## Congress of the United States Washington, DC 20515

## November 16, 2011

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

Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Eric Cantor Majority Leader U.S. House of Representatives Washington, DC 20515 The Honorable Steny Hoyer Minority Whip U.S. House of Representatives Washington, DC 20515

The Honorable Nancy Pelosi

Dear Speaker Boehner, Majority Leader Cantor, Minority Leader Pelosi and Minority Whip Hoyer:

We write to express our opposition to the Medicare Payment Advisory Commission's (MedPAC's) recommendation to replace the sustainable growth rate (SGR) formula with a payment structure that would threaten the ability of seniors and disabled Americans to access care from qualified physicians and providers when faced with a potentially lifealtering or even life-threatening illness.

We strongly believe that Medicare's provider payment formula must be replaced with a new payment system that preserves Medicare beneficiaries' access to care. Since Medicare provider payments were cut 5.4 percent in 2002, congressional action has prevented further cuts in every year since, and it was not until 2009 that payments returned to 2001 levels. Last December, Congress acted to prevent a cut of 25 percent in 2011, and, without congressional intervention, Medicare payments will be cut 27.4 percent in 2012.

In spite of these challenges, on September 15, MedPAC released a draft recommendation which was finalized on October 6, that included a plan to replace the SGR with a Medicare payment model that would freeze payments to primary care physicians and healthcare professionals over the next ten years while reducing payments to all other physicians and healthcare professionals by 5.9 percent per year between 2012 and 2014. These cuts would be followed by a seven-year freeze in Medicare payments to these other physician and healthcare professional specialties.

We are committed to finding a legislative solution that addresses the shortcomings of the current Medicare payment system, but we believe we must do so in a way that improves access to care—not in a manner that makes an already tenuous situation worse. For example in a May 2010 survey, 17 percent of physicians stated they are restricting the number of Medicare patients they see, while 60 percent stated they had explored opting out of Medicare altogether. This survey and others demonstrate how the failure to address the SGR is foremost an access to care issue.

Unfortunately, while MedPAC's recommendation would eliminate the SGR, it would do so in a manner that would threaten access to care for millions of America's most vulnerable citizens. To make matters worse, the recommendation offers nothing to improve the value and quality of care. This is particularly unfortunate given the experience of several innovative, physician-led efforts that have been shown to improve outcomes and lower costs.

Simply put, MedPAC's recommendation fails to value the role that all providers have in the continuum of care, and if implemented, the impact on access to care for millions of Americans would be devastating. As a result, we strongly oppose the recommendation that an SGR fix should be funded by provider payment cuts that could endanger Medicare beneficiaries' access to care.

In conclusion, as we look to find a legislative solution to the current problems in the Medicare system including repealing the SGR, we ask you do not implement the proposals submitted by MedPAC. These proposals would be a step in the wrong direction, and detrimental to the seniors who depend on Medicare.

Sincerely,

Michael C. Burgess M.D.

Member of Congress

Gene Green

Member of Congress

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