steps below to declare Medicare physician payment reform “an urgent advocacy and legislative priority” for AMA. The “[Fix Medicare Now](#)” resolution directs AMA to:

- Prioritize “significant increases” in federal and state advocacy budgets; and
- Implement a comprehensive advocacy campaign, including a sustained media strategy engaging physicians and patients.

TMA strongly supports AMA [principles](#) to guide wholesale reform, **The Characteristics of a Rational Medicare Physician Payment System**, which call on Congress to:

- Provide a baseline annual physician pay raise to keep up with inflation;
- Eliminate, replace, or revise budget neutrality requirements;
- Incentivize value-based care that suits various practice settings; and
- Support physician efforts to reduce health disparities.

These actions and recommendations are a start.

First, Congress should pass HR 2474, now. Ultimately, TMA strongly urges Congress to find permanent, sensible solutions to the Medicare physician payment system.

The bottom line: Federal spending must not be balanced on the backs of patients, physicians, and health care professionals. Congress must take action to stop further physician payment cuts and meaningfully overhaul the broken Medicare system.

“We are dying. I can’t even keep a full staff. All the doctors I have referred patients to are leaving or gone. We are exhausted and quietly leaving. It is a tragedy.”

LAURA FINGER, MD, Denton obstetrician-gynecologist with 20 years’ practice experience

HOW TO USE THIS TOOLKIT

Please use this TMA-created toolkit to send the message far and wide that Congress must stop these cuts. The kit empowers physicians, county medical societies, TMA Alliance members, and patients with the information you need to stop the Medicare physician pay cut and advocate for this solution. These resources are for your traditional and social media channels: messages, sample letters to the editor, and social media graphics and posts. TMA urges your active participation in this crucial advocacy effort.

1. Copy and paste social media post(s) to your social media accounts or use the talking points to craft your own message(s). One to two Facebook posts and three to five tweets per week are customary.
2. Download the social media graphics by clicking on the graphic in the toolkit, which links to a TMA webpage. Select the graphic, then right-click to copy and save it for use in a social media post.

TALKING POINTS

- **STOP MEDICARE PHYSICIAN PAYMENT CUTS; SUPPORT HOUSE RESOLUTION 2474.** Congress must act now to stop physicians' Medicare payment cut scheduled for Jan. 1, 2024.
- Unless Congress acts, physicians' Medicare payments will be cut 3.37% on Jan. 1, 2024, on top of 2% cuts that occurred this year. In total, Medicare physician pay has fallen 26% since 2001 (inflation-adjusted payments). Meanwhile, hospital payments matched inflation, and over the same period, the consumer price index for physician services in U.S. cities increased by 65%.
- Physicians are at a financial breaking point, threatening their ability to care for Medicare patients. These annual cuts are forcing some physicians to take fewer Medicare patients or opt out of Medicare altogether.
- Medicare has not kept up with the cost of care. Medicare pay for physicians has instead regressed, threatening access for taxpaying patients who pay into the system all their working lives to have health insurance and access to their doctor. Our government must honor this agreement.
- The Texas Medical Association, American Medical Association, and other physician groups have declared Medicare physician payment reform an urgent, top advocacy and legislative [priority](#).
- Congress should pass House Resolution 2474, the Strengthening Medicare for Patients and Providers Act. It is a bipartisan bill to reform the broken Medicare system and help ensure physicians receive inflationary updates, just like other Medicare providers receive.
- The federal budget must not be balanced on the backs of patients and physicians. Congress must meaningfully overhaul the broken Medicare system.
- Medicare patients count on their physicians to be there when they need them in doctors' offices, clinics, and hospitals. Congress must not let them down.
- The Medicare system is flawed and too unstable for our patients. We can't take the same actions expecting different results. It's time for new, better tactics to solve this ongoing problem. Our patients deserve a stable Medicare system so they know they can see their doctor.
- Medicare patients pay into the system all their working lives to have health insurance and access to their doctor. Our government must honor this agreement.

“Physicians can fight the system that has been rigged against us by getting involved in legislative action and policy development through organized medicine.”

NANCY BINFORD, MD, who reluctantly closed her private practice after 25 years over the chasm between Medicare hospital and physician payment for the same services

SAMPLE LETTERS TO THE EDITOR

Physicians: Please submit a letter to the editor of your local newspaper, under your signature. Use one of the three letters below as-is, or customize it with your story/perspective. (The letters should be 200 or fewer words.)

