



June 25, 2019

The Honorable Richard Neal
Chair
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

The American College of Physicians is pleased about several bills that the committee is preparing to mark up tomorrow: (1) a draft bill to remove cost sharing responsibilities for chronic care management (CCM) by Rep. Susan DelBene, (2) The Beneficiary Education, Tools, Telehealth, and Extenders' Reauthorization Act, with particular attention to the extension of support for the National Quality Forum (NQF) by Reps Neal and Brady, and (3) a draft bill to amend the Internal Revenue Code of 1986 and Title XI of the Social Security Act to extend appropriations and transfers to the Patient Centered Outcomes Research (PCORI) Trust Fund.

Working with the Congress and other stakeholders to move forward on these issues in the interest of improved patient care has long been a high priority for the American College of Physicians (ACP). ACP is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 154,000 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.

CCM is a critical part of coordinated care, and as a result, Medicare began reimbursing physicians for CCM under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for non-face-to-face care management. ACP supports this initiative to further manage chronic care conditions to improve the health of patients. The College strongly supports this legislation to ensure that more chronically ill Medicare patients receive access to the best care. By removing the cost-sharing obligations from the CCM code, more chronically ill Medicare beneficiaries will benefit from the care coordination and case management services the code supports.

NQF plays a particularly important role in evaluating measures against four critically important criteria: importance to measure, scientifically acceptable, usable and relevant, and feasible to collect. It is important for clinicians to have continued access to the results of these evaluations.

ACP strongly supports reauthorization of PCORI (PCORI). The College firmly believes that our health care system requires solutions that are both evidence-based and patient-centered, to improve care while also addressing health care spending. PCORI is uniquely set up to meet this challenge. It is the only organization dedicated to funding comparative clinical effectiveness research (CER) studies comparing treatment approaches to ascertain which work best, for which patients, given their needs and preference.

ACP are very encouraged about the plans to address the above subject matter during tomorrow's committee markup. We look forward to continuing to work with the Congress on this vitally important health care agenda.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert M. McLean".

Robert M. McLean, MD, FACP
President