



February 8, 2018

The Honorable Paul Ryan  
Speaker  
United States House of Representatives  
Washington, DC 20515

The Honorable Nancy Pelosi  
Minority Leader  
United States House of Representatives  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

Dear Speaker Ryan, Minority Leader Pelosi, Majority Leader McConnell, and Minority Leader Schumer:

On behalf of the American College of Physicians (ACP), I am writing to express our support for Congress taking action to pass into law essential health care policies to improve care for patients, based on our understanding of provisions expected to be in legislation based on the bipartisan budget agreement announced on Wednesday, February 7, 2018.

While we will have to fully analyze the healthcare provisions and recognize that changes could still be made, we are greatly encouraged that the bill reportedly extends short-term funding through March 23, averting another government shutdown and, more importantly, *creates a two-year framework to secure and increase funding for essential health programs, reduce administrative burdens on clinicians, and expand Medicare coverage for services provided to patients with multiple chronic diseases.* We commend the bipartisan process and cooperation that this agreement represents.

ACP is the largest medical specialty organization and the second largest physician group in the United States, representing 152,000 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 is especially pleased that the agreement includes the following funding priorities:

- Reauthorizes the Children's Health Insurance Program (CHIP) for another four years, in addition to the six-year extension recently enacted by Congress. Millions of children and their families will benefit from knowing that CHIP funding is now assured for a total of 10 years.

- Increases budget caps in fiscal years 2018 and 2019 for both domestic and defense spending, with billions of dollars more being specifically directed to the Centers for Disease Control and Prevention, the National Institutes of Health, and programs to address the opioid epidemic, as ACP has previously recommended.
- Reauthorizes funding for two fiscal years for the National Health Service Corps, the Teaching Health Center Graduate Medical Education program, and Community Health Centers—all of which provide valuable resources for vulnerable communities across the nation and help train the next generation of primary care physicians.

**Additionally, we strongly support the provisions that will facilitate chronic care management.**

The agreement extends the Independence at Home Medical Practice Demonstration Program (IAH), which provides a home-based primary care benefit to high-need Medicare beneficiaries with multiple chronic conditions; allows Medicare Advantage plans to offer a wider array of targeted supplemental benefits to chronically ill enrollees; and beginning in 2021, payments will be authorized to physicians furnishing telehealth consultation services in all areas of the country for the purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke, eliminating current geographic restrictions. The agreement also expands coverage of telemedicine services by Medicare Advantage Plans and Accountable Care Organizations.

ACP understands that, addressing concerns expressed by ACP and other medical organizations, the agreement reduces the expected across-the-board Medicare payment cuts to physicians resulting from extension of the unworkable “misvalued code policy” from the Protecting Access to Medicare Act (PAMA). It gives CMS and the medical profession more time to identify codes in the fee schedule that are valued too highly before more cuts are imposed automatically. Even with this change, it is expected that Medicare physician payments will still be subjected to reductions, contrary to Congress’ intent under the Medicare Access and CHIP Reauthorization Act (MACRA) to ensure positive and stable payments to doctors as they transition to new delivery models. ACP calls on Congress to enact permanent relief from the PAMA cuts.

While we strongly support the overall funding priorities embodied in the agreement, we remain concerned that it still contains cuts, although lesser in magnitude than the February 6th House-passed continuing resolution, to the Prevention and Public Health Fund.

In moving forward, ACP calls on Congress to uphold its promise to Deferred Action for Childhood Arrivals (DACA) recipients, many of whom are medical students and resident physicians, by taking immediate action to ensure that current and future DACA-eligible recipients are allowed to continue their studies and employment without fear of deportation, and to carve out a road to permanent citizenship before the next continuing resolution ends.

In conclusion, we believe that this agreement provides a solid foundation for continued bipartisan cooperation to improve America’s healthcare system. We urge that both the House and Senate act to ensure that this agreement, and particularly the key health improvements discussed above, become law. We stand ready to lend our help in supporting such efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Ende", with a long, sweeping horizontal stroke extending to the right.

Jack Ende, MD, MACP  
President

CC: Members of the United States Senate and United States House of Representatives