LETTER 1

[DATE], 2023

We physicians are problem-solvers who diagnose patients’ ailments and find remedies. If your problem persisted for 20 years with no remedy, you might seek another doctor.

Yet every year that’s what physicians and patients face with the ailing Medicare physician payment system. For more than 20 years, Congress has not established a stable solution so doctors can continue caring for the nation’s most vulnerable patients – older adults and those with disabilities.

Without congressional intervention NOW, physicians who care for Medicare patients will see a payment cut of approximately 3.4% starting next year. We’ve seen Medicare pay cuts already this year, last year, and most every year since 2001.

Ask Congress to support the Strengthening Medicare for Patients and Providers Act (House Resolution 2474), to fix this broken Medicare system.

[Signature]

[Physician’s specialty, city]

“When my personal physician retired, it took a year to locate another physician willing to accept me as a new Medicare patient.”

KATHLEEN ARCHER, MD, Medicare patient and Houston ophthalmologist with 38 years’ practice experience

SAMPLE LETTERS TO THE EDITOR *(continued)*

LETTER 2

[Date], 2023

I am a local physician who enjoys caring for my Medicare patients. This January, Medicare payments for seeing these patients will be cut by about 3.4%. The reduction might not sound like much, but it’s on top of a 2% cut that hit early this year, plus many cuts over the past two decades. Physicians have not received a Medicare cost-of-business increase in more than 20 years, effectively resulting in a 26% pay decrease since 2001.

Medicare patients pay into the system all their working lives to have health insurance and access to their doctor. Yet every year patient access is at risk because physicians face pay cuts from a broken system. The government is forcing physicians out of the system. Our patients deserve better, and so do we.

We must urge Congress to pass legislation now to stop the cut and enact a permanent fix. Congress must pass the Strengthening Medicare for Patients and Providers Act (House Resolution 2474), a bipartisan bill that would reform this broken system and help ensure physicians receive inflationary updates, just like other Medicare providers.

[Signature]

[Physician’s specialty, city]

“As a very busy cardiologist, I have more patients asking for visits than I can see in my schedule. I do not want to turn away Medicare patients, as their need is great and their alternatives are poor. [Congress must] correct this issue for the sake of these patients, who deserve high-level care.”

A Dallas/Fort Worth cardiologist with nearly 20 years’ practice experience

SAMPLE LETTERS TO THE EDITOR *(continued)*

LETTER 3

[Date], 2023

I’m concerned about the latest cuts planned for Medicare payments to physicians – scheduled for Jan. 1 – and you should be too. Nearly every year, physicians are forced to urge Congress to pass emergency legislation to stop cuts to our payments for caring for Medicare patients. In 2022, it was a 10% cut. This year it was a 2% cut, and in 2024 it’ll be an additional approximately 3.4% cut.

Whether one big cut or a bunch of little ones, it all adds up to the same thing: physician practice viability and Medicare patients’ access to physician care may be in jeopardy unless Congress acts before year-end.

My older adult patients deserve better. You deserve better. I deserve better.

Please ask Congress to stop the cuts, and enact a permanent, reliable Medicare physician payment system that keeps up with inflation and practice costs. Pass the Strengthening Medicare for Patients and Providers Act (House Resolution 2474) to reform this broken system and help ensure we physicians receive inflationary updates, just like other Medicare providers.

Let’s fix Medicare and preserve access to care.

[Signature]

[Physician’s specialty, city]

TMA OP-ED

Don't Let a Broken Medicare Payment System Break the Backbone of Seniors' Health Care

By Texas Medical Association President Rick W. Snyder II, MD

Twenty-five years is a lot to let go of in any career. In medicine, it amounts to hundreds of patient relationships, never mind the blood, sweat, and tears that go into starting your own practice.

And yet after all that time, one of my colleagues has let go of her practice – and not by choice and not without tears for her Medicare patients who now face fewer choices for care.

The last straw for her: The flawed Medicare physician payment system – which for almost 25 years has underpaid our nation's physicians to the point where some are forced to make difficult decisions like my colleague.

And yet, Congress has another Medicare physician payment cut on tap for Jan. 1.

Put simply, the day is perilously near, if not already here, when there will not be enough physicians to take care of Medicare patients.

Physicians who participate in the program are forced to do more with less, which leaves few choices: It either hinders our ability to provide the complex, quality care these elderly and sometimes disabled patients need; stops us from seeing as many Medicare patients as we would like; or contributes to burnout and moral distress because we can't do what we swore an oath to do: to put our patients first.

