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December 19, 2023

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Johnson, Minority Leader Jeffries, Majority Leader Schumer, and Leader McConnell:

The American Academy of Neurology (AAN) is the world's largest neurology specialty society representing more than 40,000 neurologists, clinical neuroscience professionals, and students. The AAN is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people and include conditions such as multiple sclerosis (MS), Alzheimer's disease, Parkinson's disease, stroke, migraine, epilepsy, traumatic brain injury, ALS, and peripheral neuropathy.

On behalf of our members and their patients, we want to reiterate the AAN's support of several priorities that we believe are essential to include as part of any impending health care legislative package:

- **Protecting the health care workforce and access to care** by preventing impending cuts to physician Medicare reimbursement
- **Streamlining utilization management processes in Medicare and employer-based health plans** by passing the Safe Step Act (S. 464/H.R. 2163) and addressing the burdensome prior authorization process in Medicare Advantage plans
- **Ensuring continued access to telehealth services** by passing the CONNECT for Health Act (S. 2016/H.R. 4189)
- **Addressing the neurology workforce shortage** by re-authorizing the Conrad State 30 and Physician Access Reauthorization Act (S. 665/H.R. 4942)
- **Investing in medical research and America's veterans** by supporting FY2024 appropriations for a variety of programs that provide robust, sustained funding for medical research and support for veterans with neurologic conditions

We also look forward to continuing to work with Congress to ensure that brain health is a priority for all Americans.

Protecting the Health Care Workforce

The Centers for Medicare and Medicaid Services' (CMS) 2024 Medicare Physician Fee Schedule (MPFS) final rule included a substantial cut of 3.37 percent to Medicare reimbursement that are unsustainable for neurology practices and threaten patient access to high-quality neurologic care starting on January 1, 2024. The impact of these cuts is compounded by a lack of inflationary adjustments over nearly 20 years. Without Congressional action these cuts will go into effect next year and make it even harder for our patients to access the care they need.

We encourage leadership to prioritize solutions that have been put forward by Committee leadership and the physicians in Congress to avoid these cuts. The AAN is particularly supportive of HR 6683, the Preserving Seniors' Access to Physicians Act introduced by Representatives Murphy, Davis, Wenstrup, Panetta, Bucshon, and Burgess. This bill would completely eliminate the 3.37 percent cut scheduled for January 1, 2024 and ensure our members can continue providing quality, neurologic care to Medicare beneficiaries across the country.

We are particularly concerned that with continuing resolutions going into 2024, Congress will not have a vehicle or feel the urgency to fix these cuts before they go into effect. It would be devastating to neurology practices if these cuts are allowed to proceed on January 1. We strongly urge you to find some vehicle to address these cuts before the year ends.

Streamlining Utilization Management

Insurers in both employer-sponsored and Medicare Advantage plans have been aggressively implementing utilization management techniques, such as step therapy and prior authorization requirements, that have resulted in dangerous delays to care for our patients with neurologic conditions. As Congress considers legislative packages that will increase transparency in the health system and reign in abusive practices from Pharmacy Benefit Managers (PBMs), we hope you will consider addressing issues that will directly improve the lives of patients – including step therapy and prior authorization reform.

Step Therapy

Step therapy is a complex form of prior authorization that requires patients to try and fail on insurer-preferred treatments before the plan will cover the treatment initially selected by the patient and their provider. When medically inappropriate, step therapy is particularly egregious as it can delay needed care for months and lead to severe or irreversible health outcomes for patients. The Safe Step Act (S. 632/H.R. 2630) would help avoid these medically inappropriate delays by ensuring employer plans offer an expedient, transparent and medically reasonable step therapy exceptions process. This bill is based on legislation that has been [passed and successfully implemented in 37 states](#). While the state laws are a step forward for many patients, millions of Americans in those states and across the nation do not have access to a timely step therapy exceptions process because self-insured employer health plans are exempt from state laws.

The Safe Step Act was amended and included in S. 1339, the Pharmacy Benefit Manager (PBM) Reform Act which was reported favorably out of the Senate Health, Education, Labor, and Pensions

Committee on a bi-partisan basis. As negotiations continue for a final PBM reform package, we encourage Congressional leadership to maintain this important bill as part of any final package to ensure patients see immediate results from PBM reform.

