

A low-angle, upward-looking photograph of several tall, fluted classical columns supporting a heavy entablature. The columns are made of light-colored stone or marble and are set against a clear, pale blue sky. The perspective creates a sense of height and grandeur.

# **LUGPA HEALTH POLICY & POLITICAL AFFAIRS**

LUGPA ANNUAL MEETING  
CHICAGO, IL  
NOVEMBER 2024

## 2024 HEALTH POLICY/ POLITICAL AFFAIRS COMMITTEE MEMBERSHIP



## POLITICAL AFFAIRS

- Josh Langston, MD (Chair)
- Gary Kirsh, MD (Vice-Chair)
- John Adams, MD
- Scott Sellinger, MD
- Tim Goodson, MD
- Arash Rafiei, MD
- Jay Gilbaugh, MD
- Brandan Kramer, MD
- Mark Memo, MD
- Jason Poteet, MD
- Fei Lian, MD
- Kevin Birusingh, MD
- Evan Goldfischer, MD
- Guy Manetti, MD
- Nathan Diller, MD

## HEALTH POLICY

- Mara Holton, MD (chair)
- David Albala, MD (vice chair)
- Nathan Diller
- Ronald Kaufman, MD
- Jonathan Rubenstein, MD



## LUGPA ADVOCACY AND LEGAL STAFF

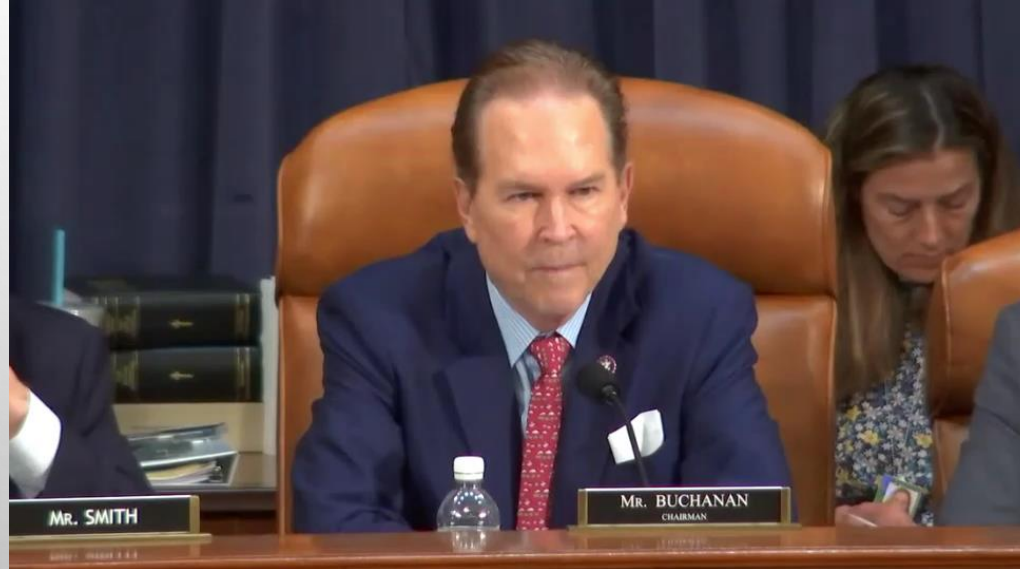
- **Matthew Glans** is LUGPA's Advocacy and Health Policy Manager and is responsible for working with the Advocacy and Health Policy committee leadership and DC Teams to create and implement LUGPA's regulatory & legislative agenda.
- **Tracy Spicer** and **John McManus**, alongside their analyst and lobbying teams, interpret policy and represent and advocate for LUGPA's interests with Congressional members on a day-to-day basis.
- **Tom Barker**, of Foley Hoag, is LUGPA's legal counsel. They provide legal guidance pertaining to lobbying activities and are integral in promoting relationships with policy personnel at HHS/CMS and other regulatory agencies and in developing comment and testimony which promote LUGPA's agenda.



"SOME PEOPLE REGARD PRIVATE ENTERPRISE AS A PREDATORY  
TIGER TO BE SHOT. OTHERS LOOK ON IT AS A COW THEY CAN  
MILK. NOT ENOUGH PEOPLE SEE IT AS A HEALTHY HORSE,  
PULLING A STURDY WAGON."

