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Opinion by Michael J. Ulissey for [CNN Business Perspectives](#)

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Editor's Note: *Dr. Michael J. Ulissey is a clinical breast radiologist at the CDI Women's Centers near Seattle. He was formerly the director of breast imaging at the University of Texas Southwestern Medical Center and Parkland Memorial Hospital in Dallas, and a member of the board of directors of the Texas Radiological Society. The opinions expressed in this commentary are his own.*



MICHAEL J. ULISSEY

Imagine you're a breast cancer survivor. You've fought hard and you won. Now you want to make sure the cancer hasn't returned, so you call to schedule your follow-up screening.

It's supposed to be a run-of-the-mill visit. But when you call, your doctor's office tells you that exams are being scheduled six months out. You have never waited that long for a mammogram before. "We're sorry ma'am, but the federal government cut their payments for these services. We can't see you until June," the receptionist says. You call around to other offices with similar results.

This is what millions of Americans could face come January 1, 2021 if something isn't done soon. That's because the Centers for Medicare & Medicaid Services (CMS) recently proposed cuts to certain [Medicare services](#), including breast cancer screening, radiation oncology and physical therapy, along with other medical specialties. The agency is proposing shifting billions from specialist doctors — radiologists, surgeons and the like — to primary care physicians in order to address the shortage of primary care physicians in the country. Per the [HHS](#), "A five percent annual reduction to the valuations of all non-primary care services and procedures, as determined by the Secretary, under the Physician Fee Schedule will pay for the cost

of these payments." But in the process, this move would complicate the lives of patients who need to see specialists, including specialists like myself in radiology.

In the aftermath of Covid-19, if this change moves forward, it is likely to be catastrophic to the medical profession. Doctors' offices of all kinds are beleaguered, having worked nonstop since March. They've been seeing Covid-related cases in droves, but they've had to push non-essential work and so-called elective visits to the side. The issue, of course, is that doctors' offices aren't charities — they're businesses. They depend on reimbursements from Medicare and insurance companies to stay afloat, particularly from people who come in for follow-up screenings and non-critical issues — the exact patients who they haven't been able to see lately.



Related Article: Proposed cuts to Medicare will be devastating to surgeons and their patients

Covid-19 — may not find specialists available to help them. Millions will wake up to a Medicare system that operates with long delays for previously routine services; conditions that are normally treatable with early detection will thrive undetected.

This is unconscionable, and it's worse because there's an easy fix. Congress can direct the CMS to suspend these cuts by waiving the requirement that changes to Medicare must be budget-neutral. That would allow CMS a one-time reprieve from balancing its budget, and it would give the medical profession an opportunity to recover and rebuild. Alternatively, if Congress wants to allow the budget neutrality rules to remain in place, then it should authorize emergency funds to cover the gap.

We are living in turbulent times. During the last six months, doctors have saved thousands of lives and put their own health at risk in the process.

Patients have had to delay necessary checkups because of Covid-imposed restrictions. Surely, we can postpone cuts that were proposed before the pandemic started so we can support those who have bravely served this country and at the same time ensure patients are able to get the services they need. Should these proposed changes become a reality, January 2021 will invite a public health emergency that could have been easily avoided — one that will unnecessarily harm doctors and patients.

 

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