



April 15, 2015

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

The Honorable Harry Reid  
Minority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable John Boehner  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Nancy Pelosi  
Minority Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Sirs and Madam,

On behalf of the 141,000 members of the American College of Physicians (ACP), I write to congratulate you and your colleagues on achieving something quite extraordinary and historic yesterday for patients and their physicians, when the Senate joined the House in passing the Medicare Access and CHIP Reauthorization Act of 2015, H.R. 2. This bill will repeal Medicare's Sustainable Growth Rate (SGR) formula, reform physician payments to promote high quality care, and reauthorize four programs that are especially important to ensuring patient access to primary care.

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.

Yesterday, after consideration of a series of amendments, the Senate passed H.R. 2 by a strong vote of 92 to 8. This comes on the heels of an overwhelming show of support in the House, where both Republicans and Democrats voted in favor of H.R. 2 on March 26. President Obama has indicated he will sign the bill into law, which reverses a 21 percent physician payment cut that went into effect on April 1.

ACP applauds the efforts of so many in Congress who worked in a bipartisan fashion, over many years, to develop this legislation. Repeal of the SGR has been a priority of ACP's, and nearly all of medicine, for more than a decade. Physicians and their patients no longer will have to be concerned with impending yearly payment cuts as a result of the flawed SGR formula and no longer will this burden of uncertainty be hanging over physician practices. Equally important, the legislation provides strong incentives for physicians to engage in activities to improve quality; streamlines existing quality reporting programs; and provides additional support to physicians who participate in Patient Centered Medical Homes, and other alternative payment models, shown to improve outcomes and the effectiveness of care provided.

Repeal of the SGR is finally finished but it did not come about easily. On behalf of all of us at ACP, we say thank you to Congress for seeing the wisdom of repealing this flawed formula and to our 141,000 members for their tenacious advocacy over this long journey to SGR-repeal.

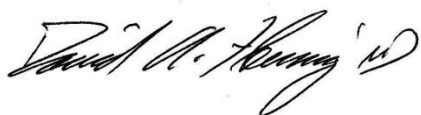
Highlights of H.R. 2 include:

- The SGR is permanently repealed, effective immediately; reversing the 21 percent SGR cut that went into effect on April 1.
- Positive payment updates of 0.5 percent are provided for four-and-a-half years, through 2019.
- Current quality incentive and payment programs are consolidated and streamlined into a new Merit-based Incentive Payment System (MIPS), and the aggregate level of financial risk to practices from penalties has been mitigated in comparison to current law.
- Physicians in alternative payment models (APMs) receive a 5 percent bonus from 2019-2024.
- Strong incentives are created for physicians to participate in qualified Patient Centered Medical Homes (PCMHs), an innovative model of care that has been shown to improve outcomes, patient experience, and reduce costs. Physicians in qualified PCMHs will get the highest possible score for the practice improvement category in the new MIPS program. PCMHs that have demonstrated to the U.S. Department of Health & Human Services the capability to improve quality without increasing costs, or lower costs without harming quality, can also qualify as an APM without having to accept direct financial risk.
- Technical support is provided for smaller practices, funded at \$20 million per year from 2016 to 2020, to help them participate in APMs or the new MIPS program.
- Funding is provided for quality measure development, at \$15 million per year from 2015 to 2019. Physicians retain their preeminent role in developing quality standards.

In addition, H.R. 2 provides continued funding of the National Health Service Corps, Community Health Centers, Teaching Health Centers, and the Children's Health Insurance Program, programs that are especially important to ensuring patient access to primary care.

We join with you in celebrating that the exhausting effort to repeal the SGR has finally crossed the finish line.

Yours truly,

A handwritten signature in black ink that reads "David M. Fleming MD". The signature is written in a cursive style with a large, stylized "D" at the beginning and a small "MD" at the end.

David Fleming, MD, MA, MACP  
President

CC: Chairs and Ranking Members: Senate Finance and House Energy & Commerce and Ways & Means Committees