



AMERICAN COLLEGE OF PHYSICIANS  
INTERNAL MEDICINE | *Doctors for Adults*®

March 26, 2014

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

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

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

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

Dear Sirs:

The American College of Physicians (ACP) urges Congress to resolve the remaining differences over how to address the budget impact of the bipartisan and bicameral permanent Medicare Sustainable Growth Rate (SGR) repeal and physician payment reform legislation, as reported out by the leadership of the committees of jurisdiction. As we have said consistently and repeatedly throughout this legislative year, we 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. Accordingly, we oppose passage of the Protecting Access to Medicare Act of 2014, which would patch physician payments through March, 2015, instead of creating a process to resolve the remaining budget differences over permanent SGR repeal as reported out by the leadership of the House and Senate committees of jurisdiction.

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.

Although it has been suggested that this current proposed patch will give Congress the time it needs to enact permanent SGR repeal and Medicare physician payment reform, history tells us otherwise. The Protecting Access to Medicare Act of 2014 would be the 17<sup>th</sup> 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. It did

not happen the past 16 patches over the past 11 years, why should physicians and patients believe that passing another patch now would result in permanent SGR repeal? Most likely, the one-year patch proposed by this bill would push the entire issue of permanent SGR repeal and Medicare payment reform to the 114<sup>th</sup> 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 the latest proposed patch expires on March 31, 2015. More likely would be enactment of patch #18 at an additional budget cost of tens of billions of taxpayers' dollars and further destabilization of Medicare.

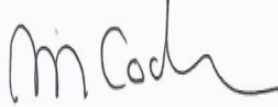
It has been suggested that this patch is the only way to prevent a devastating 24 percent cut in Medicare physician payments on April 1. We respectfully disagree. There is a better way:

1. The Senate should 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 have identical policies on SGR repeal and Medicare physician payment reform as included in the bipartisan and bicameral policies as agreed to by the leadership of the authorizing committees. If there are other approaches that would allow the Senate to act on and pass the policies as reported out of the authorizing committees, we would be supportive of them to move the process forward toward reaching a final agreement on resolving the remaining budget issues.
2. The Senate and House should then enter into direction negotiations on resolving their differences on how to address the budget impact of these policies, which will then have passed both the House and Senate, albeit with different approaches to the budget offsets. ACP recognizes and respects that there is a wide range of options and opinions on how best to address the budget impact of SGR repeal, and we believe that Congress must resolve them directly through bipartisan, bicameral negotiations that will result in an agreement that can pass both the House and Senate.
3. 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).

For those who say Congress cannot achieve agreement on permanent SGR repeal and Medicare physician payment reform before the 24 percent cut creates severe access problems, we must ask: Why not?

Never before has Congress been so close to agreement on policies to repeal and replace the SGR with a better payment system, and ACP applauds the efforts of so many in Congress who have developed that policy, on a bipartisan basis, and gotten us to this point. Moreover, never before has such a bill been approved by the bipartisan leadership of all of the authorizing committees with the support of the members of their committees. Never before has the cost of SGR repeal, as estimated by the Congressional Budget Office, been so low. *Now* is the time for Congress to resolve the remaining differences over how to address the budget impact of the bipartisan and bicameral SGR repeal and Medicare payment reform policies that both chambers and parties say that they support. There will never be a better time.

Yours truly,

A handwritten signature in black ink on a light gray background. The signature reads "Molly Cooke" in a cursive, flowing script. The first letter of "Molly" is a large, stylized 'M', and the last letter of "Cooke" is a long, sweeping tail.

Molly Cooke, MD, FACP  
President

Cc: United States Senators