

Congress of the United States
Washington, DC 20515

December 13, 2013

The Honorable John Boehner
Speaker
H-232, The Capitol

The Honorable Eric Cantor
Majority Leader
H-329, The Capitol

The Honorable Nancy Pelosi
Democratic Leader
H-204, The Capitol

The Honorable Steny Hoyer
Democratic Whip
H-148, The Capitol

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

With Sustainable Growth Rate (SGR) cuts to providers looming yet again, House medical professionals believe the time has come to enact a permanent solution. Chairmen Camp, Upton, Brady, and Pitts—as well as the members and staff of their respective committees—deserve tremendous credit for taking huge strides toward a legislative product that preserves seniors' access to medical care and provides certainty for care providers.

After reviewing both proposals and engaging in a substantive dialogue with the committees, leadership, and each other, we agree that the following criteria *must* be met to earn our support on any final House bill.

- Ensure a positive update for providers — A positive update is necessary for at least the next five years to ensure continued access to care for Medicare beneficiaries.
- Ensure a sufficient transition period — Any transition to an enhanced fee-for-service model must occur over at least five years and not involve payment withholding or a similar pooling mechanism.
- Maintain a viable fee-for-service model — The existing fee-for-service model must remain predictable, viable, and without additional penalty, especially given the obstacles to participation in alternative payment models for the majority of physicians who remain in small group and/or rural practices.
- Reject direct physician competition — Any pay for performance provisions must not be structured as a zero-sum game. Physicians should be evaluated based on quality care metrics in their own specialties, rather than against other physicians. Direct physician competition would also discourage collaborative medicine and the sharing of best practices.
- Maintain a level playing field — All providers should be subject to the same set of fee schedule rules as they are today. The federal government should not pick winners and losers among different types of providers (e.g. a different updates for primary care and specialties).

- Establish physician-led quality metrics — Physicians and their specialty societies—not a government agency—must drive the development of quality metrics that are practice specific.
- Prevent an expansion of medical lawsuits — To prevent a wave of litigation, a provision preventing new standards of care from being used in medical liability lawsuits should be included.
- Keep it simple — Any quality reporting systems or new payment models should be as minimally burdensome as possible. Doctors are already under a heavy regulatory burden, and we should not create new hoops to jump through to achieve the same level of payments.

We look forward to working with you and the committees on reaching agreement on legislation that satisfies these criteria and that can become law.

Sincerely,

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