I hear concern from physicians as they face ongoing practice viability challenges.

"If this additional [Medicare] payment cut goes through, in the midst of inflation and COVID causing rising costs for staff salaries and benefits, I would have no choice but to stop caring for these patients," a worried physician told TMA.

"All the doctors I have referred patients to are leaving or gone," lamented another.

"I'm terrified for what this will mean for my elderly patients and their access to care," yet another shared with TMA.

It's the same system that concurrently pays hospital-based clinics more for the same services your independent, community physician provides. On top of that, Medicare helps hospitals cover uncompensated care.

I'm not saying hospitals don't deserve to get paid for what they do. But when independent physician practices agree to get swallowed up by a hospital or bought out by another entity just to survive, the cost of care can go up with ripple effects on our economy. And this kind of rapid consolidation is now rampant in our health care system under misguided payment incentives like those in Medicare.

We should preserve independent medicine – and patient choice – not undermine it. It's time for Congress to address the root of the problem.

What can we do? The first simple step is to advocate for Congress to enact laws directed at paying physicians fairly – at a minimum keeping pace with inflation – for services provided to Medicare patients. Just like other industries' labor costs are tied to the

TMA OP-ED *(continued)*

Consumer Price Index (CPI), so Medicare physician payments should at least be tied to a similar measure of physician practice cost inflation, the Medicare Economic Index (MEI).

Several physician congressmen are leading the charge on reform with a bipartisan House bill that behooves support: the Strengthening Medicare for Patients and Providers Act, or House Resolution 2474. The centerpiece of the legislation is an annual, inflation-based Medicare physician payment update based on the full MEI.

Our current predicament is a direct result of Medicare physician payments not even coming close to keeping up with inflation for more than 20 years: Since 2001, Medicare physician payments have lagged 26% behind inflation while hospital and other health industry payments have kept pace, according to the American Medical Association. Over the same period, the CPI for physician services in U.S. cities increased by 65%.

Just think about that: What would you say if you worked more than 20 years with no raise and pay cuts to boot? I know what my colleagues are saying:

“If [another cut is] enacted, our [Medicare payment] rate will be lower than what we received in 2012,” one practice calculated.

From another: “My Medicare [payment], factoring for inflation, is less than half of what it was in 1998.”

The frustration is real, and so is the effect of Medicare payment cuts on physician practice viability and access to care for Medicare patients.

Don’t let a broken Medicare system break the backbone of the health care system for our most vulnerable patients.

ACTION ALERT FOR PHYSICIANS (*Take action [here](#)*)

MESSAGE FROM THE TMA PRESIDENT

Dear Texas Doctor,

I won't sugarcoat it: Time is running out. Unless Congress acts now, you and our colleagues will AGAIN face a Medicare payment cut – 3.37% starting Jan. 1, 2024. The new pay cut is on top of the 2% cut that took effect this year, and other cuts before that.

We need 1,000 Texas physicians to act NOW and send a strong message to Congress. Please help. It takes just seconds to do.

Urge your U.S. representative to cosponsor the Strengthening Medicare for Patients and Providers Act, House Resolution 2474. HR 2474 is a bipartisan bill to fix your broken Medicare payment system and ensure you receive inflationary updates, like hospitals and other Medicare providers do.

Congress must fix this two-decades-old problem and develop a permanent, reliable Medicare physician payment system that guarantees financial stability and predictability and promotes value-based care.

Even worse, thousands of rural Texas physicians face an additional cut of approximately 1% unless Congress extends the work geographic practice cost index floor.

Sincerely,

Rick W. Snyder II, MD

President, Texas Medical Association

MEDICINE'S GRASSROOTS MESSAGE TO CONGRESS

This is urgent; the time to act is almost up. I am a Texas physician whom you represent. I urge you to stop the planned Medicare physician payment cuts from taking effect in January. PLEASE support House Resolution 2474. Prevent this travesty and help older adults and people with disabilities in Texas receive timely, needed health care.

Another pay cut may force more physicians out of Medicare, leaving treasured, deserving Medicare patients to scramble for care. Please establish a rational Medicare physician payment system that ensures financial stability and predictability and promotes value-based care. Please stop the pay cut and support a permanent, stable, reliable Medicare physician payment system that keeps up with inflation and practice costs.

