



Fix Medicare Physician Payment

Sleep physicians and healthcare professionals provide essential patient care and should be reimbursed accordingly.

Sleep medicine practices provide crucial diagnosis and longitudinal care to Medicare beneficiaries with sleep disorders, such as obstructive sleep apnea, insomnia, narcolepsy, circadian rhythm disorders, and related comorbidities. Many sleep services, such as polysomnography interpretation, cognitive behavioral therapy for insomnia, and longitudinal CPAP management are labor and time-intensive and have not become more efficient services to provide. Sleep practices and patients are negatively impacted when physicians are not adequately paid for their services.

The current Medicare pay structure and additional planned adjustments:

- Undermine access for patients who depend on timely diagnosis and ongoing management
- Do not reflect current sleep medicine care delivery related to physician time or intensity
- Do not reflect the current cost of providing medical care
- Lack empirical evidence in uniform gains in physician efficiency
- Ignore increasing complexities among Medicare beneficiaries that require time-intensive, shared decision-making
- Further complicate an already complex payment structure

Any payment cuts related to efficiency or conversion factor adjustments, as well as continued adherence to the current budget neutrality requirements, will further negatively impact sleep medicine practices that are already grappling with consecutive years of Medical physician payment cuts while fighting rising operating costs and workforce shortages. **If improvement to Medicare payment are not made, access to sleep care will continue to decrease, particularly small, independent, rural, and underserved practices, as practices continue to close.**

Support legislation that begins to address these serious concerns:

HR 8163 - The Provider Reimbursement Stability Act

HR 7520 - The Efficiency Adjustment Delay Act

HR 6160 - Strengthening Medicare for Patients and Providers Act

ASK: Support HR 8163 - The Provider Reimbursement Stability Act

HR 8163 will:

- Update the Medicare Physician fee schedule (MPFS) threshold requiring budget neutrality from \$20M to \$54.3 and require a new update every 5 years beginning in 2032
- Require future budget neutrality adjustments based on actual utilization rates from claims data for newly unbundled codes
- Update wage rates for clinical labor and prices of equipment and medical supplies every 5 years
- Limit +/- increases to the MPFS conversion factor to no more than 2.5% each year

ASK: Support HR 7520 - The Efficiency Adjustment Delay Act

HR 7520 will:

- Delay implementation of the Work RVU efficiency adjustment until at least 2030
- Require CMS to develop a transparent, evidence-based methodology
- Require CMS to consult with physicians and report to Congress
- Allow CMS to continue revaluing misvalued codes and assign values to new services

ASK: Support 6160 - Strengthening Medicare for Patients and Providers Act

HR 6160 will:

- Provide an annual inflationary update tied to the Medicare Economic Index (MEI), addressing the long-standing failure of Medicare physician reimbursement to keep pace with rising costs
- Transition the MPFS to a single conversion factor

Protect patients' access to sleep care and sleep practice sustainability by supporting Medicare improvement legislation!

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