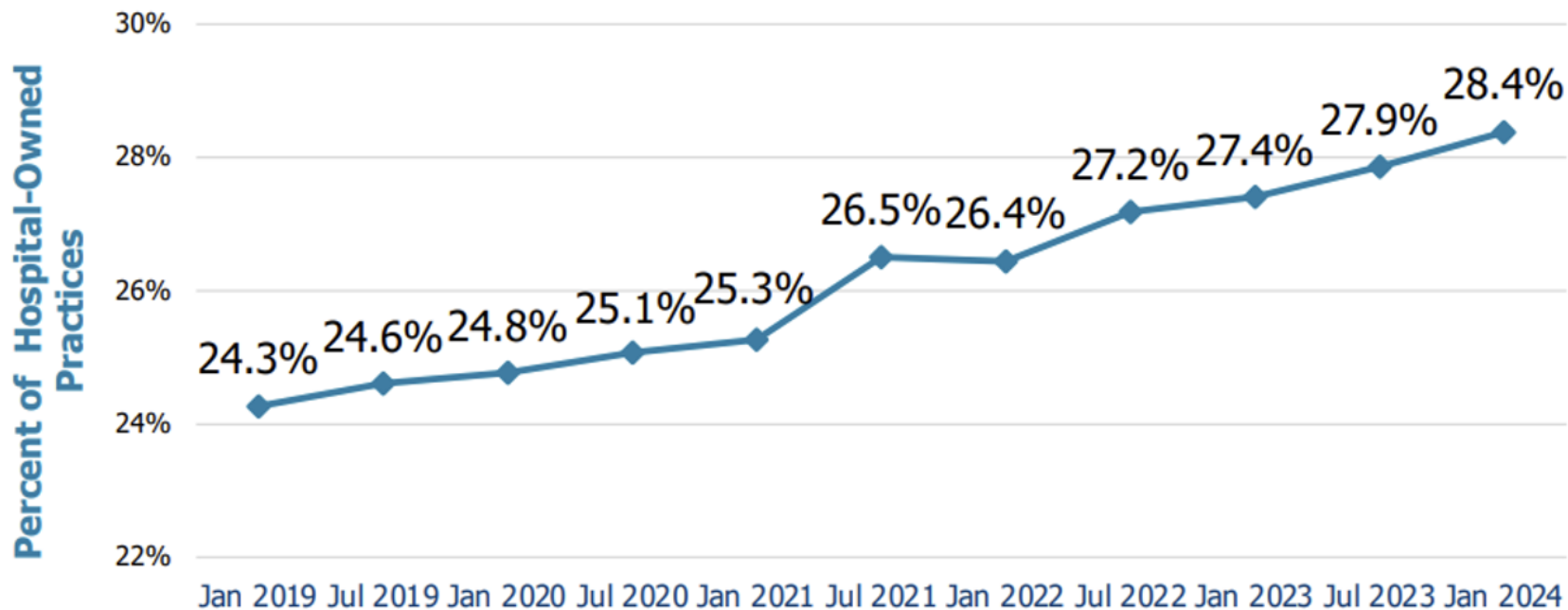
—WINSTON CHURCHILL

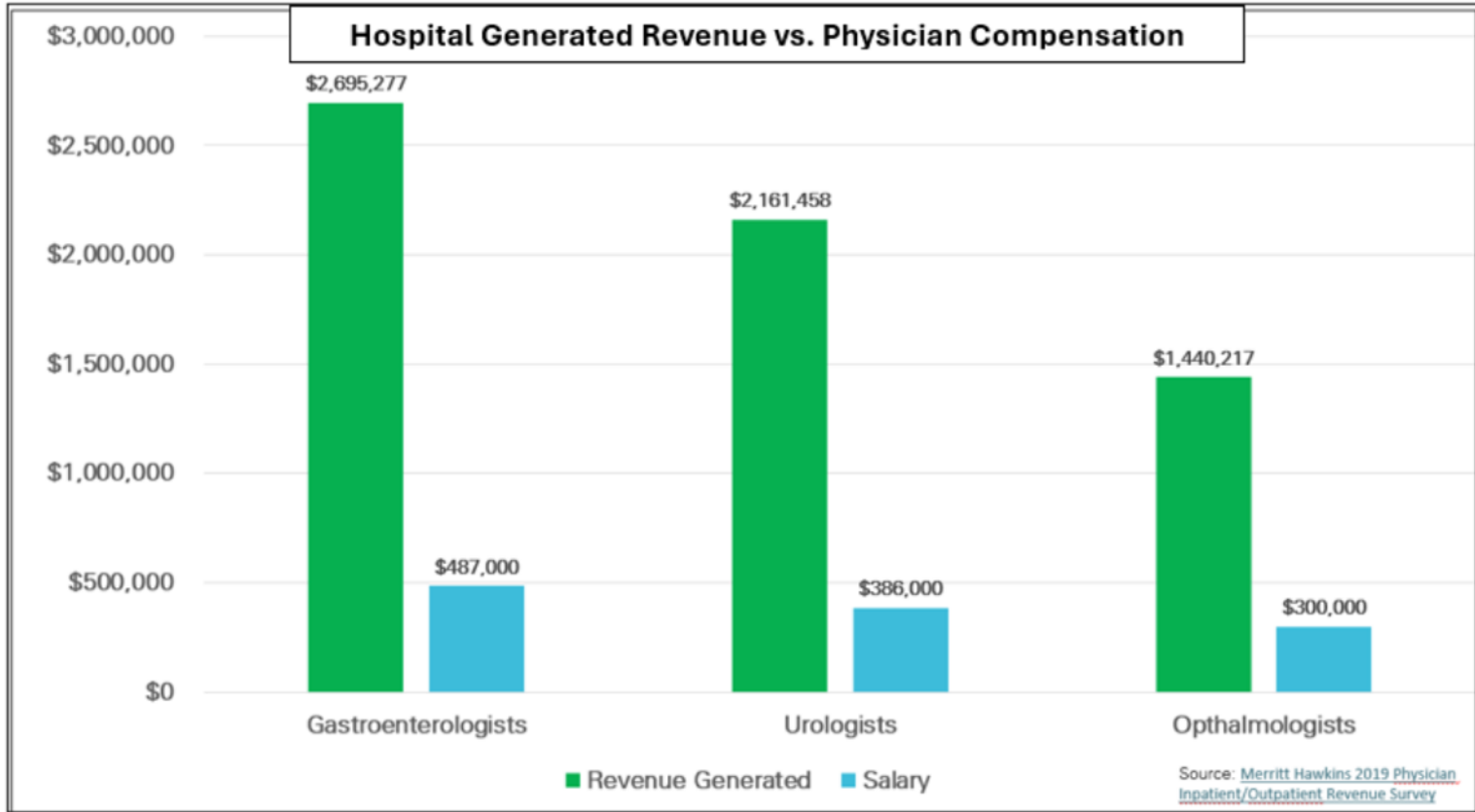
**HEALTH SUBCOMMITTEE HEARING 5.23.24:  
“THE COLLAPSE OF PRIVATE PRACTICE.  
EXAMINING THE CHALLENGES FACING  
INDEPENDENT MEDICINE.”**





## PERCENT OF U.S. PHYSICIAN PRACTICES OWNED BY HOSPITALS IN 2019-23





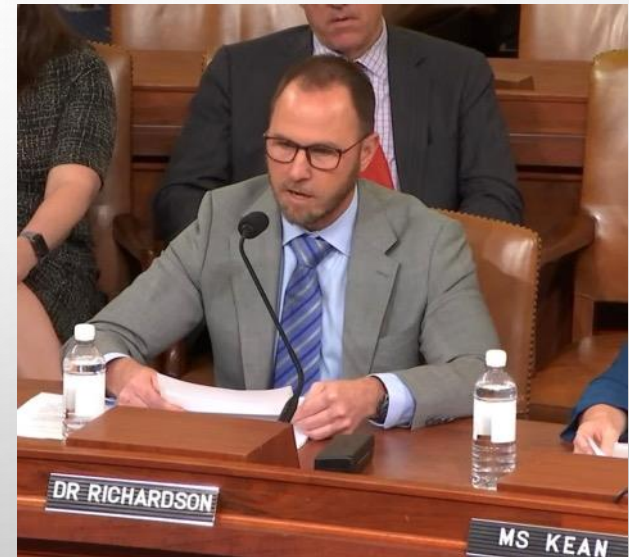
**“Your Exorbitant Medical Bill, Brought to You by the Latest Hospital Merger.”**

*New York Times. July 25, 2023*



# SOLUTIONS:

1. **Provide predictable and sustainable payment updates that reflect practice costs. Absent this, the independent physician practice footprint will continue to wane;**
2. **Narrow the site-of-service payment disparities to spur improved patient choice, greater competition, and savings for Medicare. Site-neutral policies have bipartisan support, with projections consistently demonstrating enormous cost savings;**
3. **Reform MACRA to enable independent practice participation in APMs and terminate and replace the MIPS quality reporting system;**
4. **Require greater accountability and charity care of indigent patients by tax exempt hospitals;**
5. **Simplify and Modernize the Stark Self-Referral Law.**