Act today and cosponsor HR 2474, the Strengthening Medicare for Patients and Providers Act, a bipartisan bill that would reform this broken system and help ensure physicians receive inflationary updates, just like other Medicare providers do. (If you've already signed on, THANK YOU.)

Fact: Physicians have not received a Medicare cost-of-business increase in more than two decades – unlike any other profession. Physician inflation-adjusted payments have declined by 26% between 2001 and 2023. What other professionals have had to endure that?

Physicians are struggling to sustain their medical practices with supply shortages, staffing challenges, and inflation. Cutting Medicare physician payment rates further and forcing physicians out of the Medicare program or into retirement adds insult to injury.

Don't balance federal spending on the backs of Medicare patients and the physicians who care for them.

What's even worse, many rural Texas physicians face an additional approximately 1% cut unless Congress extends the work geographic practice cost index floor.

Do what's right for your Medicare-patient constituents who have paid into the system their entire working lives. Promote their ability to see a physician. They deserve America to live up to its promise. SUPPORT HR 2474.

Thank you for your consideration.

ACTION ALERTS FOR PATIENTS (*Take action [here](#)*)

MESSAGE FROM THE TMA PRESIDENT TO THE PUBLIC/PATIENTS

I won't sugarcoat it: Your Medicare benefits should ensure you have a physician in charge of your care. However, unless Congress acts now, patient access to physician care may be severely impeded.

That's because physicians face a Medicare pay cut – almost 4% – starting Jan. 1. That new pay cut is on top of the 2% cut that took effect this year, and many other cuts that have occurred over the past two decades. In fact, **physician inflation-adjusted Medicare pay has dropped 26% since 2001**. Meanwhile, the cost of running a physician's office has increased nearly 50% – that's a big difference.

The financial impact of these cuts (along with rising costs) makes it increasingly challenging for physician practices to remain viable. **Act now to help promote patients' access to physician care in the Medicare program. Help fight these cuts. Please click below to send a strong message to Congress. It takes just seconds to do.**

Urge your U.S. representative to cosponsor a bill to stop the cut, the Strengthening Medicare for Patients and Providers Act, House Resolution 2474. It is a bipartisan bill to fix the broken Medicare physician payment system and ensure physicians can continue to take care of Medicare patients in the future.

Medicare patients deserve to have a physician when they need health care. Let's tell Congress to fix this problem.

Sincerely,
Rick W. Snyder II, MD
President, Texas Medical Association
(Dallas cardiologist who cares for Medicare patients)

PATIENTS' GRASSROOTS MESSAGE TO CONGRESS

This is an urgent issue; the time to act is almost up. I am a Texas resident whom you represent, and I care about the future of Medicare. I urge you to prevent the planned Medicare physician payment cut from happening in January. PLEASE support House Resolution 2474. You have the power to prevent this travesty and to help older adults and people with disabilities receive timely, needed health care.

Another pay cut could force more physicians out of Medicare, leaving patients like me scrambling to find a new doctor who can still care for Medicare patients. Please establish a rational Medicare physician payment system. I need the confidence to know my doctor will be there for me.

Act today and cosponsor HR 2474, the Strengthening Medicare for Patients and Providers Act, a bipartisan bill to reform Medicare's broken system and ensure physicians receive inflationary updates, just like other Medicare providers do. (If you've already signed on, THANK YOU.)

It surprised me to learn physicians have not received a Medicare cost-of-business increase in more than two decades – unlike non-physician Medicare providers. Physicians' inflation-adjusted payments have declined by 26% between 2001 and now. What other professionals have had to endure that?

Don't balance the federal budget on the backs of Medicare patients and the physicians who care for us. Medicare patients have paid into the system all our working lives. We deserve America to keep its promise.

Please stop the pay cut and support a permanent, stable solution. Establish a permanent, reliable Medicare physician payment system that keeps up with inflation and practice costs. SUPPORT HR 2474.

Thank you for your consideration.

“I realized my overhead per visit was [nearly double what Medicare paid for patient visits]. I kept seeing patients I had already been caring for, but was forced not to take any new Medicare patients. It was not an easy decision.

“Then a [physician] friend of mine ... asked if I would take two older ladies who had been his [Medicare] patients for many years. He was closing his practice because... he could not meet his overhead and keep the doors open because of poor Medicare reimbursement. I thought it was sad that he wanted to continue caring for patients that he had treated for a long time but couldn't because poor reimbursement forced him to close his practice.”

