



*Sound Policy. Quality Care.*

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February 14, 2014

The Honorable Ron Wyden  
Chairman, Senate Finance Committee  
United States Senate  
Washington, DC 20510

The Honorable Orrin Hatch  
Ranking Member, Senate Finance Committee  
United States Senate  
Washington, DC 20510

The Honorable Dave Camp  
Chairman, Ways and Means Committee  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Sander Levin  
Ranking Member, Ways and Means Committee  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Fred Upton  
Chairman, Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Henry Waxman  
Ranking Member, Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairmen Wyden, Camp and Upton and Ranking Members Hatch, Levin and Waxman:

On behalf of the Alliance of Specialty Medicine (the Alliance), a coalition of medical specialty societies representing more than 100,000 physicians and surgeons, we write to thank you for jointly introducing H.R. 4015/S. 2000, the "SGR Repeal and Medicare Provider Payment Modernization Act of 2014." The Alliance is very appreciative of the time and perseverance in crafting this legislation and thanks you and your staff for regularly meeting with us to discuss our principles for successful reform. **Because the legislation addresses many of our core principles, the Alliance is pleased to support H.R. 4015/S. 2000.** We urge that any offsets identified are acceptable to ensure swift enactment of a permanent and meaningful solution to the flawed Sustainable Growth Rate (SGR) formula prior to the expiration of the current SGR patch on April 1, 2014.

As noted, we are pleased that H.R. 4015/S. 2000 embraces the following principles that the Alliance believes are critical to physician payment reform:

- Positive updates and a period of stability;
- Recognition of multiple payment and delivery models, including fee-for-service (FFS);
- Physician-led quality improvement;
- Reward personal quality improvement, rather than creating a zero-sum game of "winners" and "losers";
- Adequately risk-adjusted measures;

- Clarifies that quality improvement program requirements do not create new standards of care for purposes of medical liability suits;
- Requires EHR Interoperability; and
- Allows physicians to review their publicly reported data.

We continue to have **concerns about the misvalued code** provisions, particularly since the work to identify potentially misvalued services is ongoing through the American Medical Association's (AMA) Relative Value System Update Committee (RUC) and the Centers for Medicare and Medicaid Services (CMS). The vast majority of physician services have been reviewed, resurveyed, and revalued, over the course of the last few years. We do not believe this provision is necessary and therefore urge its elimination. In addition, the Alliance maintains its position that an SGR replacement should base physician reimbursements on the actual cost of providing care. We encourage Congress to support efforts to ensure that all physicians receive equitable reimbursement for their services.

The Alliance looks forward to working with Congress as you finalize a permanent and meaningful solution to the flawed physician payment system. We would be happy to discuss this letter with you or answer any other questions, and we can be reached at [info@specialtydocs.org](mailto:info@specialtydocs.org).

Sincerely,

American Academy of Facial Plastic & Reconstructive Surgery  
American Association of Neurological Surgeons  
American College of Mohs Surgery  
American Gastroenterological Association  
American Society of Cataract and Refractive Surgery  
American Society of Echocardiography  
American Urological Association  
Coalition of State Rheumatology Organizations  
Congress of Neurological Surgeons  
North American Spine Society  
Society for Cardiovascular Angiography and Interventions  
Society for Excellence in Eyecare

Cc: Members of the United States Senate and U.S. House of Representatives