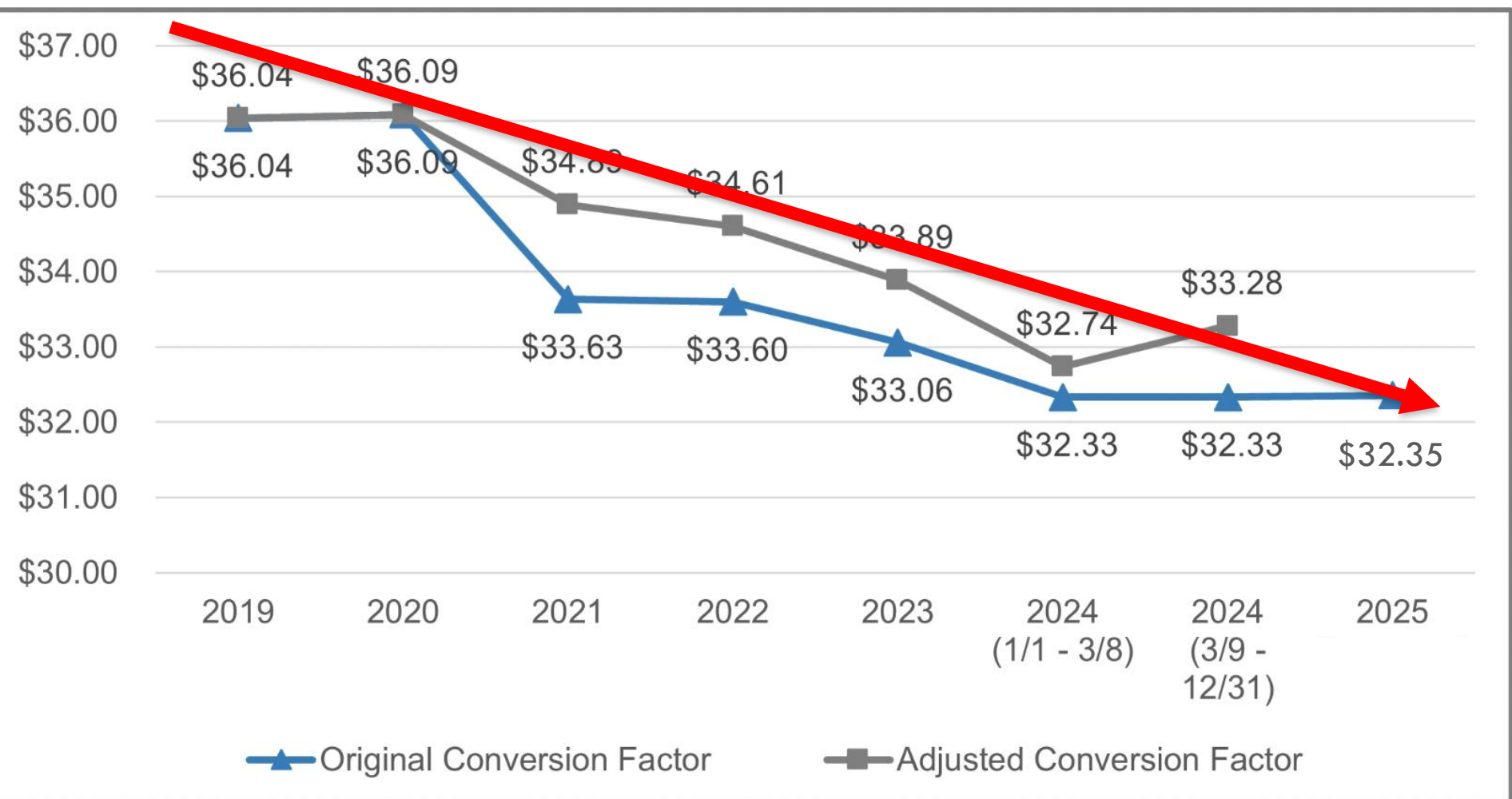




# CONVERSION FACTOR

*The most urgent challenge facing all independent practices is the now finalized cut —2.93% in 2025 — despite inflation in essentially every input cost. While CMS may correctly insist that regulatory guidelines and the associated cuts are structural, CMS is ultimately responsible for determining scope and impact. It is certainly the obligation of regulators to pursue strategies that advance the long-term goals of enhanced patient access, quality improvement, and cost reduction. Unfortunately, the ongoing degradation of the MPFS has contributed **disproportionately to healthcare consolidation and associated healthcare cost increases.***





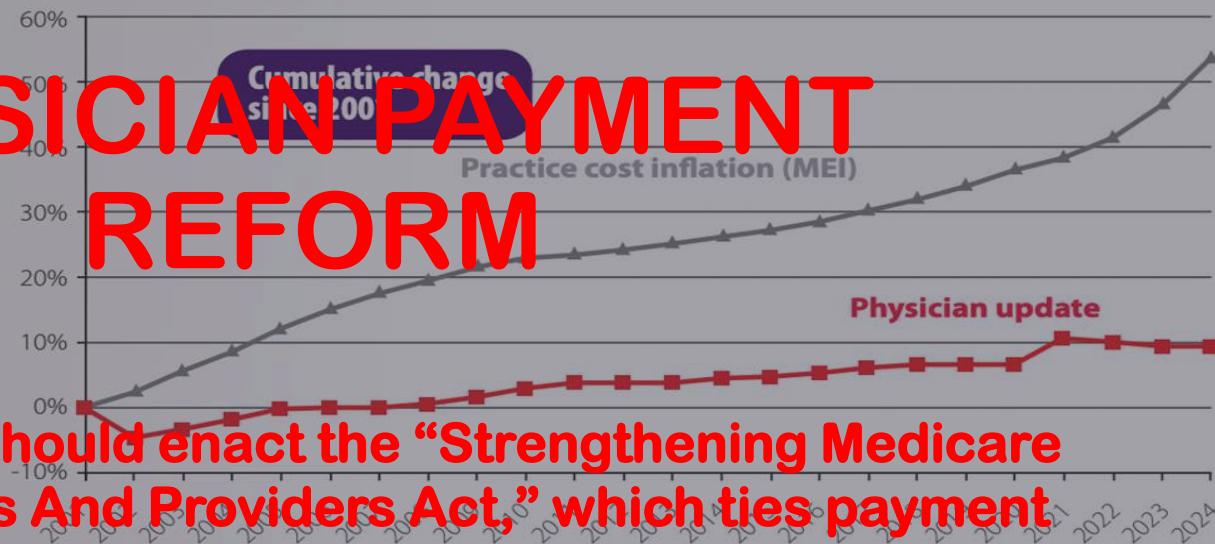
# Medicare physician payment is NOT keeping up with practice cost inflation.

## Medicare updates compared to inflation in practice costs (2001–2024)

Adjusted for inflation in practice costs, Medicare physician payment **declined 29%** from 2001 to 2024.



