American College of Physicians
Leading Internal Medicine, Improving Lives

January 9, 2015

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

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

The Honorable Orrin Hatch
Chair
Senate Finance Committee
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
Washington, D.C. 20510

Dear Sirs:

On behalf of the American College of Physicians (ACP), I write to offer our best wishes to you and your colleagues for a successful and productive 114th Congress, and to suggest several actions by Congress that would create a bipartisan legacy of achievement in improving American healthcare for our members and their patients. 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.

We recognize that there are deep disagreements between Republicans and Democrats on issues related to the Affordable Care Act (ACA) that must be debated. Such disagreements, though, need not stand as impediments to other needed health care reforms that deserve the support of Republicans and Democrats alike:

1. **Congress should repeal the Medicare SGR formula and replace it with a program that creates incentives for physicians to improve quality and to participate in patient-centered delivery systems, including but not limited to Patient-Centered Medical Homes (PCMHs).** Last year, the chairs and ranking members of the 113th Congress' Senate Finance, House Energy and Commerce, and House Ways and Means committees reached agreement on such a bill: the bipartisan, bicameral *Medicare SGR Repeal and Medicare Provider Payment Modernization Act*. We urge you to reintroduce this legislation at the earliest possible date and take action to move the bill through the committee process and bring it to the floor before the current SGR "patch" expires on April 1, 2015, resulting in a 21 percent SGR-triggered cut in physician payments. Because this bill represented carefully negotiated policies supported by both political parties from both chambers, and by more than 600 physician organizations including ACP, we caution against making major changes in the bill that could undermine support for fast action on it.

2. **Congress should continue the current Medicare 10 percent primary care bonus program.** This program, which began on January 1, 2011, pays internal medicine specialists, family physicians, and geriatricians a 10 percent bonus on designated office visits and other primary care services, will sunset at the end of 2015. It represents a modest but essential step to address the long-

standing under-valuation of primary care, which Republicans and Democrats alike, and independent experts like the Medicare Payment Advisory Commission, have long agreed contributes to fewer physicians entering and remaining in primary care, and as a consequence, a growing primary care physician shortage, reduced patient access, and long waits for appointments in many communities. We also know from hundreds of studies that the availability of primary care in a community is positively associated with lower costs and better outcomes. While more policy reforms are needed to support primary care, many of which are in the *Medicare SGR Repeal and Medicare Provider Payment Modernization Act*, continuing the current law Medicare Primary Care Bonus Program, past its scheduled expiration at the end of this year, is essential, because without it, primary care physicians will face deep Medicare payment cuts for their already-undervalued services, creating yet another disincentive for physicians to enter and remain in primary care and undermining patient access.

3. **Congress should restore the Medicaid primary care pay parity program. This program, which pays primary care physicians no less than the applicable Medicare rates for services provided to Medicaid enrollees, expired at the end of 2014, resulting in average cuts of 40 percent or more to most primary care physicians who treat Medicaid patients.** While Congress will almost certainly debate other policies relating to the Medicaid program, Republicans and Democrats alike should be able to agree that restoring Medicaid pay primary care pay parity, and reversing the Medicaid primary care cuts that took place on January 1, is a necessary and important step to support the value of primary care in providing cost-effective, high quality care to patients enrolled in Medicaid.

   Together, by continuing the Medicare 10 percent primary care bonus program, and restoring Medicaid pay parity, Congress would be adopting a "first, do no harm" policy approach to primary care that ensures that primary care will not be subject to across-the-board Medicare and Medicaid payment cuts, *the only physician specialties facing such cuts*, at a time when improving access to cost-effective primary care should be a national priority supported by both parties.

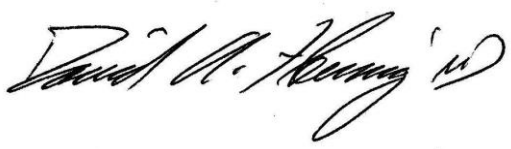
4. **Provide relief from burdensome and unrealistic Medicare "meaningful use" requirements for Electronic Health Records (EHRs), and work with the medical profession to identify and provide relief from other excessive regulatory burdens on physicians and their patients.** A 2014 survey of ACP's physician membership found that nearly 60 percent reported that "issues posed by electronic health records" were a major problem affecting their ability to provide high quality care to patients; more than 76 percent said the same of "excessive documentation requirements" and 60 percent of "non-clinical paperwork." As a starting point to address such concerns, Congress should pass the bipartisan *Flexibility in Health IT Reporting (Flex-IT) Act*, which was introduced in the 113th Congress by Representatives Renee Ellmers and Jim Matheson. This bill recognizes that the success of the current EHR incentive program is heavily dependent upon allowing flexibility with the 2015 reporting period requirements by allowing physicians and other Eligible Professionals (EPs) to demonstrate meaningful use of their technology for 90 days instead of one full year. The American Medical Association estimates that 257,000 physicians are facing cuts under the EHR incentive program because they are unable to meet the meaningful use requirements in 2015. Allowing physicians to report MU compliance for only 90 days in 2015, rather than the full calendar year, would allow many of these physicians to satisfy the requirements and avoid damaging payment cuts.

ACP also believes that bipartisan agreement can be reached in the 114th Congress on other needed reforms, including acting on a bipartisan bill from the previous Congress, *the Saving Lives, Saving Costs*

Act introduced by Rep. Andy Barr and Ami Bera, which creates medical liability safe harbors for physicians who follow evidence-based guidelines; authorizing a pilot test of medical liability health courts, and improving Graduate Medical Education financing.

But by promptly taking up the four specific issues described above—***repealing the Medicare SGR and modernizing payments, preventing further harm to under-valued primary care by continuing the Medicare 10 percent primary care bonus program and restoring Medicaid primary care pay parity, and providing flexibility and relief from the EHR meaningful use program and other excessive regulations***, Congress would be able to demonstrate to the American people that partisan differences over the ACA need not stand in the way of reaching bipartisan agreement on policies to improve and support first-line primary care doctors and their patients, to modernize Medicare payments to all physicians, and to reduce regulations that stand in the way of good patient care. ACP, and its 141,000 members, stand ready to help you reach such agreements.

Yours truly,



David A. Fleming, MD, MA, MACP
President