Prior Authorization

Prior authorization (PA) is a health plan cost-control process that requires physicians and other health care professionals to qualify for payment by obtaining approval before performing a service. According to the AMA's 2021 PA physician survey, more than nine in 10 physicians (93%) reported care delays while waiting for health insurers to authorize necessary care; over four in five physicians (82%) said patients abandon treatment due to authorization struggles with health insurers; and 88% of physicians describe the burden associated with PA as high or extremely high. Most alarmingly, over one-third (34%) of surveyed physicians reported that PA has led to a serious adverse event (e.g., hospitalization, disability, or even death) for a patient in their care. Patients—especially the vulnerable Medicare Advantage (MA) population—deserve PA reforms that will protect them from these harms associated with PA requirements.

While legislation has not been formally introduced, we expect that a bill similar in nature to the Seniors' Timely Access to Care Act from the 117th Congress will be introduced as soon as the Administration final rule on PA in Medicare Advantage plans is released. We urge leadership to keep this important issue in mind as part of any end-of-year health care package.

Ensuring Continued Access to Telehealth

While the AAN is grateful that Congress has extended telehealth flexibilities through 2024, neurologists need a definitive answer on whether these flexibilities will continue past December 31, 2024 as they plan for the coming year of patient care. Many neurologists book months in advance and will need to stop scheduling future telehealth visits if Congress does not act. We encourage Congress to consider the CONNECT for Health Act S. 2017/H.R. 4942, which would expand flexibilities beyond 2024 while addressing many additional telehealth policies. We believe Congress has had adequate time to gather information on telehealth's implementation since the COVID-19 public health emergency and hope they will now act to ensure Americans continue to have access to this important service.

Addressing the Neurology Workforce Shortage

The United States will be facing a shortage of between 54,100 and 139,000 physicians by 2034 that will likely be exacerbated by rising rates of physician burnout and early retirement due to the COVID-19 pandemic and other regulatory burdens. In addition, the population of Americans over 65 years old is expected to double to 95 million by 2060, and a dramatic rise in neurodegenerative disease is expected with incidence of stroke rising 20 percent by 2030, prevalence of Parkinson's disease doubling by 2040, and incidence of dementia doubling by 2050. Based on these projections, we can expect a significant increase in demand for neurologic care.

International Medical Graduate (IMGs) can help meet this critical need and already constitute 31.5 percent of active neurologists and one-third of current neurology trainees. However, non-US IMG physicians training in the US on J-1 visas are required to return to their home country for two years after their residency has ended before they can apply for a work visa or a green card. The Conrad State 30 and Physician Access Reauthorization Act would extend the "Conrad 30" program, which

grants each state 30 J-1 waivers that can be used for IMGs who agree to practice in rural or underserved areas.

These IMGs are already addressing the physician workforce gap in the communities they are serving and reauthorizing the Conrad 30 program will allow them to continue helping patients in areas that desperately need access to neurologic care. We hope Congress will pass the Conrad State 30 and Physician Access Reauthorization Act S. 665/H.R. 4942 and ensure IMGs can help address the upcoming physician shortage across the country.

Investing in Medical Research and America's Veterans

The AAN applauds your strong support for investments in life-saving treatments and cures for neurological disease. However, we are concerned that the federal government is currently operating under a continuing resolution. We encourage Congress to enact a Labor, Health and Human Services (HHS), Education and Related Agencies appropriations bill as soon as possible that provides robust, sustained funding for medical research and care, ideally marking up to the levels included in the Senate bill:

- \$2,849,925,000 for the National Institutes of Neurological Disease and Stroke
- \$680 Million for the BRAIN Initiative

If we fail to appropriately fund federal research into neurologic conditions, patients in America could lose access to potentially lifesaving therapies and America could lose its edge in medical research.

The AAN also encourages Congress to enact Military Construction, Veterans Affairs, and Related Agencies and Defense appropriations bills that include funding for the VA Centers of Excellence related to neurologic conditions, VA Medical and Prosthetic Research Program, and the Congressionally Directed Medical Research Programs. We specifically encourage funding in the amounts of at least:

- \$70 Million for the VA Neurology Centers of Excellence, divided as follows:
 - \$30 Million for the Headache Centers of Excellence
 - \$19 Million for the Epilepsy Centers of Excellence
 - \$16 Million for the Parkinson's Centers of Excellence
 - \$7.5 Million for the Multiple Sclerosis Centers of Excellence
- \$938 Million for the VA Medical and Prosthetic Research Program

Thank you for your consideration of these critical issues that require immediate action. If you have any questions or require additional information, please do not hesitate to contact Max Goldman, Director of Congressional Affairs, at mgoldman@aan.com. We look forward to working with you as we strive to improve care for all Americans with neurologic conditions and ensure brain health for all.

Sincerely,



Carlayne E. Jackson, MD, FAAN
President, American Academy of Neurology