# PHYSICIAN PAYMENT REFORM

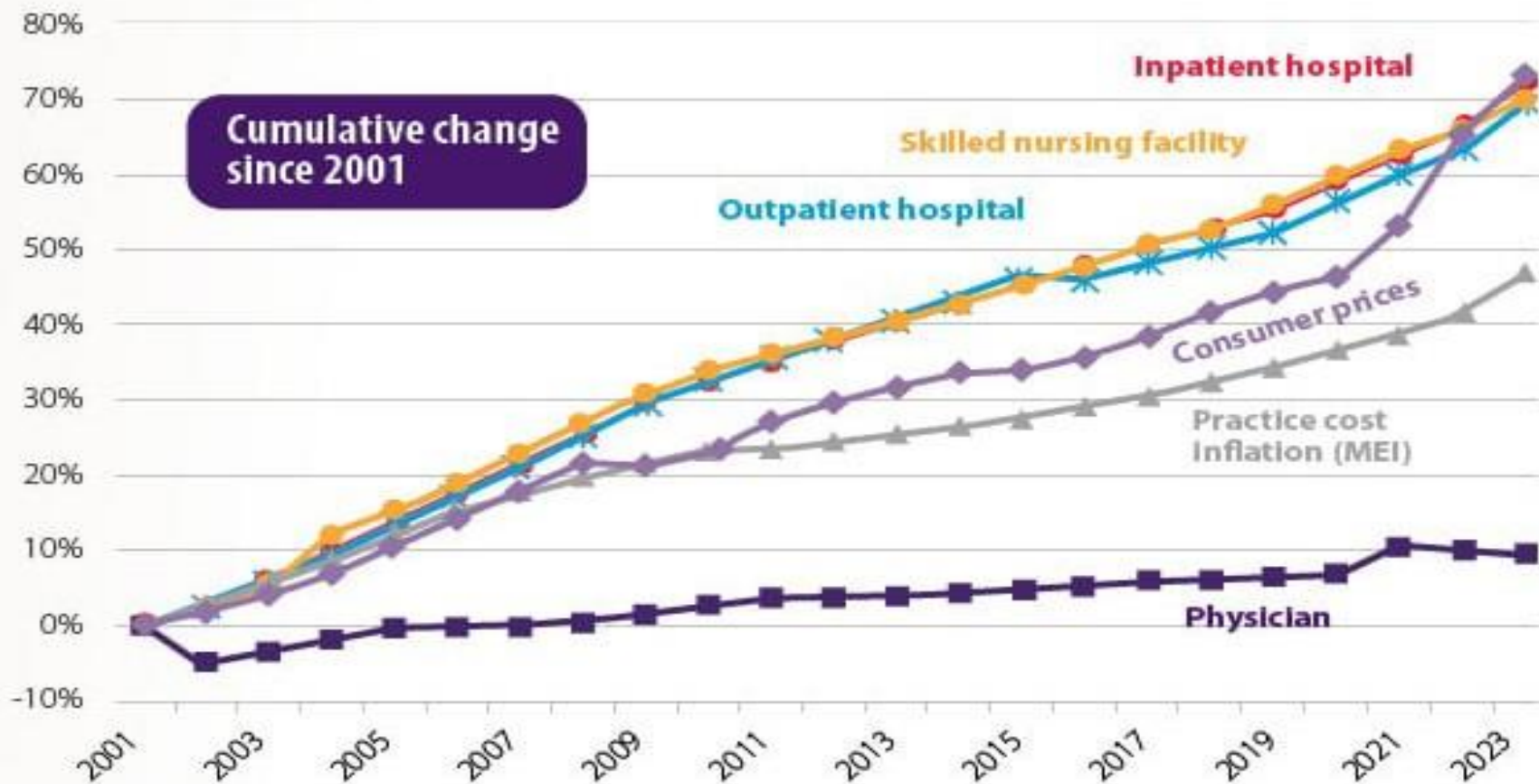


Congress should enact the “Strengthening Medicare for Patients And Providers Act,” which ties payment updates to MEI

Sources: Federal Register, Medicare Trustees’ Reports, Bureau of Labor Statistics, Congressional Budget Office.  
Note: Updates from the Consolidated Appropriations Act of 2024 have been incorporated.

Updated March 2024

# We need to fix Medicare physician payment NOW.



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.

# CONGRESSIONAL ACTIVITY AROUND PHYSICIAN PAYMENT REFORM

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- Widely acknowledged to need meaningful reform (FINALLY!)
- LUGPA engaged with **Senate Finance Committee** who released a white paper on “Bolstering Chronic Care through Physician Payment.”
- House efforts focusing on:
  - **MACRA** and **PTAC** reform
  - Annual payment updates based on **Medicare Economic Index (MEI)** [or a percentage of MEI]
  - Budget neutrality adjustments
- **The Doctors’ Caucus is leading the charge for long-term reform, as well as end-of-year action to prevent the impending 2.8% cut**
  - **Bipartisan bill now introduced for lame duck session by Ruiz (D-CA), Bucshon (R-IN), Miller-Meeks (R-IA), and Murphy (R-NC)**



# Proposed PFS 2025: Highlights



## CMS ESTIMATED SPECIALTY SPECIFIC IMPACT:

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Pulmonary Disease	\$1,269	0%	0%	0%	0%
Radiation Oncology and Radiation Therapy Centers	\$1,538	0%	0%	0%	0%
Radiology	\$4,557	0%	0%	0%	0%
Rheumatology	\$520	0%	-1%	0%	0%
Thoracic Surgery	\$297	0%	0%	0%	-1%
Urology	\$1,617	0%	0%	0%	0%
Vascular Surgery	\$998	0%	-2%	0%	-2%

## LUGPA ESTIMATED IMPACT:

Year	Eval Mgmt	HCPCS	Medicine	Path and Lab	Radiology	Surgery	Overall Total
2024 (1st Year)	\$ 443,473,713	\$ 124,274,681	\$ 8,922,721	\$ 36,753,312	\$ 148,213,873	\$ 364,332,917	\$ 1,125,971,219
2025 (2nd Year)	\$ 433,278,898	\$ 118,320,622	\$ 8,628,415	\$ 35,327,755	\$ 143,881,032	\$ 346,615,897	\$ 1,086,052,619
<b>Difference \$</b>	\$ (10,194,815)	\$ (5,954,060)	\$ (294,306)	\$ (1,425,558)	\$ (4,332,841)	\$ (17,717,020)	\$ (39,918,600)
<b>Difference %</b>	-2.3%	-4.8%	-3.3%	-3.9%	-2.9%	-4.9%	-3.5%
<i>Modeled Results from RVU tables:</i>		<b>RVU2024C</b>	<i>and</i>	<b>RVU2025A</b>	<i>RVU data from cms.gov</i>		
<i>Conversion Factors Used in Analysis:</i>		\$ 33.2875		\$ 32.3562	<i>2024 conversion factor:</i>		From cms.gov
<i>Optional Conversion Factor Override:</i>					<i>2025 conversion factor:</i>		From cms.gov

# ZEZERO SUM GAME

## PROPOSED RULE IMPACT:

Year	Eval Mgmt	HCPCS	Medicine	Path and Lab	Radiology	Surgery	Overall Total
2024 (1st Year)	\$ 443,473,713	\$ 124,274,681	\$ 8,922,721	\$ 36,753,312	\$ 148,213,873	\$ 364,332,917	\$ 1,125,971,219
2025 (2nd Year)	\$ 434,695,698	\$ 118,610,903	\$ 8,644,350	\$ 35,368,671	\$ 144,484,488	\$ 342,014,888	\$ 1,083,818,999
Difference \$	\$ (8,778,015)	\$ (5,663,778)	\$ (278,371)	\$ (1,384,641)	\$ (3,729,385)	\$ (22,318,029)	\$ (42,152,220)
Difference %	-2.0%	-4.6%	-3.1%	-3.8%	-2.5%	-6.1%	-3.7%

