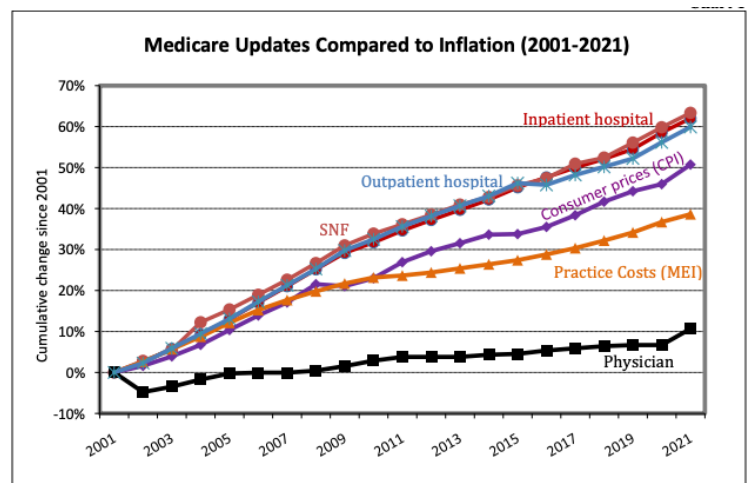


Ensuring Stable and Fair Medicare Physician Payment

For decades, Medicare physician reimbursements have failed to keep up with the costs of inflation, despite other Medicare participants receiving annual inflationary updates. Further, the yearly threat – and implementation – of significant cuts to Medicare physician payments continues to destabilize the health care safety net that has still not fully recovered from the COVID-19 pandemic and is now struggling under the weight of the patient boarding crisis. While Congress has taken action to mitigate the full impact of these cuts over the last few years, such continued cuts will ultimately endanger access to the lifesaving care that patients need and deserve. Rather than a yearly scramble to address steep payment cuts, emergency physicians welcome the opportunity to work with Congress to identify policy solutions that will provide long-term stability for Medicare beneficiaries and their physicians. **A key piece of providing this much-needed stability is the bipartisan “Strengthening Medicare for Patients and Providers Act” (H.R. 2474), which will establish an inflationary update in the Medicare Physician Fee Schedule (PFS) based on the Medicare Economic Index (MEI).**

An analysis conducted by ACEP found that Medicare payments have decreased by 53 percent when compared to inflation (CPI-U index) between the start of the Resource-based Relative Value Scale (RBRVS) in 1992 and 2016.¹ As seen in the chart, over the course of the last twenty years, the payment systems for other Medicare providers types like hospitals and skilled nursing facilities (SNFs), as well as actual practice costs reflected in the Medicare Economic Index (MEI), have far exceeded Medicare payments under the PFS.



While continued cuts and insufficient reimbursement may incentivize other physician specialties to ultimately opt out of Medicare, emergency physicians are essentially required to participate given federal EMTALA law and additional requirements for hospitals. But as physician payments continue to decrease, new generations of physicians will have fewer incentives to pursue EM when compared with other more competitive and financially-viable specialties that provide greater freedom of practice. We are already witnessing some of this impact on the specialty – in the 2022 Match, there were 219 initial unmatched residencies, and in the recent 2023 Match, there were 555 initial unmatched positions. While EM remains a vibrant and appealing specialty, issues like the stresses of the boarding crisis, increasing rates of threats and violence against emergency physicians, and growing burnout in the workforce will lead many to believe that the compensation does not match the intense workload and stress of the profession.

Providing stability and certainty for Medicare physician payments is critical to ensuring that emergency medicine remains a viable, competitive, and attractive career for future generations of the physician workforce, and ensuring continued patient access to lifesaving emergency care.

ACEP urges Representatives to protect patient access to lifesaving emergency care by cosponsoring the bipartisan “Strengthening Medicare for Patients and Providers Act” (H.R. 2474), sponsored by Reps. Raul Ruiz, MD, Larry Bucshon, MD, Ami Bera, MD, and Mariannette Miller-Meeks, MD.

¹ <https://www.acep.org/siteassets/new-pdfs/advocacy/medicare-versus-inflation.pdf>