

## **Improve Patient Access to Primary Care Services**

Primary care plays a critical role in improving health outcomes and supporting the well-being of communities around the country. Research has consistently shown that greater investment in primary care improves outcomes while lowering costs, but Medicare's payment system has long undervalued it, exacerbating workforce shortages and access challenges. Society of General Internal Medicine (SGIM) members are increasingly concerned about the challenges patients face accessing high-quality, coordinated primary care.

Reforming how primary care physicians and services are reimbursed is essential to improving health outcomes for all people across the nation. **SGIM urges Congress to support policies that will strengthen and improve access to comprehensive primary care for all Americans so that they can manage chronic conditions and prevent disease.**

### **Support these policies to improve patient access to primary care!**

- Ask CMS to establish a technical expert panel that would develop improved methods to assign value to the full scope of primary care services that patients need

**The Problem:** Medicare physician payment has been reduced by 33% when adjusted for inflation from 2001-2025. This is challenging for all physicians, but particularly for general internal medicine and other primary care physicians who primarily provide evaluation and management (E/M) services, which are undervalued in the current Medicare Physician Fee Schedule (MPFS) despite changes made to the codes and their values in 2021. Inflationary updates and budget neutrality changes would provide some relief but are insufficient to address access challenges in primary care and shortage specialties. The values assigned to E/M services fail to fully account for the cognitive work and resources required to care for Medicare beneficiaries, particularly those with multiple chronic conditions, and the full range of care delivered to patients during and between office visits.

**Recommendation:** **SGIM urges Congress to authorize a technical expert panel at CMS to define and value E/M and other non-procedural services to appropriately cover the cost of delivering high-quality comprehensive and coordinated care.** A provision authorizing a technical expert panel was included in the Pay PCPs Act (S.4338) introduced in the 118th Congress. The panel would establish a data-driven process to evaluate and value cognitive work, addressing a longstanding gap in the current system that has prioritized procedural care over non-procedural care. A regular, independent assessment of available data and data-driven policy recommendations will stabilize what has evolved to become an irregular process.

- Support primary care add-on payments (\$2.5 billion over 5 years) in an upcoming physician payment reform legislative package and ensure sustained support for primary care services that patients need

**The Problem:** Improvements to outpatient E/M valuation and the implementation of the complex-care add on code (G2211) have improved reimbursement for complex cognitive care. However, most clinicians are paid on a fee-for-service basis, which incentivizes higher volumes of costly services, and reimbursement still falls short of reflecting the full clinical complexity and longitudinal management required for patients with multiple chronic conditions. In addition, recent increases in E/M work Relative Value Units (RVU)s have largely benefited institutions rather than the physicians providing the care.

**Recommendation:** **SGIM requests that Congress support a primary care add-on payment (\$500 million per year for 5 years) in an upcoming physician payment reform legislation and ensure sustained support for primary care services designed to keep patients healthy.** In March 2026, Reps. Greg Murphy (R-NC) and John Joyce (R-PA), co-chairs of the GOP Doctors Caucus, and Rep. Kim Schrier (D-WA), chair of the Democratic Doctors Caucus, released a framework to modernize the Medicare Access and CHIP

Reauthorization Act of 2015 (MACRA) and reform physician payment. The framework includes a primary care add-on payment for five years. The full legislative package is to be introduced sometime in May.

The framework does not provide details as to how primary care add-on payment would be defined and implemented. SGIM recommends implementing the proposed primary care add-on payment like the complex-care add-on code G2211 to support the delivery of primary care when there is an established relationship between the patient and provider who is responsible for the patient's ongoing care.

Additionally, Congress should develop a hybrid payment approach to support primary care. It combines fee-for-service and value-based approaches by offering fixed, prospective payments for routine and preventive care, along with targeted fee-for-service payments for high-value services such as annual wellness visits. Hybrid payments can provide predictable, stable funding to support team-based care while preserving incentives for delivering complex or high-cost services that may not be well-suited to fixed payments. Furthermore, we urge Congress to ensure that the add-on payments go directly to the physician, rather than to institutions or other entities, and to consider ways to sustain support for primary care following the five-year period.

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