



December 17, 2020

Dear Member of Congress:

I write to you today on behalf of the undersigned organizations and individuals that are members of the Advancing Excellence in Long-Term Care Collaborative (AELTCC), a national organization of professional, consumer, trade, and clinical stakeholders in post-acute and long-term services and supports (PALTSS). I am writing to ask you to take action in a year-end legislative package to stop the cuts to services for residents in post-acute and long-term care (PALTC) settings that will be imposed by the Centers for Medicare and Medicaid Services (CMS) on January 1, 2021.

We are very concerned about the draconian cuts for services vital to the care and quality of life for residents of nursing homes that CMS has imposed. Many of the services that will be reduced are critical to the wellbeing of residents, including physician services, nurse practitioner services, rehabilitation therapy (physical and occupational therapy and speech language pathology), x-ray services, as well as other services delivered by a list of nearly 40 other specialty provider groups that furnish essential services to Medicare beneficiaries in and outside of PALTC settings.

CMS recently finalized long overdue improvements to Medicare payment policies for office and outpatient primary care visits — also known as Evaluation/Management (E/M) services — billed by physicians and some nonphysician providers. These new payment policies contained in the CY2021 Physician Fee Schedule (PFS) reflect an important first step in addressing imbalances in Medicare reimbursement for complex patients and recognizes that these codes have been historically undervalued.

However, due to budget neutrality requirements, these changes will result in cuts of up to 10 percent or more for E&M services provided by primary care physicians who practice in nursing facilities. Other key services such as rehabilitation, x-ray and others key services will see significant cuts as well. These cuts will be devastating for PALTC patients and residents, as well as their families, who are already struggling with the impact of COVID-19. Lack of access to care during this time is likely to result in unnecessary rehospitalizations, poor quality of life and exacerbate the death toll that is already tragically and disproportionately high.

For example, medical visits for persons with an acute change of condition could be reduced, resulting in quicker deterioration of medical status and an avoidable hospitalization. Residents recovering from hip fractures might not get prescribed therapies. Regular consultations that are vital to care may not be ordered, leaving residents at risk. Access to physician and other services to residents could be limited. These cuts will aggravate medical conditions that are already in great need of improvement.

And now, as we are entering the vaccination phase of the pandemic, these clinicians will be vital to both the distribution of vaccine, and the monitoring of patients – all necessary to battle COVID-19. It is unconscionable to impose these reductions considering the ongoing public health emergency that nursing homes are experiencing.

If Congress fails to address these cuts, decreases in Medicare payments will further exacerbate the problems and challenges we face in PALTC both to fight this deadly virus and to achieve and maintain a

high quality of care into the future. Of great concern is the impact that this will have on residents' access to needed health care services in rural and underserved areas. Moreover, the impact will also be seen in the disproportionate toll on communities of color, as evidenced by the documented increased risk for cases, deaths, and hospitalizations in this population. Our organizations stand united in highlighting that, in the end, patients will suffer the most from implementation of these detrimental cuts.

Thank you for your consideration of this request and for standing with nursing home residents and their health care providers. Please contact me at claxton@paltc.org, or 410-740-9743, if you have any questions or need additional information.

Sincerely,



Christopher E. Laxton, CAE
Chair of the Board
Advancing Excellence in Long-Term Care Collaborative

Organizational Members

AMDA – The Society for Post-Acute and Long-Term Care Medicine	Leading Age
American Association of Post-Acute Care Nursing	National Association for the Support of Long-Term Care
American College of Health Care Administrators	National Association of Health Care Assistants
American Health Care Association	National Association of Long-Term Care Administrator Boards
American Health Quality Association	National Center for Assisted Living
American Geriatrics Society	National Certification Council for Activity Professionals
American Society of Consultant Pharmacists	Pioneer Network
Gerontological Advanced Practice Nurses Association	

Provider Members

The Evangelical Lutheran Good Samaritan Society	Green Hills Adult Care Facilities
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Supporting Members

Pathway Health

Individual Members

Cecily (CC) Andrews, MA	Jay Sackman, JD
Steven Buslovich, MD, CMD	Theresa Schmidt, MA
Janice Dabney	Victoria Walker, MD, CMD
Maggie Calkins, PhD, CAPS, EDAC	