



March 27, 2015

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Harry Reid
Minority Leader
U.S. Senate
Washington, D.C. 20515

The Honorable Orrin Hatch
Chairman
Finance Committee
U.S. Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Finance Committee
U.S. Senate
Washington, D.C. 20510

Dear Sirs:

On behalf of the American College of Physicians (ACP), I am writing to express great disappointment that the Senate recessed early this morning without passing legislation to prevent a devastating 21 percent Sustainable Growth Rate (SGR) cut to all physician services provided to Medicare enrollees starting on April 1. This legislation, the *Medicare Access and CHIP Reauthorization Act of 2015*, H.R. 2, represents years of bipartisan policy development toward a new physician payment system that will bring better value to patients and to the entire health care system.

The American College of Physicians is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 141,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

By putting off a vote on H.R. 2 until after the recess, the Senate has put Medicare patients at grave risk. While we understand that CMS's practice of holding claims for payments for 14 calendar days appears to give the Senate a short window to act on H.R. 2 after the recess—and while we appreciate your stated intention to ensure that the Senate acts on the bill quickly upon its return—physicians and their patients are still faced with great uncertainty and concern that the 21 percent cut will actually take effect. Although CMS will hold claims for services rendered on April 1 for 14 calendar days, it will have to start paying at the reduced 21 percent rate on April 15—fewer than 48 hours after the Senate returns from recess.

Therefore, we call upon you and your colleagues to commit to taking action *immediately* upon the Senate's return to join the overwhelming bipartisan House majority in passing H.R. 2, the only way to achieve permanent SGR repeal and other needed improvements in physician payments, before the 21 percent SGR cut begins being applied to physician payments on April 15.

As the Senate considers how to move forward on H.R. 2 in time to prevent the 21 percent cut from being applied on April 15, we remind you and your colleagues that this bill is about much more than repealing the SGR and stopping scheduled cuts, as recognized by the overwhelming House bipartisan

vote for the bill. Not only would the 21 percent cut be stopped and the SGR repealed, H.R. 2 creates a framework for real reform of the physician payment system. Under the bill, physicians would be provided with positive and stable payments as they transition to new payment models:

- The bill provides pathways for physicians to earn positive updates for participating in quality improvement, clinical practice improvement, meaningful use of electronic health records, and for effective management of resources, in a new single Value-Based Payment (VBP) program that will replace the current three separate Medicare reporting programs (Medicare PQRS, Meaningful Use, and Medicare Value Modifier programs).
- The bill creates strong incentives for Patient-Centered Medical Homes (PCMHs) and other Alternative Payment Models to improve the quality and effectiveness of care provided to patients enrolled in Medicare.

In addition, H.R. 2 reauthorizes and funds the Children's Health Insurance Program (CHIP), the National Health Service Corps (NHSC), Community Health Centers (CHCs), and Graduate Medical Education in Teaching Health Centers (THCs) for two more years.

By passing H.R. 2 immediately upon its return from the recess, the Senate will join the House of Representatives in demonstrating its ability to achieve significant and meaningful healthcare improvements for the American people in a bipartisan and bicameral way.

Sincerely,

A handwritten signature in black ink, appearing to read "David A. Fleming MD". The signature is fluid and cursive, with a small "MD" at the end.

David A. Fleming, MD, MA, MACP
President

CC: U.S. Senate
House Leadership