MICHELE REYNOLDS, MD, Dallas family physician of more than 30 years until Medicare cuts forced her to close her own practice

SOCIAL MEDIA

POSTS FOR FACEBOOK AND X (formerly Twitter)

Facebook: One per week | **X:** Three per week

HASHTAGS:

#FixMedicare | #TMAadvocacy

- Congress' budget gimmicks require yet another round of cuts to Medicare physician pay in January 2024 – threatening physician practice viability and Medicare patients' ability to receive timely health care. Congress: Stop balancing budgets on doctors' backs. #FixMedicare #TMAadvocacy
- Since 2001, PHYSICIANS' inflation-adjusted Medicare payments FELL 26%, while Medicare HOSPITAL/health payments KEPT PACE with inflation. Meanwhile, the consumer price index for physician services in U.S. cities increased 65%. #FixMedicare
- Vulnerable Medicare patients might not get the health care they need if Congress cuts physician pay again as planned in 2024. Who will treat older adults and people with disabilities then? #FixMedicare #TMAadvocacy
- Tell #Congress: STOP the #Medicare physician payment cuts! Contact your federal legislators today. Another payment cut after decades of no increases jeopardizes access to health care & adds insult to injury. #TMAadvocacy #FixMedicare
- Congress: Pass HR 2474, to reform the broken Medicare system and help ensure physicians receive inflationary updates, just like other Medicare providers. #FixMedicare #TMAadvocacy
- Physicians' Medicare pay will drop again in 2024, after years of cuts. It's unfair: In 2001-23, Medicare doctor inflation-adjusted payments fell 26% while others' health care pay kept pace. #FixMedicare #TMAadvocacy
- Medicare physician pay has not kept pace and fell 26% since 2001, when adjusted for inflation. #Congress must enact a permanent Medicare physician payment solution; support HR 2474. #TMAadvocacy #FixMedicare
- Driving physicians out of practice harms patients, but a new planned #Medicare physician payment cut might do just that. A new Texan-inspired AMA advocacy plan will fight back. #FixMedicare #TMAadvocacy
- After years of cuts, physicians treating Medicare patients face another Medicare pay cut in 2024. We must protect access to care for older adults and people with disabilities. #FixMedicare #TMAadvocacy
- Medicare physician payments haven't kept pace with inflation for decades, falling instead. Deeper Medicare cuts – set for January – threaten patients' access to physician care. #FixMedicare #TMAadvocacy

SOCIAL MEDIA GRAPHICS



**CUTTING
MEDICARE
PHYSICIANS'
PAYMENTS
COULD MEAN...**

**SMALLER
STAFFS, LONGER
WAIT TIMES FOR
PATIENT VISITS.**



TEXAS MEDICAL
ASSOCIATION
Physicians Caring for Texans

(Source: TMA survey of 54,602 Texas physicians in active practice; 1,381 responses. Sept. 28, 2021.)

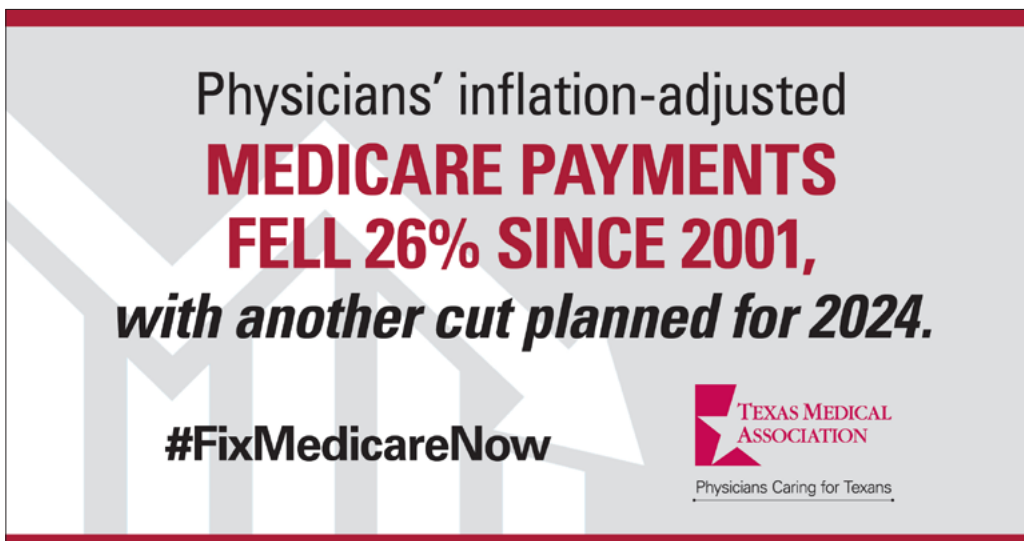


**ENACT FAIR PHYSICIAN
MEDICARE PAYMENTS!**

Ensure older adults and
people with disabilities
can see their doctor.




