



May 26, 2026

The Honorable Bill Cassidy
United States Senate
Washington, DC 20510

The Honorable Sheldon Whitehouse
United States Senate
Washington, DC 20510

Dear Senators Cassidy and Whitehouse:

On behalf of the Society of General Internal Medicine (SGIM), thank you for your leadership on the Pay PCPs Act and your continued efforts to strengthen primary care within the Medicare program. SGIM is a member-based medical association of more than 3,300 of the world's leading general internal medicine physicians dedicated to delivering high-quality clinical care for adults of all ages, especially those with multiple chronic diseases who would benefit from having a primary physician to coordinate a comprehensive approach to their care. Our members care for Medicare beneficiaries with increasingly complex medical needs and understand firsthand the importance of a physician payment system that appropriately values comprehensive, longitudinal care. As you prepare to reintroduce this important legislation, we wish to offer the following comments.

SGIM strongly supports Section 5 of the draft Pay PCPs Act that establishes a Technical Advisory Committee (TAC) on relative value updates and revisions. We have long maintained that the current approach to valuing evaluation and management (E/M) and other cognitive services has failed to fully recognize the time, intensity, and complexity associated with delivering comprehensive primary care and longitudinal care for patients with multiple chronic conditions. Existing valuation mechanisms have been particularly inadequate in accurately accounting for the breadth of physician work that occurs outside of discrete face-to-face encounters, including care coordination, communication with patients and caregivers, behavioral health integration, and management of medically complex patients. The TAC has an important role to play to ensure physician payment rates are evidence-based and reflective of actual clinical practice.

The TAC's proposed charge is well aligned with the comprehensive, data-driven approach to develop improved valuation methodologies, evaluate Healthcare Common Procedure Coding System code families, assess opportunities for bundling and simplification, and examine the impacts of valuation approaches on beneficiary access, financial liability, quality of care, and health disparities. These responsibilities reflect the comprehensive and data-driven approach needed to modernize physician payment and address longstanding distortions within the Medicare Physician Fee Schedule (MPFS). SGIM has long advocated for a more evidence-based process to determine the relative value of cognitive and non-procedural services. The TAC structure outlined in the legislation represents an important opportunity to advance this work and improve the foundation upon which Medicare payment policy and emerging hybrid primary care payment models depend.

The proposed TAC composition is particularly important because meaningful reforms to the valuation of E/M and other cognitive services will require input from individuals reflecting diverse experiences in provider payment, including clinicians billing Medicare, providers practicing in the Department of Veterans Affairs and Department of Defense systems, and primary care clinicians, while also requiring technical expertise in Medicare payment policy. This balanced composition



recognizes that meaningful payment reform requires both methodological expertise and real-world clinical insight. Importantly, including representatives with varied payment and delivery system experiences will help ensure that recommendations are informed by broad understanding of how physician services are furnished across settings, patient populations, and payment models ranging from pure fee-for-service to hybrid payment systems.

Additionally, SGIM supports the inclusion of a Centers for Medicare & Medicaid Services (CMS) representative as chair and CMS staffing of the committee. Embedding the TAC within CMS appropriately aligns the committee's work with the agency's responsibility to operationalize the MPFS while ensuring continuity, transparency, and operational feasibility. At the same time, the committee's independent technical perspective can help strengthen CMS' efforts to ensure Medicare reimbursement rates are evidence-based and reflect actual clinical practice.

We are pleased that the legislation provides for CMS staff and financial resources to support the TAC. In rulemaking, CMS has repeatedly requested comments on potential alternatives to the American Medical Association's Resource-based Relative Value Scale (RVS) Update Committee (RUC) and data sources to value physician services. One infers that CMS is open to an alternative to current methods to value physician services, like the TAC, but does not have the resources to do so under its current budget.

The other sections of the bill authorize hybrid primary care payment and reduce beneficiary cost sharing for primary care services. SGIM is aligned with the suggestions provided by the Primary Care Collaborative to improve these sections to support Medicare beneficiaries' access to comprehensive primary care services.

Thank you again for your leadership on this important issue and for recognizing the need to revisit how physician services are valued under Medicare. SGIM looks forward to continuing to work with you to strengthen primary care and ensure the Medicare program appropriately supports the delivery of high-quality, comprehensive care to beneficiaries. Should you have any questions or require further information, please contact emiller@dc-crd.com

Sincerely,

A handwritten signature in black ink, appearing to read "Mark D. Schwartz".

Mark D. Schwartz, MD, FACP
President, Society of General Internal Medicine