



March 28, 2014

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

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

The Honorable Richard Durbin  
Majority Whip  
U.S. Senate  
Washington, DC 20510

The Honorable John Cornyn  
Minority Whip  
U.S. Senate  
Washington, DC 20510

Dear Sirs:

Yesterday, the House of Representative by a voice vote--with no recorded votes and therefore no individual member accountability for their votes-- voted for the 17th short-term Medicare SGR patch over the past eleven years. By voting for the patch, the House failed to heed the unified call of physicians who believe that now is the time for the House and Senate to reach agreement on the bipartisan reforms that were agreed to by the leaders of the Medicare committees of jurisdiction. The Senate can—and must—do better, by voting down the patch and passing the bicameral, bipartisan permanent SGR repeal legislation that was agreed to by the leadership of the authorizing committees.

ACP is the largest medical specialty organization and second-largest physician group in the United States, representing 137,000 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.

ACP cannot support another short-term patch. Instead, we firmly believe that enactment of permanent SGR repeal and reform, this year, by this Congress, is both imperative and achievable, because never before has there been agreement between the members of the House and Senate, and between Republicans and Democrats, on the policies to repeal the SGR and create a better Medicare payment system.

The bill passed by the House yesterday, if also passed by the Senate, would be the 17th patch enacted over 11 years to temporarily halt impending SGR cuts, at a budget cost of over \$150 billion. Each time, physicians and patients were told that, this time, things will be different, that

the temporary patch would give Congress the time it needs to achieve agreement on permanent reform. Why should physicians and patients believe that passing another patch now would result in permanent SGR repeal?

Instead, this one-year patch will likely give Congress the out it wants to push the entire issue of permanent SGR repeal and Medicare payment reform to the 114th Congress. The new Congress would then have to start over on crafting a permanent SGR repeal and Medicare payment reform bill that could clear the authorizing committees, pass both chambers, and be signed into law by the President—before this latest proposed patch expires on March 31, 2015. It is more probable that this would result in the enactment of patch #18 at an additional budget cost of tens of billions of taxpayers' dollars; more cuts to physicians and other providers like hospitals and skilled nursing facilities, and further destabilization of Medicare.

It doesn't have to be this way, though. The Senate can ensure that the House's vote is not the end of the line for permanent SGR repeal in the 113th Congress:

- ACP again calls on the Senate to vote against the patch and instead act on the bipartisan and bicameral SGR bills introduced by the leadership of the Senate Finance, House Ways and Means, and Energy and Commerce committees on February 6. We note that S. 2110 and S. 2157, as introduced by Senate Finance Committee chairman Ron Wyden, have identical policies on SGR repeal and Medicare physician payment reform as laid out in the bipartisan and bicameral framework agreed to by the leadership of the authorizing committees.
- We recognize that differences remain over how to address the budget impact of the bipartisan and bicameral SGR repeal bill. Such differences, though, are not a valid reason for the Senate to vote for a patch instead of the permanent SGR repeal bill. By passing the bipartisan and bicameral legislation as agreed to by the leadership of the authorizing committees, the Senate would then be able to enter into direct negotiations with the House on resolving the remaining budget issues, since both chambers will have passed the same bipartisan SGR repeal policy framework albeit with different approaches to the budget offsets.
- This can and must be done as soon as possible, before the 24 percent cut scheduled for April 1 destabilizes payments and creates severe access problems. (Practically speaking, April 14 is when payments to physicians would be cut by 24 percent because Medicare policy is to hold claims for two weeks).

A Senate vote for another patch would be a vote for the status quo, a vote to hold health care for seniors, military families, and disabled persons on Medicare and TriCare hostage to an inherently flawed and destabilizing SGR formula, year after year after year. It would be a vote to preserve a wasteful payment system that rewards volume instead of value.

The Senate must ensure that yesterday's House vote for a patch does not mark the end of the effort by the committed members of Congress from both parties, in both chambers, who have worked so hard over the past year to reach agreement on a bipartisan bill to permanently repeal the SGR and reform physician payments. It will not mark the end of ACP's efforts to press Congress to reach agreement on passing the bipartisan and bicameral SGR repeal bill that was agreed to by the leaders of the authorizing committees. Physicians and their patients will hold

both the House and Senate accountable for delivering on permanent SGR repeal, this year, by this Congress. There will never be a better time.

Yours truly,

A handwritten signature in black ink on a light blue background. The signature reads "Molly Cooke" in a cursive, flowing script.

Molly Cooke, MD, FACP  
President

Cc: United States Senators