March 26, 2015

The American College of Physicians (ACP) strongly urges the Senate to immediately pass the Medicare Access and CHIP Reauthorization Act of 2015, H.R. 2, which was passed by the House of Representatives just moments ago with an impressive bipartisan majority. It is imperative that the Senate pass H.R. 2 before it recesses on Friday, March 27, and before a devastating 21 percent Sustainable Growth Rate (SGR) cut is applied to all physician services provided to Medicare enrollees starting on April 1.

We commend Speaker John Boehner and Minority Leader Nancy Pelosi for reaching agreement on the policies included in the Medicare Access and CHIP Reauthorization Act and for their steadfast leadership in bringing the bill to a successful vote in the House of Representatives. We thank each and every one of the many representatives, Republicans and Democrats alike, who voted for it.

The House vote reflects the fact that never before has there been such broad and bipartisan support within and outside of Congress for policies to repeal the Medicare SGR formula and to create a better payment system for physician services provided to patients enrolled in Medicare. The vote reflects the fact that never before has such a bill received the support from so many stakeholders across the health care system: hospitals, nursing homes, consumer advocacy organizations, unions, payers, and over 750 physician membership organizations, national and state.

Now, it is up to the Senate to do its part. By passing this bill no later than Friday, March 27, the Senate will join the House in enacting legislation to achieve historic reforms in physician payment while making other needed healthcare improvements:

- The SGR would be repealed, once and for all, preventing the 21 percent SGR cut on April 1.
- Physicians would be provided with positive and stable payment 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 Systems to improve the quality and effectiveness of care provided to patients enrolled in Medicare.

- 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) would be reauthorized and guaranteed funding for two more years.

Some have suggested that Congress could pass another temporary “patch” to give the Senate more time to consider the bill. We strongly disagree. The SGR repeal and the other improvements that the bill makes in physician payment policies are based directly on policies that were agreed to last year by the Senate and House, Republicans and Democrats alike. Continued funding for CHIP, NHSC, CHCs, and THCs has strong bipartisan and bicameral support. After 17 SGR patches over 11 years, the last thing Congress needs is more time to pass legislation to repeal the SGR and reform physician payments.

ACP strongly urges the Senate to pass the Medicare Access and CHIP Reauthorization Act, H.R. 2, before it recesses on Friday and before the 21 percent SGR cut occurs on April 1.

Sincerely,

David A. Fleming, MD, MA, MACP
President

CC: U.S. Senate
House Leadership