TEXAS MEDICAL
ASSOCIATION
Physicians Caring for Texans




Physicians' inflation-adjusted
**MEDICARE PAYMENTS
FELL 26% SINCE 2001,**
with another cut planned for 2024.

#FixMedicareNow




TEXAS MEDICAL
ASSOCIATION
Physicians Caring for Texans

SOCIAL MEDIA GRAPHICS




**STOP
BALANCING
THE BUDGET ON
PHYSICIANS'
BACKS**

TELL CONGRESS:
Fix Medicare now.
Pass HR 2474 to end
annual physician
payment cuts!



**PROMOTE PATIENTS' ABILITY TO
FIND A DOCTOR TO CARE FOR THEM.**




Don't cut Medicare patients'
physicians' payments **AGAIN!**



STOP CUTTING MEDICARE

**Medicare patients deserve
access to their physician.**

Ask Congress to pass Medicare
payment reform TODAY.



SOCIAL MEDIA GRAPHICS

Cutting Medicare physicians' payments could mean...

**SMALLER STAFFS,
LONGER WAIT TIMES
FOR PATIENT VISITS.**



Physicians Caring for Texans

(Source: TMA survey of 54,602 Texas physicians in active practice; 1,381 responses, Sept. 28, 2021.)

**ENACT FAIR PHYSICIAN
MEDICARE PAYMENTS!**




Ensure older adults and people with disabilities can see their doctor.



Physicians Caring for Texans

**Physicians' inflation-adjusted
MEDICARE PAYMENTS
FELL 26% SINCE 2001,
with another cut planned for 2024.**

#FixMedicareNow



Physicians Caring for Texans

**STOP
BALANCING
THE BUDGET ON
PHYSICIANS'
BACKS**

TELL CONGRESS:
Fix Medicare now. Pass HR 2474 to end annual physician payment cuts!



Physicians Caring for Texans

Promote patients' ability to find a doctor to care for them.

Don't cut Medicare patients' physicians' payments **AGAIN!**



Physicians Caring for Texans

**STOP CUTTING
MEDICARE**

Medicare patients deserve access to their physician.

Ask Congress to pass Medicare payment reform TODAY.



Physicians Caring for Texans

PHYSICIAN OFFICE MATERIALS – ACCESS FLYER

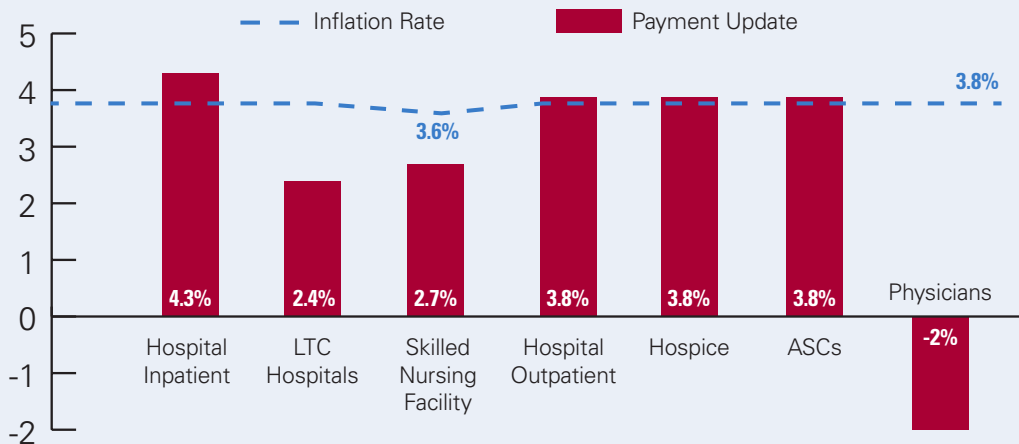
ATTENTION MEDICARE PATIENTS

AT RISK: ACCESS TO YOUR PHYSICIAN

Medicare is forcing physicians out of the system.

Physicians have not had a meaningful pay update in decades, while the cost of running a practice has increased nearly 50%*.

All providers in the Medicare system have received pay increases in 2023, but not your doctor.



