

Sound Policy. Quality Care.

March 26, 2014

The Honorable John Boehner Speaker of the House U.S. House of Representatives Washington, DC 20515

The Honorable Harry Reid Senate Majority Leader United States Senate Washington, DC 20510 The Honorable Nancy Pelosi House Minority Leader U.S. House of Representatives Washington, DC 20515

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

Dear Speaker Boehner, Leader Pelosi, Leader Reid and Leader McConnell:

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 express our opposition to the Medicare SGR Patch and Extenders Legislation, as posted March 25, 2014 on docs.house.gov and if this version proceeds to floor consideration, the Alliance will urge Members to vote against this bill.

The Alliance is very appreciative of the time and perseverance of the congressional committees with Medicare jurisdiction in crafting legislation to permanently repeal and replace the Medicare sustainable growth rate (SGR). In fact, the Alliance previously expressed support for H.R. 4015 on February 14, 2014. However, we oppose another short term patch. Further, we note that the March 25th Medicare SGR Patch and Extenders Legislation includes a provision to address misvalued codes used under the Medicare Physician Fee Schedule. In the Alliance's letter of support for H.R. 4015, we specifically expressed concerns about the misvalued code provisions in bill, 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 urged its elimination. The March 25th bill instead intensifies this provision, causing a disproportionate impact on specialty physicians. Therefore, the Alliance must oppose the bill.

We urge Congress to ensure swift enactment of a permanent and meaningful solution to the flawed SGR formula prior to the expiration of the current SGR patch on April 1, 2014. The Alliance embraces the following principles for SGR 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.

The Alliance hopes to work with you to achieve a successful permanent and meaningful solution to the flawed physician payment system.

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 Plastic Surgeons
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 U.S. House of Representatives and United States Senate