

From the President's Desk: An access to care issue

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October 2020—Many CAP TODAY readers know about my fondness for horse racing, so it will come as no surprise that I thoroughly enjoyed the belated running of the Kentucky Derby last month. I even made a few dollars from a small bet, which may be the only positive financial news I get in a year marked by COVID-19 and the threat of impending reimbursement cuts.

I wrote about these cuts last month, but since they represent one of the most potentially damaging situations for health care, I feel they merit another column. This summer, we learned that the Centers for Medicare and Medicaid Services plans to greatly cut payments for pathology and other services. The planned cut overall for pathology is nine percent with a 12.5 percent cut for the 88305-26. The cut is based on a budget neutrality requirement and is intended to offset reimbursement increases for other types of health care services.



Dr. Godbey

Pathologists are not alone in facing this possible cut. It would hit all physicians who do not typically bill evaluation and management (E/M) codes—that includes general surgeons, ER doctors, urgent care doctors, radiologists, anesthesiologists, and more. The CAP, in coordination with dozens of other organizations, is actively lobbying Congress to waive the budget neutrality requirement in order to avoid these cuts.

If we are not successful, pathologists will feel the pain of these reimbursement changes. But make no mistake: The biggest problem with these cuts is that they will contribute to reduced access to health care for many Americans, including those in our most vulnerable communities.

It is no secret among CAP members that hospitals and other health care facilities have been struggling financially for years. In 2016, the Congressional Budget Office performed an in-depth analysis and determined that 40 to 60 percent of hospitals in the U.S. would be operating with negative margins by 2025. That grim outlook didn't account for situations like COVID-19. Earlier this year, the American Hospital Association issued a report estimating that hospitals and health systems lost more than \$200 billion in the first four months of the pandemic.

This context is critical to understanding the impact of the proposed reimbursement cuts. If pathologists, surgeons, emergency doctors, and other essential providers can no longer afford to provide their services in hospitals, those hospitals will not be able to provide adequate care to their patients. Eventually—most likely sooner rather than later—hospitals will go broke. And those most at risk are the ones already operating in dire financial straits. These

tend to be hospitals that serve rural communities, minority and economically disadvantaged populations, and other vulnerable groups.

Many hospitals have been on shaky financial ground for too long. These systems, and a large proportion of the physicians who serve them, just took another major financial hit due to COVID-19. I fear the planned, large reimbursement cut will be one blow too many. Unfortunately, it will be the patients in greatest medical need who will pay the price when the only hospitals and urgent care facilities in their communities have to shut their doors.

But there are glimmers of hope. In August, 92 members of Congress urged their leaders to waive the budget neutrality requirement for 2021 and 2022. The CAP and its coalition of provider organizations continue to advocate for relief among our elected officials. It will take an act of Congress to address this issue. I sincerely believe these efforts could achieve their goal of sparing providers from the planned cuts and avoiding the resulting restrictions on access to care in populations that can least afford to lose access. It has never been more important to be involved with the CAP. Please review the information found in the advocacy section at www.cap.org. This is an access to care issue. Our patients need us.□

Dr. Godbey welcomes communication from CAP members. Write to him at president@cap.org.