*Source: American Medical Association, www.ama-assn.org/system/files/medicare-updates-inflation-chart-cumulative.pdf

Act now to promote access to physician care in the Medicare program. Contact your U.S. representative and senators, and ask them to fix Medicare by **supporting HR 2474**, the Strengthening Medicare for Patients and Providers Act.



Use this QR code to send a prepared message to your Congressional leaders.



texmed.org/FederalAdvocacy

PHYSICIAN OFFICE MATERIALS – BENEFITS FLYER

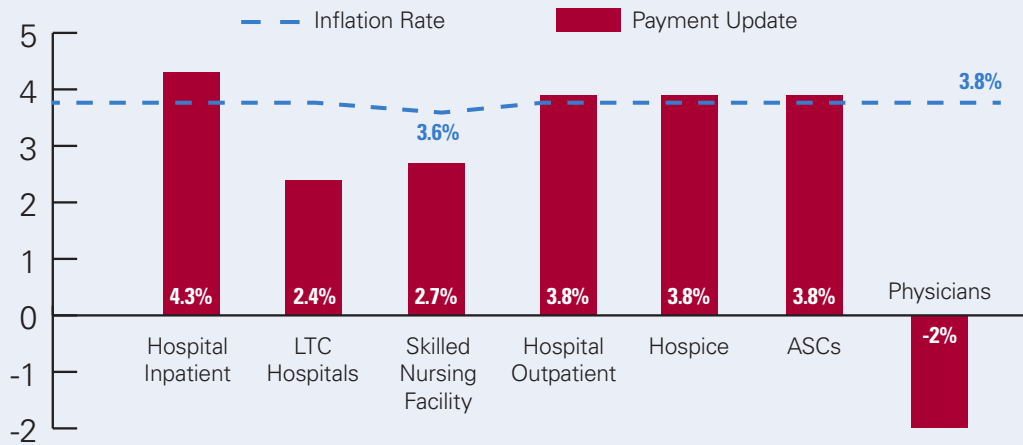
ATTENTION MEDICARE PATIENTS

AT RISK: USE OF YOUR HARD-EARNED MEDICARE BENEFITS

For decades, physicians have been threatened with annual pay cuts from Medicare. In fact, your physicians' inflation-adjusted Medicare payments have decreased 26% since 2001. Meanwhile, the cost of running a practice has increased nearly 50%*.

Physicians are facing another pay cut of nearly 4% in 2024 on top of this year's cut. Another pay cut may force more physicians out of the Medicare program.

All providers in the Medicare system have received pay increases in 2023, but not your doctor.



*Source: American Medical Association, www.ama-assn.org/system/files/medicare-updates-inflation-chart-cumulative.pdf

Act now to promote access to physician care in the Medicare program. Contact your U.S. representative and senators, and ask them to fix Medicare by **supporting HR 2474**, the Strengthening Medicare for Patients and Providers Act.



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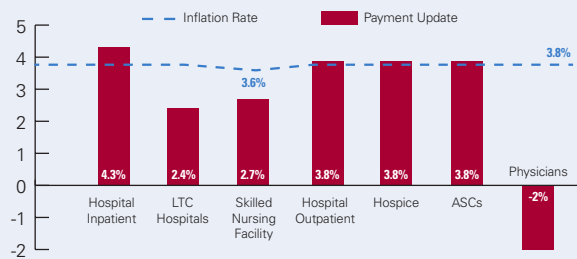
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PHYSICIAN OFFICE MATERIALS – SLATE CARD

ATTENTION MEDICARE PATIENTS

AT RISK: USE OF YOUR
HARD-EARNED MEDICARE
BENEFITS AND A PHYSICIAN
IN CHARGE OF YOUR CARE

All providers in the Medicare system have received pay increases in 2023, but not your doctor.



*Source: American Medical Association, www.ama-assn.org/system/files/medicare-updates-inflation-chart-cumulative.pdf

- For decades, physicians have been hit by annual pay cuts from Medicare (almost every year).
- In fact, your physicians' Medicare inflation-adjusted payments have decreased 26% since 2001.
- Meanwhile, the cost of running a practice has increased nearly 50%*.
- Physicians are facing another pay cut this year of nearly 4%.
- Another pay cut may force more physicians out of the Medicare program.
- Act now to promote access to physician care in the Medicare program.

Contact your U.S. representative and senators, and ask them to fix Medicare by **supporting HR 2474**, the Strengthening Medicare for Patients and Providers Act.



