The Honorable Nancy Pelosi Speaker U.S. House of Representatives H-232 U.S. Capitol Washington, DC 20515 The Honorable John A. Boehner Republican Leader U.S. House of Representatives H-204 U.S. Capitol Washington, DC 20515

Dear Speaker Pelosi and Republican Leader Boehner:

The undersigned organizations urge Congress to take action during the first week of its lame-duck session in November to once again avert a Medicare physician access crisis.

The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (P.L. 111-192) stabilized Medicare physician payments only until November 30, 2010. After that, Medicare and TRICARE payments for physician services will be slashed by more than 23 percent. To make matters worse, an additional cut of 6.5 percent will follow on January 1, 2011. Physician practices simply cannot absorb cuts of this magnitude in programs as important as Medicare and TRICARE.

Further, Congress must break the cycle of forestalling a crisis in patient access to physician care for only a few months at a time, and take action on legislation to provide stability and predictability for the program at least through 2011.

Throughout 2010, Congress enacted short-term, stop-gap measures for durations as short as one month. On three occasions, Congress failed to act in time and Medicare payments were cut by more than 20 percent. The Centers for Medicare and Medicaid Services reacted by ordering carriers to hold payments until legislation was passed. Importantly, these steps did not protect physician practices from all the consequences of the repeated Congressional delays. On the contrary, payment uncertainties and delays were highly disruptive. Many practices were forced to seek loans to meet payroll expenses, lay off staff, or cancel capital improvements and investments in electronic health records and other technology. Furthermore, when payments resumed, many physicians experienced long delays in receiving retroactive adjustments. This is not the way to manage a program that seniors and the disabled rely on; Congress must act to avoid a repeat of the disruptive cuts that occurred earlier this year.

The next payment reduction is scheduled to occur during the period when physicians may change their status from a Medicare participating physician, who accepts Medicare's allowance as payment in full, to a non-participating physician who may bill patients more than the Medicare allowance. Hundreds of thousands of physicians will be considering whether they can continue accepting Medicare rates at the same time that massive payment cuts are scheduled to take effect. We can anticipate that many physicians will be examining whether it makes any sense to continue their current relationship with Medicare given the severe disruptions of the past year.

All of our groups agree that the ultimate solution is to permanently replace the Sustainable Growth Rate (SGR) formula with a system that keeps pace with the cost of caring for our nation's seniors. Continuing the practice of enacting temporary patches serves no one well. Physicians are committed to taking the leadership in developing Medicare payment reforms to replace the SGR once and for all, and we are counting on Congress to make permanent reform a reality.

In the meantime, there is an imminent crisis. A statutory payment update that lasts at least through the end of 2011 will provide time for Congress and the physician community to develop a long term solution to ensure that seniors can count on finding physicians to care for them, and that physicians will not view Medicare and TRICARE as threats to the viability of their practice.

We urge Congress to take this action during the first week of its lame-duck session, before these massive cuts take effect yet again.

Sincerely,

AMDA – Dedicated to Long Term Care Medicine American Academy of Dermatology Association American Academy of Family Physicians American Academy of Home Care Physicians American Academy of Ophthalmology American Academy of Otolaryngic Allergy American Academy of Otolaryngology – Head and Neck Surgery American Academy of Neurology Professional Association American Academy of Pain Medicine American Academy of Pediatrics American Academy of Physical Medicine and Rehabilitation American Academy of Sleep Medicine American Association of Clinical Endocrinologists American Association of Clinical Urologists American Association of Hand Surgery American Association of Orthopaedic Surgeons American College of Cardiology American College of Chest Physicians American College of Emergency Physicians American College of Gastroenterology American College of Mohs Surgery American College of Occupational and Environmental Medicine American College of Osteopathic Family Physicians American College of Osteopathic Internists American College of Osteopathic Surgeons American College of Physicians American College of Preventive Medicine American College of Radiation Oncology American College of Radiology American College of Rheumatology American College of Surgeons American Gastroenterological Association American Geriatrics Society American Medical Association American Osteopathic Academy of Orthopedics American Osteopathic Association American Psychiatric Association American Rhinologic Society American Society for Clinical Pathology American Society for Gastrointestinal Endoscopy

American Society for Radiation Oncology

American Society for Reproductive Medicine American Society of Addiction Medicine American Society of Anesthesiologists American Society of Breast Surgeons American Society of Clinical Oncology American Society of Colon and Rectal Surgeons American Society of Hematology American Society of Nephrology American Society of Nuclear Cardiology American Society of Pediatric Nephrology American Urogynecologic Society American Urological Association Association of American Medical Colleges College of American Pathologists Heart Rhythm Society Infectious Diseases Society of America Joint Council of Allergy, Asthma and Immunology Medical Group Management Association Radiological Society of North America Renal Physicians Association Society for Vascular Surgery Society of Gynecologic Oncologists Society of Hospital Medicine The Endocrine Society The Society of Thoracic Surgeons

Medical Association of the State of Alabama Alaska State Medical Association Arizona Medical Association Arkansas Medical Society California Medical Association Colorado Medical Society Connecticut State Medical Society Medical Society of Delaware Medical Society of the District of Columbia Florida Medical Association Inc Medical Association of Georgia Hawaii Medical Association Idaho Medical Association Illinois State Medical Society Indiana State Medical Association Iowa Medical Society Kansas Medical Society Kentucky Medical Association Louisiana State Medical Society Maine Medical Association MedChi, The Maryland State Medical Society Massachusetts Medical Society Michigan State Medical Society Minnesota Medical Association Mississippi State Medical Association

Missouri State Medical Association Montana Medical Association Nebraska Medical Association Nevada State Medical Association New Hampshire Medical Society Medical Society of New Jersey New Mexico Medical Society Medical Society of the State of New York North Carolina Medical Society North Dakota Medical Association Ohio State Medical Association Oklahoma State Medical Association Oregon Medical Association Pennsylvania Medical Society Rhode Island Medical Society South Carolina Medical Association South Dakota State Medical Association Tennessee Medical Association Texas Medical Association **Utah Medical Association** Vermont Medical Society Medical Society of Virginia Washington State Medical Association West Virginia State Medical Association Wisconsin Medical Society Wyoming Medical Society

U.S. House of Representatives

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