



November 29, 2016

The Honorable Paul Ryan  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

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

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

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

Dear House and Senate Leaders:

On behalf of the American College of Physicians (ACP), I would like to take this opportunity to comment on the 21<sup>st</sup> Century Cures Act, which was released on November 25th. ACP appreciates the efforts of the House Energy & Commerce and the Senate Health, Education, Labor & Pensions (HELP) Committees to work on a bipartisan basis to draft comprehensive legislation designed to accelerate the discovery, development, and delivery of new cures and treatments. Given the breadth and complexity of the legislation, ACP does not have a position on the overall bill but would like to provide feedback on various provisions that we support, including: improvements to Health Information Technology (health IT), funding for the National Institutes of Health (NIH), increased access to treatment for patients suffering from mental health and substance use disorders, and integration of behavioral health into the primary care setting. We also would like to express reservations on aspects of the legislation that we view as potentially detrimental to patient care and safety.

ACP is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 148,000 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.

The College appreciates the steps this legislation takes in moving the health IT ecosystem toward an interoperable health information network. By developing and supporting a voluntary model framework and common agreement for the secure exchange of information, it will foster a bridge between networks. The legislation also helps to combat business practices that inhibit the flow of information by establishing authority for the HHS Office of Inspector

General to investigate claims of information blocking and assign penalties for activities found to be interfering with the lawful sharing of electronic information. We are pleased to see the inclusion of provisions that specifically protect the physician community by: (1) ensuring that health care clinicians are not penalized for the failure of developers of health IT in the case of information blocking; (2) the establishment of hardship exemptions from Meaningful Use and the Merit-Based Incentive Payment System (MIPS) payment adjustments due to the decertification of an electronic health record (EHR); and (3) a commitment to develop a strategy around reducing regulatory and administrative burdens. We are also pleased that the bill supports the certification and development of patient centered EHRs so that patients have better access to current and secure health information. On a similar note, we are encouraged that the bill includes Congress's support for telehealth and intent to expand telehealth services for Medicare beneficiaries.

This legislation also provides a significant increase in funding to advance the mission of the National Institute of Health by providing \$4.8 billion in funding over ten years to the National Institutes of Health. This funding is recommended for use by the Secretary of Health and Human Services to carry out a "Precision Medicine Initiative" to augment efforts to address disease prevention, diagnosis, and treatment. It is also intended to develop new programs such as the Brain Research Through Advancing Innovative Neurotechnologies Initiative, and augment cancer research funding, as well for research to cure chronic disease. ACP is strongly supportive of this provision and the overall mission of the National Institutes of Health to lengthen life, enhance health, and reduce illness and disability.

The College also supports the sections of this legislation that will improve and increase access to treatment for patients suffering from mental health and substance use disorders and ensure better understanding and enforcement of mental health parity laws. This is critically important as the recent Surgeon General's [report](#) on addiction found that in 2015 over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs; however, only about 10 percent of people with a substance use disorder receive any type of specialty treatment. ACP also supports the provisions that offer alternatives to incarceration that divert individuals with mental illness from the criminal justice system to community-based treatment programs.

Additionally, the College is pleased with the provisions that would encourage and accelerate the integration of behavioral health into the primary care setting. The College believes that the bill offers a promising step towards seamless behavioral health-primary care integration, increasing access to behavioral health services, fostering better team-based care among physicians and behavioral health clinicians, addressing behavioral health and physical co-morbidities, and enhancing the delivery of care for the "whole person." We also support the creation of workforce programs that would train medical students or faculty to improve ability to recognize, diagnose, and treat mental and substance use disorders and work within an integrated primary care-behavioral health setting.

However, the College has reservations about several other provisions in the bill. For example, we believe that the provision exempting cancer hospitals and certain Hospital Outpatient Departments (HOPDs) from site neutral payment policies signed into law as part of the Bipartisan Budget Act of 2015 (BBA) would serve to roll back important site neutral payment reforms. ACP does not support provider-based billing for care delivered in an outpatient, hospital-system owned practice when that care is not dependent on the hospital facility and its associated technologies.

Additionally, while we appreciate that the bill attempts to speed treatments to patients, ACP is concerned that relaxing existing FDA regulatory standards could ultimately endanger patient safety. Longstanding ACP policy opposes any attempt to weaken the rigorous evaluation of drugs and medical devices based on sound scientific and medical evidence.

Finally, because the funding for several programs outlined in the legislation—including support for NIH, improving access to treatment for patients suffering from mental health and substance use disorders, and accelerating the integration of behavioral health into the primary care setting—are not mandatory, ACP strongly urges Congress to appropriate funds for these programs at their fully authorized levels.

In closing, ACP appreciates this opportunity to comment on this important legislation and stands ready to work with you, especially in those areas where we think improvements could be helpful. Should you have any questions, please do not hesitate to contact Brian Buckley at 202-261-4543 or [bbuckley@acponline.org](mailto:bbuckley@acponline.org).

Sincerely,

A handwritten signature in black ink that reads "Nitin Damle". The signature is written in a cursive, flowing style.

Nitin S. Damle, MD, MS, MACP  
President