Use this QR code to send a prepared message to your Congressional leaders.



[texmed.org/FederalAdvocacy](https://www.texmed.org/FederalAdvocacy)

TMA COVERAGE

TMA Fights Another “Devastating” Medicare Physician Pay Cut Threat

By Emma Freer, *Texas Medicine Magazine*, August 04, 2023

Despite medicine’s calls for comprehensive reform, the recently proposed 2024 Medicare physician fee schedule would continue the worrying trends of deepening physician pay cuts and increased risk associated with the Merit-Based Incentive Payment System (MIPS).

But the proposal also includes several medicine-backed coding changes, among other positive developments.

Texas Medical Association staff are reviewing the Centers for Medicare & Medicaid Services’ (CMS’) plan and will submit detailed comments to the federal agency by the Sept. 11 deadline. The final 2024 fee schedule is expected in early November, and most of its provisions will take effect on Jan. 1.

Most concerning, the proposal would lower the conversion factor that determines Medicare physician payments by nearly 3.4% compared with the 2023 conversion factor. This cut largely stems from a much-maligned federal budget-neutrality provision that requires any physician pay increase or decrease to be offsetting.

TMA President Rick Snyder, MD, a cardiologist in Dallas, called the cut “devastating” and “significant.” He worries it would tighten the financial vise on independent physician practices, threatening patients’ access to the care such practices provide.

“This short-sightedness is going to, I fear, accelerate consolidation into models that significantly increase the cost of care in the long run,” he told *Texas Medicine Today*.

Gary Sheppard, MD, an internist in Houston and chair of TMA’s Council on Socioeconomics, adds the Medicare physician fee schedule serves as a benchmark to other payers, meaning such a cut likely would ripple across the health care industry.



TMA COVERAGE *(continued)*

CMS' proposal also would "add insult to injury," Dr. Snyder said, by increasing physicians' risk of incurring a penalty under MIPS while subjecting them to cuts elsewhere.

The draft fee schedule would increase the minimum MIPS score – to 82 points from 75 points – necessary to avoid a financial penalty of up to 9%.

"If [CMS] is going to be cutting the conversion factor, then we're going to be even more dependent on the bonus payment," he told TMT. In response, TMA recently launched an [action alert](#), directing physicians to contact their congressional representatives in support of [bipartisan legislation](#) that would index Medicare physician payments to inflation, overriding this cut.

Fortunately, federal lawmakers seem to be listening to calls from TMA, the American Medical Association, and others in organized medicine to reform the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, which created MIPS and alternative payment models.

More than a hundred U.S. House members – including Reps. Dan Crenshaw (R-Texas), Ronny Jackson (R-Texas), Jasmine Crockett (D-Texas), Colin Allred (D-Texas), Marc Veasey (D-Texas), and Brian Babin (R-Texas) – urged their leadership to "enact MACRA reforms, establishing a stable payment mechanism that appropriately pays for health outcomes," in a [July 21 letter](#). The following day, the House Energy & Commerce Committee's Oversight & Investigations Subcommittee hosted a "[MACRA Checkup](#)" hearing.

In more positive news, CMS' proposal would heed advocacy by TMA and others by:

- Mitigating across-the-board cuts caused by a new evaluation and management add-on code for visit complexity due to the budget-neutrality provision;
- Adopting more than 90% of the AMA/Specialty Society Relative Value Scale Update Committee's recommendations for new and revised Current Procedural Terminology codes;
- Extending certain telemedicine flexibilities, including allowing such services to be provided with the Medicare patient located anywhere, such as in his or her home, through the end of 2024; and
- Pausing Medicare's [beleaguered appropriate use criteria program](#) for advanced diagnostic services.

The draft fee schedule also would postpone the implementation of:

- Updated weights related to the Medicare Economic Index, a measure of physician practice cost inflation, in light of an [ongoing AMA study](#) of physician practice expenses;
- A confusing policy related to split (or shared) visits, which determines who should bill for a shared visit; and
- Mandatory adoption of electronic clinical quality measures by Medicare Shared Savings Program participants.

Dr. Sheppard is hopeful these changes will reduce practices' administrative burden and, in doing so, free up physicians' time for patient care.

TMA equips you with the information you need to help stop the Medicare physician pay cut. Get involved in this crucial advocacy effort with ready-made social media graphics and posts, sample letters to the editor, a sample op-ed, and an Action Alert to send directly to legislators by [downloading the toolkit](#).