## FINAL RULE IMPACT:

Year	Eval Mgmt	HCPCS	Medicine	Path and Lab	Radiology	Surgery	Overall Total
2024 (1st Year)	\$ 443,473,713	\$ 124,274,681	\$ 8,922,721	\$ 36,753,312	\$ 148,213,873	\$ 364,332,917	\$ 1,125,971,219
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<i>Conversion Factors Used in Analysis:</i>		\$ 33.2875		\$ 32.3562	<i>2024 conversion factor:</i>		<i>From cms.gov</i>



# 2025 PFS RULE SUMMARY SLIDE WITH MOST IMPACTED CODES

CPT	CPT Description	CPT Classification	Overall 1st Year Value	Overall 2nd Year Value	Overall \$ Difference	Overall % Difference
G6015	RADIATION TX DELIVERY IMRT	HCPCS	\$ 94,132,781.21	\$ 89,357,349.40	\$ (4,775,431.81)	-5.1%
99214	OFFICE O/P EST MOD 30-39 MIN	Eval Mgmt	\$ 206,298,372.83	\$ 201,562,013.45	\$ (4,736,359.38)	-2.3%
52000	CYSTOSCOPY	Surgery	\$ 46,297,957.32	\$ 41,650,689.61	\$ (4,647,267.71)	-10.0%
99213	OFFICE O/P EST LOW 20-29 MIN	Eval Mgmt	\$ 80,193,668.21	\$ 78,517,658.40	\$ (1,676,009.82)	-2.1%
51728	CYSTOMETROGRAM W/VP	Surgery	\$ 16,305,455.13	\$ 14,759,723.26	\$ (1,545,731.87)	-9.5%
99204	OFFICE O/P NEW MOD 45-59 MIN	Eval Mgmt	\$ 66,986,200.49	\$ 65,500,916.71	\$ (1,485,283.78)	-2.2%
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Surgery	\$ 17,058,811.17	\$ 15,997,580.88	\$ (1,061,230.29)	-6.2%
76872	US TRANSRECTAL	Radiology	\$ 18,843,819.41	\$ 17,861,734.16	\$ (982,085.25)	-5.2%
51797	INTRAABDOMINAL PRESSURE TEST	Surgery	\$ 6,330,155.05	\$ 5,404,269.07	\$ (925,885.99)	-14.6%
77014	CT SCAN FOR THERAPY GUIDE	Radiology	\$ 28,106,541.29	\$ 27,244,090.59	\$ (862,450.70)	-3.1%
G2211	COMPLEX E/M VISIT ADD ON	HCPCS	\$ 17,487,345.79	\$ 16,651,194.24	\$ (836,151.56)	-4.8%
55874	TPRN PLMT BIODEGRDABL MATRL	Surgery	\$ 11,594,512.59	\$ 10,834,991.27	\$ (759,521.32)	-6.6%
52310	CYSTOSCOPY AND TREATMENT	Surgery	\$ 9,196,743.07	\$ 8,536,028.90	\$ (660,714.17)	-7.2%
88120	CYTP URNE 3-5 PROBES EA SPEC	Path and Lab	\$ 9,355,690.88	\$ 8,769,718.97	\$ (585,971.91)	-6.3%
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Surgery	\$ 8,442,098.47	\$ 7,923,809.80	\$ (518,288.67)	-6.1%
99215	OFFICE O/P EST HI 40-54 MIN	Eval Mgmt	\$ 17,739,688.34	\$ 17,274,809.52	\$ (464,878.83)	-2.6%
77301	RADIOTHERAPY DOSE PLAN IMRT	Radiology	\$ 18,024,387.68	\$ 17,589,735.65	\$ (434,652.03)	-2.4%
76770	US EXAM ABDO BACK WALL COMP	Radiology	\$ 12,695,436.41	\$ 12,264,310.23	\$ (431,126.18)	-3.4%
55250	REMOVAL OF SPERM DUCT(S)	Surgery	\$ 12,497,040.58	\$ 12,091,364.07	\$ (405,676.50)	-3.2%
99203	OFFICE O/P NEW LOW 30-44 MIN	Eval Mgmt	\$ 16,647,593.71	\$ 16,278,157.02	\$ (369,436.69)	-2.2%



Volume Settings	Detailed Results Tab	Top Codes Sort
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Clear Filters and Rerun Analysis</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Sort Overall \$ Diff Largest to Smallest</div> <div style="border: 1px solid #ccc; padding: 5px;">Sort Overall \$ Diff Smallest to Largest</div>	<p>Use the numbered boxes in the top left corner above cell A1 or the "+/-" over columns AA and/or U to expand or contract the detail columns in the CPT table below to expose the required amount of detail.</p> <p>Use the gray sorting buttons at right to show alternate subsets of data. To copy data to paste into Excel (or another O365 application), click the "Copy to Clipboard" buttons near summary or detail. After clicking, jump to destination and ONLY select paste values or paste as a picture (default paste will paste values and deliver errors in pasted document).</p> <p>To just see "Surgery" (for example) in the results, click the down arrow in cell C12 (CPT Classification) and make sure just "Surgery" is checked. Check multiple boxes to see multiple classifications or "Select All" (default) to see all.</p> <p>You may also override the CMS Conversion Factors used for your two analysis years by providing your own values in Cells C11 and/or E11. Your values will replace the CMS values in row 10. To revert to CMS values, simply clear cells C11 and/or E11. After making any change, you must rerun the analysis.</p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">1st Year \$ Value</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">With Year over Year \$ Gains</div> <div style="border: 1px solid #ccc; padding: 5px;">With Year over Year \$ Losses</div>
(Up to 20 codes displayed)		

Copy Summary to Clipboard GPCI Locality Adjusted Dollar Value and Net Change at Volume (Histogram Graph at Right)

Year	Eval Mgmt	HCPCS	Medicine	Path and Lab	Radiology	Surgery	Overall Total
2024 (1st Year)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2025 (2nd Year)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Difference \$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Difference %	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	<i>Modeled Results from RVU tables:</i>	<i>RVU2024C</i>	<i>and</i>	<i>RVU2025A</i>	<i>RVU data from cms.gov</i>	
Copy Detail to Clipboard	<i>Conversion Factors Used in Analysis:</i>	\$ 33.2875		\$ 32.3562	<i>2024 conversion factor:</i>	From cms.gov
	<i>Optional Conversion Factor Override:</i>				<i>2025 conversion factor:</i>	From cms.gov

# CLINICAL LABOR UPDATE

- In our comments for the CY 2023 Proposed Rule, LUGPA urged CMS to pause further implementation of the clinical labor update because we observed that it was having significant payment repercussions for our independent physician practices.
- CMS decided to phase-in its proposed update over a 4-year period, starting with CY 2022 and ending with final updated prices in CY 2025.
- With the CY 2025 MPFS Proposed Rule, we were confronted disproportionately with adverse effects of CMS's poorly timed clinical labor adjustment on the viability of performing certain procedures in lower-cost settings, such as ASCs and physician offices.

