



February 18, 2020

The Honorable Terri Sewell  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Adrian Smith  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative Sewell and Smith:

On behalf of the American College of Physicians (ACP), I am writing to share our thoughts and concerns regarding legislation you introduced H.R. 5741, the Strengthening Innovation in Medicare and Medicaid Act. This bill would create additional requirements for the Center for Medicare and Medicaid Innovation (CMMI) to develop new alternative payment models (APMs) with increased public input, expanded Congressional oversight, and additional reporting requirements to monitor the impact on under-represented individuals in medicine and vulnerable patient populations. While we support your goals to improve the process for the creation of new models of care, **we believe the best pathway for new models of care is to provide additional flexibility to CMMI rather than additional requirements that would delay the approval of new APMs. To that end, we would like to offer the following recommendations on the legislation to ensure that it does not unintentionally stifle innovation. We cannot support the bill as currently drafted.**

ACP is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 159,000 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.

We are disappointed that there are too few APMs for physicians to join and share your concerns that the number of available models falls well short of the robust pathway to value-based reforms that Congress had envisioned for APMs when it passed a new physician payment system through enactment of the Medicare Access and Chip Reauthorization Act (MACRA).

H.R. 5741 would exacerbate this problem by creating numerous additional requirements that would halt the process for developing new, innovative care models. ACP supports CMMI and its important work and we firmly believe that the best way to support the creation and expansion of new models within CMMI is to provide additional flexibility, rather than additional requirements that would delay the approval of new APMs.

Specifically, we are concerned that the bill would require CMMI to consult representatives of various federal agencies and experts in medicine and health care management. While well intentioned, these requirements will lengthen the process for the development of new models that are desperately needed to improve the quality of and lower the cost of care for our patients.

ACP is also concerned that H.R. 5741 would create a privileged process for Congress to block the Phase I to Phase II expansion of a model. The pathway for expansion of models should be decided on evidence that shows how the model improves quality and lowers costs, not a politicized process that may be subject to influence by a political party or outside interest groups that may seek to block the expansion of a new model based on their own agenda.

Instead, we urge Congress to exercise its existing oversight authority and encourage CMS to explore new models. In particular, we implore CMMI to leverage the Physician-Focused Payment Model Technical Advisory Committee (PTAC), which could be an invaluable tool to facilitating the implementation of innovative new physician-led APMs, but to date has unfortunately been underutilized. Many of these models have a proven track record of working in the private sector; it is to CMS' benefit to capitalize on the substantial investment and testing that has already gone into these models. Moreover, we have already seen a decline in the number of submissions to PTAC. The longer CMS goes without the approval of PTAC models, what could be a great launching pad for a variety of innovative new payment models could cease to serve any practical purpose as enthusiasm wanes and developers cease to invest the resources and time into developing models without a realistic chance of those models ever being adopted.

We are encouraged that CMMI has made significant progress in advancing the Patient Centered Medical Home concept through the Comprehensive Primary Care Initiative and its successor, the Comprehensive Primary Care Plus program. CMMI has also recently advanced additional models such as Primary Care First, the Direct Contracting, and Kidney Care Choices model that have great potential for improving care provided by internal medicine physicians. We believe that now is not the time to burden CMMI with the additional constraints as included in H.R. 5741 and that these additional requirements would only halt the progress and potential of these new models.

Physicians who qualify to deliver care in an advanced APM also receive a five percent bonus if they meet certain metrics and use certified Electronic Health Record Technology, which then excludes them from MIPS reporting requirements, a huge incentive. Unfortunately, this five percent bonus is set to expire in 2022 unless Congress passes legislation to extend it. We are concerned that if physicians are not assured that this five percent bonus will be available in the future, they would be less inclined to invest in the necessary infrastructure transformation in their practices to deliver care in an Advanced APM. Because one of the goals of MACRA was to encourage physicians to transform their practices into advanced APMs, **we urge Congress to extend the 5 percent bonus beyond 2022 to continue to provide the necessary incentives for physicians to deliver care in this model.**

Importantly, there are provisions in the bill that ACP supports. For example, requiring CMMI to provide advance public notice and opportunities for stakeholder input and public comments prior to testing, expanding or modifying any model would help to open the lines of communication between CMMI and stakeholders that will help to lead to a more collaborative and effective process.

We also support a provision that would allow physicians to opt-out of a model if it would cause undue economic hardship. We remain concerned that barriers to participation in APMs remain due to the significant upfront investment and financial risk that physicians must assume. The most effective way to a long lasting transition to value-based care is a diverse offering of voluntary payment models that accommodate a wide range of practices and patient populations, including various specialties, sizes, settings, and geographic locations. In addition, we believe CMS should assist small practices offering them additional opportunities to receive financial incentives, such as the five percent bonus for practices designated as Advanced APMs, which would further assist their transition to new models since many small practices lack the capital to make this transition.

We share your interest in improving the process for the adoption of new models and appreciate the opportunity to provide our comments regarding H.R. 5741. We hope to work with you to improve the CMMI as Congress considers changes to the health care delivery system through MACRA. If you have any questions regarding this letter, please do not hesitate to contact Brian Buckley on our staff at [bbuckley@acponline.org](mailto:bbuckley@acponline.org) or by phone at 202-261-4543.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. McLean". The signature is fluid and cursive, written over a light gray rectangular background.

Robert M. McLean, MD, MACP  
President