American Society for Gastrointestinal Endoscopy

Gastroenterologists care for patients with some of the most common, costly and consequential diseases facing the American public and the world today. Roughly 60 to 70 million people in the United States are affected by all digestive diseases. A study examining the economic burden of just 17 digestive and liver diseases in the United States found the burden to be roughly $85.5 billion annually in direct costs.

Endoscopy procedures, performed by ASGE members, play a significant role in the prevention, diagnosis and management of digestive diseases, including many gastrointestinal cancers.

ASGE members provide endoscopic procedures predominantly in ambulatory endoscopy centers and ambulatory surgery centers (ASCs). ASGE members also deliver hospital inpatient and outpatient procedure-based care, and provide office-based care and services, such as infusions for the treatment of intestinal inflammatory disease.

Issues confronting ASGE members and their patients are wide-ranging, many of which are not specific to gastroenterology. ASGE, however, is the foremost society in endoscopic care and is eager to work with Congress to advance policies and initiatives that address critical issues of health inequity and cancer prevention and early diagnosis, and to offer unique perspectives on payment and coverage policies, regulatory requirements and patient access to gastrointestinal care.

ASGE's Requests to Congress on Priority Issues

Medicare Physician Payment

- Halt the 2.83% cut to Medicare physician payment that took effect on Jan. 1, 2025 and provide physicians with a positive inflationary adjustment for the remainder of 2025.

- Address critical issues with the Medicare physician payment system through legislative reform, including by addressing the need for: critical inflationary updates, budget neutrality reforms, and improvements to the Merit-based Payment System.

Prior Authorization & Step Therapy

- Reintroduce and pass the *Improving Seniors' Timely Access to Care Act* to codify CMS prior authorization regulations for Medicare Advantage plans and require greater transparency of prior authorization processes which will help patients and health care providers understand whether particular services are likely to be approved.

- Ask the Centers for Medicare and Medicaid Services to finalize proposed prior authorization changes [CMS-2024-0345-0006], including strengthening the criteria that may be used by MA plans in establishing prior authorization policies.

- Reintroduce and pass the *Safe Step Act* to create guardrails around insurer drug therapy fail-first protocols.

Medicare Site Neutral Payment Policy

- Exempt ASCs from site neutral payment policies since current Medicare policy requires that procedures performed in physicians' offices at least 50% percent of the time be paid at the lower of the standard ASC rate or the practice expense portion of the physician fee schedule rate when the services is provided in the physician's office.

- Address payment inadequacy as a root cause of practice acquisition and consolidation, and, therefore, ensure any savings from site neutral policy changes are reinvested in rural and underserved hospitals, as well as to offset the cost of improving physician and ASC payment adequacy.

Access to GI and Endoscopy Care

- Support policies, including patient cost-sharing policies, that improve access to and age-appropriate coverage of preventive colorectal cancer screening colonoscopy, especially in historically under-screened populations.

- Reject sweeping cuts to Medicaid which could further drive down provider payments, which are already widely inadequate, and diminish access to care for vulnerable patient populations.

National Institutes of Health (NIH) Funding

- Urge the NIH to rescind its policy [NOT-OD-25-068] imposing a 15% cap on indirect cost recovery for NIH grants, which will have far-reaching implications on medical research conducted in universities and other research institutions across the country.
- Increase funding for medical research through the National Institutes of Health for FY2025

Health Care Price Transparency

- Support improved health care price transparency by ensuring health plans and issuers comply with current price transparency requirements. ASCs control just one of the costs of health care services or procedures provided in their facility — the facility fee— which does not reflect the total cost of care and could lead to consumer misinformation regarding what a service will actually cost. Health plan enrollees get the most accurate price and cost information specific to their insurance plan, including cost-sharing obligations, and the *No Surprises Act* requires that uninsured and self-pay patients receive a good faith estimate when required from their provider.

Prevention and Public Health

- Uphold the value of preventive health care services and improve equality in health care access, quality and outcomes, including through cultural competency training and by addressing racism and social determinants of health.