## SUPPLY PACK REPRICING

- The initial proposed decrease in the price of the urology cystoscopy visit pack (SA058) was \$113.70 to \$37.63. LUGPA, and other stakeholders, argued that pricing reduction in the SA058 supply would result in drastic payment rate cuts for physicians performing cystoscopy services in the office setting.
- Would have resulted in average decline in reimbursement for the most common office cysto codes of **-18.6%**.
- Requested that CMS either delay the pricing update or phase-in the supply pack changes over a four-year period which CMS elected to enact in the final rule.

# FINAL MPFS RULE 2025

**TABLE 5: Supply Pack Pricing Transition**

CMS_CODE	HCPCS Codes	CMS_2024 Price	Recommended Price	Year 1 (CY 2025) Price	Year 2 (CY 2026) Price	Year 3 (CY 2027) Price	Final (CY 2028) Price
SA058	38	\$113.70	\$37.63	\$94.68	\$75.67	\$56.65	\$37.63

CPT	CPT Description	Overall 1st Year Value	Overall 2nd Year Value	Overall \$ Difference	Overall % Difference
52000	CYSTOSCOPY	\$ 239.34	\$ 213.23	\$ (26.11)	-10.9%
52001	CYSTOSCOPY REMOVAL OF CLOTS	\$ 437.73	\$ 407.36	\$ (30.37)	-6.9%
52310	CYSTOSCOPY AND TREATMENT	\$ 318.89	\$ 292.50	\$ (26.39)	-8.3%
52315	CYSTOSCOPY AND TREATMENT	\$ 468.69	\$ 437.13	\$ (31.56)	-6.7%

## UPDATES TO OPPTS AND ASC PAYMENT RATES

- IN THE CY 2019 OPPTS/ASC FINAL RULE WITH COMMENT PERIOD, CMS FINALIZED A PROPOSAL TO APPLY THE PRODUCTIVITY-ADJUSTED **HOSPITAL MARKET BASKET UPDATE** TO ASC PAYMENT SYSTEM RATES FOR AN INTERIM PERIOD OF FIVE YEARS (CY 2019 THROUGH CY 2023). THE CY 2024 OPPTS/ASC FINAL RULE WITH COMMENT PERIOD EXTENDED THE INTERIM PERIOD THROUGH CY 2024 AND CY 2025.
- ACCORDINGLY, USING THE HOSPITAL MARKET BASKET UPDATE, CMS INCLUDED AN UPDATE FACTOR TO THE ASC RATES FOR CY 2025 OF 2.6%

*THE UPDATE APPLIES TO ASCS MEETING RELEVANT QUALITY REPORTING REQUIREMENTS.*



# UROLOGY MIPS VALUE PATHWAY

- NEW Optimal Care for Patients with Urologic Conditions MVP which “focuses on assessing optimal care for patients treated for a broad range of urologic conditions, including kidney stones, urinary incontinence, bladder cancer, and prostate cancer.”
- LUGPA continues to reinforce and endorse need for overhaul of MIPS/MACRA to increase innovation and opportunity for independent practices to participate.



# LUGPA'S DC FLY-INS

- It is impactful when members of Congress experience DC visits directly from urologists—especially constituents—rather than from lobbyists or LUGPA leadership alone.
- Usually done in conjunction with LUGPA fundraisers.
- When you visit DC, you have the ability to understand the political process and the value of LUGPA's advocacy efforts firsthand.







**LUGPA**  
Integrated Practices  
Comprehensive Care



**LUGPA ANNUAL MEETING**  
NOVEMBER 14-16, 2024  
CHICAGO MARRIOTT MAGNIFICENT MILE HOTEL  
CHICAGO, IL

## 2024 LUGPA FLY-IN VIDEO





# CONGRESSIONAL CHAMPION DEVELOPMENT

- Congressional champions are a critical part of our success in Washington, DC.
- Members of the House and Senate with key influence over healthcare issues from both parties
- Philosophically aligned in support of independent medicine
- Recipients of financial support from LUGPA fundraisers



## **POLITICAL ACTION: 2024 CONTRIBUTORS**

- Comprehensive Urology
- Urologic Specialists of Northwest Indiana, LLC
- Urology of Virginia
- Houston Metro Urology, PA
- Minnesota Urology
- Associated Urological Specialists
- The Urology Group
- Genesis Healthcare Partners
- Anne Arundel Urology, PA
- Advanced Urology Institute, LLC
- Urological Associates, P.C.
- Southeast Urology Network
- Premier Medical Group of the Hudson Valley PC
- Urology Associates of the Central Coast
- Associated Urologists, PA
- Urology Associates of Green Bay
- Urological Surgeons of Northern California, Inc.
- Arkansas Urology
- Urological Associates of Western Colorado
- Idaho Urologic Institute, PA
- MidLantic Urology LLC
- Urology of Indiana
- Urology San Antonio
- Pioneer Valley Urology
- The Conrad Pearson Clinic, PC
- Urology Associates, PC
- Kansas City Urology Care
- Amarillo Urology Associates, LLP
- Wichita Urology Group
- Dayton Physicians LLC



# TOP ADVOCACY DONORS

## Top Donor:



## Key Donors:





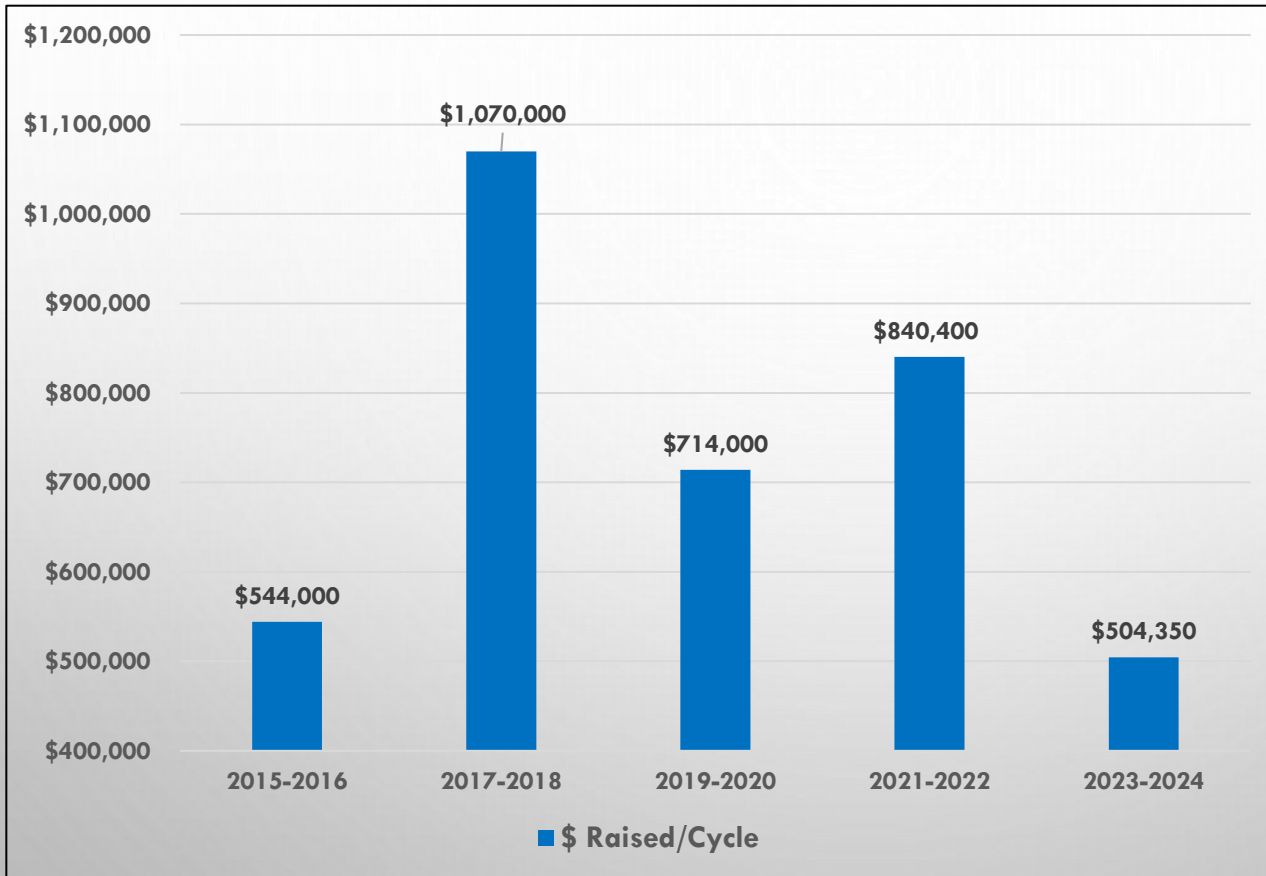
## 2024 FUNDRAISING RESULTS

Total funds collected and deployed:  
**\$230,400**

(representing **81%** of pledged total)

- **30%** of groups contributed in 2024
- **13** fundraiser events in 2024
  - Bipartisan: **7** Republicans, **6** Democrats
  - Bicameral: **10** House, **3** Senate

# LUGPA Historical Fundraising Results



**Contributions by members fell short of matching the last fundraising cycle by \$336,060.**

**This trend cannot continue, and we need to start the new fundraising cycle with a better 2025 fundraising campaign to get us back on track, or we risk becoming irrelevant on Capitol Hill!**

# 118<sup>th</sup> Congress Fundraisers ('23 & '24)

## Republicans

- Rep. Morgan Griffith (VA)
- Rep. Blake Moore (UT)
- Rep. Brett Guthrie (KY)
- Rep. Neal Dunn (FL)
- Rep. John Joyce (PA)
- Sen. John Barrasso (WY)
- Sen. Marsha Blackburn (TN)
- Sen. Thom Tillis (NC)
- Rep. David Kustoff (TN)
- Rep. Ron Estes (KS)
- Rep. August Pfluger (TX)
- Rep. Diana Harshbarger (TN)
- Rep. Mariannette Miller-Meeks (IA)
- Rep. Greg Murphy (R-NC)

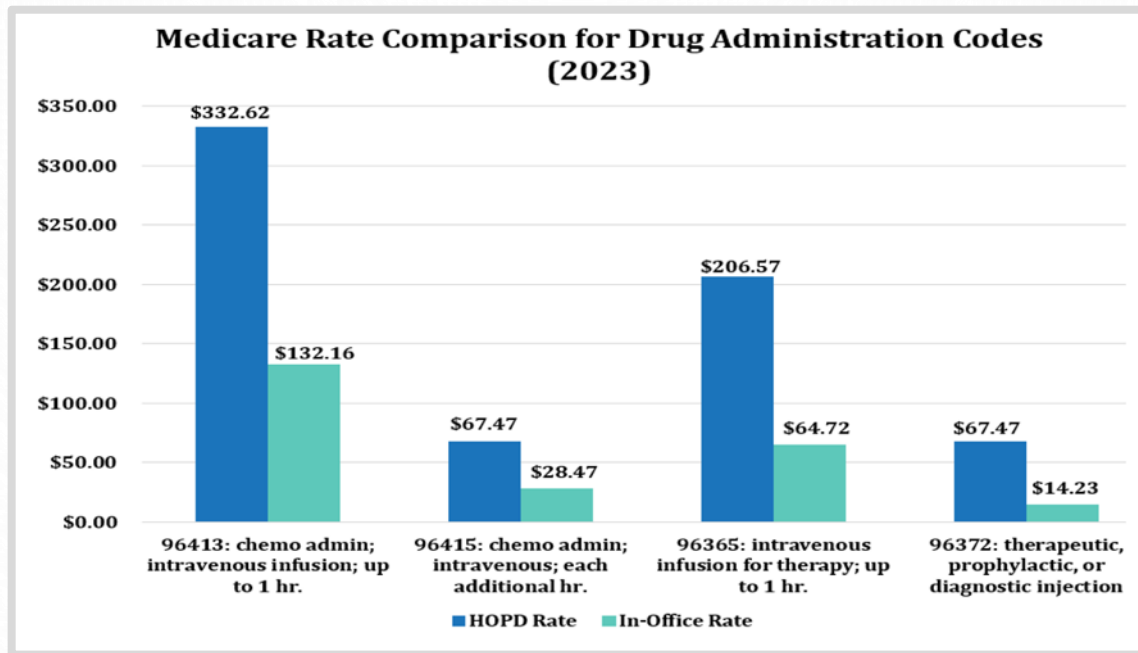
## DEMOCRATS

- Rep. Raul Ruiz (CA)
- Rep. Yadira Caraveo (CO)
- Rep. Robin Kelly (IL)
- Rep. Lisa Blunt Rochester (DE)
- Sen. Jacky Rosen (D-NV)
- Rep. Ami Bera (CA)
- Rep. Terri Sewell (AL)
- Rep. Linda Sanchez (CA)
- Rep. Kim Schrier (WA)
- Rep. Raul Ruiz (CA)
- Rep. Suzan DelBene (WA)
- Sen. Bob Casey (PA)



# SITE NEUTRALITY LEGISLATIVE ACTION PASSED HOUSE 12/23

\$4 billion savings to reduce HOPD payment for drug administration to the physician office payment rate for off-campus HOPDs passed House in December in **Lower Costs, More Transparency Act (HR 5378)**





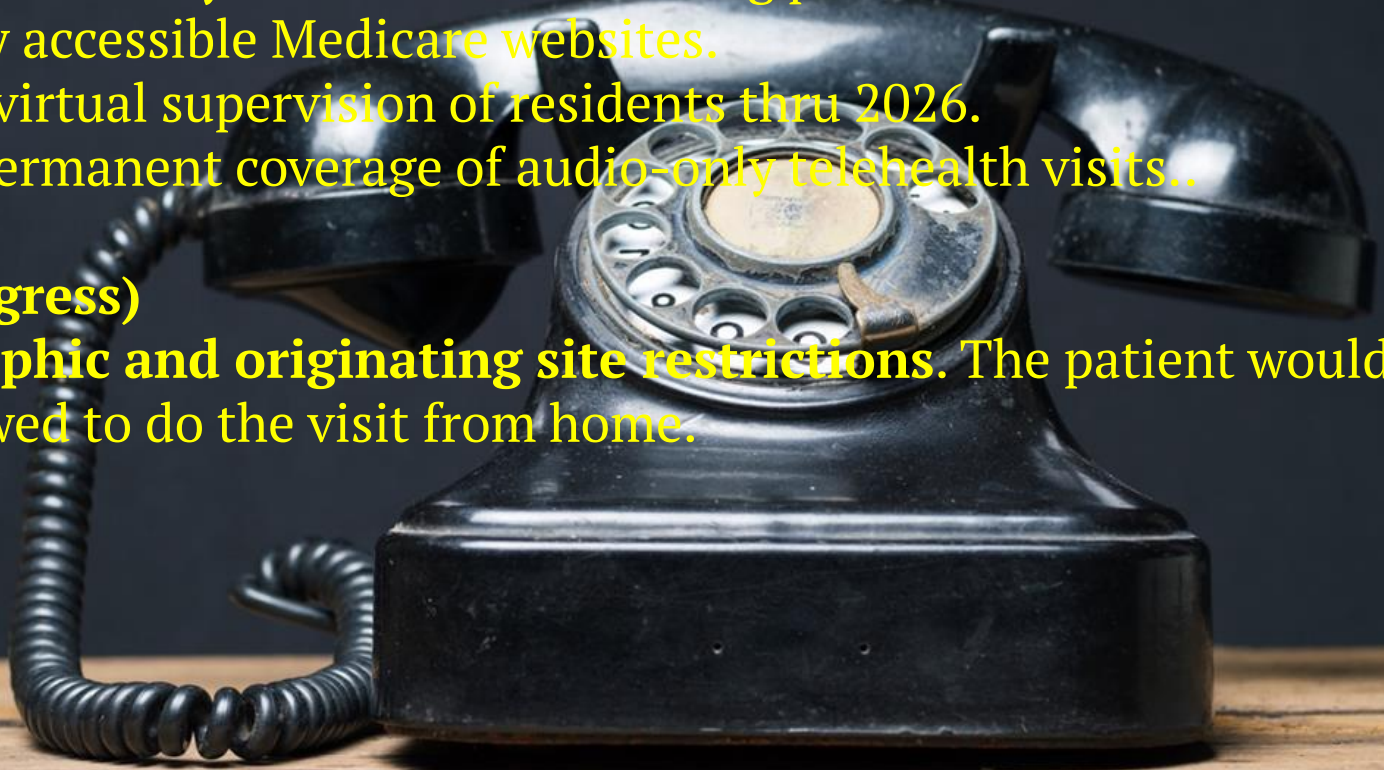
The 2023 Consolidated Appropriations Act (CAA) extended certain telehealth flexibilities through December 31, 2024 that it determined were within its purview.

## 2025 Rule

- Finalized a one-year extension shielding provider's home addresses from publicly accessible Medicare websites.
- Allows virtual supervision of residents thru 2026.
- Made permanent coverage of audio-only telehealth visits..

## TBD (Congress)

- **Geographic and originating site restrictions.** The patient would not be allowed to do the visit from home.



# PROTECTING PATIENT ACCESS TO CANCER AND COMPLEX THERAPIES ACT

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## ▪ **Bill in both house (HR5391) & Senate (S.2764)**

- **Impact of IRA:** The Inflation Reduction Act (IRA) tasks the Secretary to negotiate high-cost Medicare drugs, leading to significant cuts in reimbursement for Part B drugs.
- The Congressional Budget Office estimates that Part B drugs administered by physicians will see 50% or more cuts in reimbursement. Because physician reimbursement is tied to the 6% add-on payment, their reimbursement will be cut commensurately (50% or more).
- **Reimbursement Example:** For a \$10,000 drug, the current ASP+6% payment would be cut by 50%, reducing the add-on payment to \$300.
- **Act Provisions:** HR 5391/S. 2764 aims to preserve physician reimbursement at ASP+6%, replacing cuts with a rebate paid by the pharmaceutical manufacturer to CMS.
- **Patient Coinsurance:** Based on the rebated price of the drug, balancing cost control and access to treatments.



**LUGPA**

Integrated Practices  
Comprehensive Care



**LUGPA ANNUAL MEETING**

NOVEMBER 14-16, 2024

CHICAGO MARRIOTT MAGNIFICENT MILE HOTEL

CHICAGO, IL

## **SENIORS ACCESS TO CRITICAL MEDICATIONS ACT PASSES HOUSE!**



- After intense advocacy efforts by LUGPA and other stakeholders, the U.S. House of Representatives **PASSED** the Rep. Harshbarger-Wasserman-Shultz bill, H.R. 5526, the Seniors Access to Critical Medications Act in a voice vote on September 23rd!
- Along with other stakeholders, LUGPA negotiated the compromise, which provides a 5-year flexibility for delivering medications and requires an annual in-person visit and fixed CBO score/offset issue.

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# Sponsors: HR 5526 Senior Access to Critical Medications

## Sponsor/Cosponsor

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# END OF YEAR HEALTHCARE BILLS

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- **PBM Transparency:** Key bills to address PBM operations, transparency and drug pricing. All bills require PBMs to report drug-related information to plan sponsors.
- **ASC Price Transparency:** H.R. 4822 mandates Ambulatory Surgery Centers to publish prices.
- **Cost-sharing Cap:** Included in H.R. 4822 and Senate S. 1339.
- **Spread Pricing Ban:** Targeted by H.R. 3561 (Medicaid) and Senate MEPA Act (group health plans and Medicaid).
- **Reporting of Ownership:** Included only in H.R. 3561.
- **Extension of telehealth waiver??**
- **Manufacturer Justification of Price Increases:** Required only by Senate S. 1339.
- **Pass-through Requirements:** Required by both Senate bills.
- **Site Neutrality:** Included in House bills for equal payment regardless of treatment location.
- **Prior Authorization Reforms:** Only in the Senate HELP bill.
- **Rebate Delinking:** Only in the Senate MEPA Act.
- **PFS cut 'fix':** HR 10073

# MURPHY BILL: MEDICARE PATIENT ACCESS AND PRACTICE STABILIZATION ACT

- **H.R. 10073**
- Key Points:
  - Removes the 2.8% Conversion Factor Cut for 2025
  - Adds 1.9% increase
  - = **net 4.73% increase**
- What would this bill do for your practice?

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