

The Coalition of State Medical Societies

Speaking for Physicians and Patients at the Nation's Capital

Requests of the 115th Congress

Representing physicians from coast to coast, the Coalition of State Medical Societies comprises 10 state medical associations with more than 180,000 physician and medical student members. We need your help so we can better care for our patients. Here are some important steps Congress can take right now.

WE OPPOSED MEDICARE PHYSICIAN PAYMENT CUTS AS A PAY-FOR-IN MEDICARE EXTENDER BILL

The Medicare Extender Package would continue important programs within the Medicare program, such as the rural physician payment adjustment (work Geographic Practice Cost Index [GPCI] floor), which we support. While the permanent, across-the-board physician payment cuts have been prevented, the 0.5-percent payment increase promised for 2019 will be at most a 0.25-percent payment increase, which is significantly less than the rate of inflation. Unlike hospitals and other facilities, physicians' Medicare fees have eroded significantly over the past two decades. Our fees have not been updated to allow for inflation, other cost increases, technology innovation, and new mandates. In fact, after adjusting for inflation, physician fees have effectively fallen by 25 percent since 2001, while fee increases for hospitals and other facilities have exceeded inflation by 8 percent to 12 percent.

Congress is not keeping its commitment to physicians and seniors. Physicians cannot continue providing quality care to seniors while keeping Medicare afloat on the backs of our practices.

Fee schedule updates were guaranteed by the Medicare Access and CHIP Reauthorization Act (MACRA) legislation in 2015, including a promised increase of 0.5 percent for 2019 that has already been halved to 0.25 percent. There is no increase at all for 2020-25. Yet general inflation in the coming years is projected at 2.4 percent.

Congress should be investing in practices that keep seniors out of expensive hospitals. Physicians have invested heavily in quality reporting and electronic health record systems to meet MACRA requirements, and we need Congress to uphold its end of the deal.



AFFORDABLE CARE ACT: FIX WHAT'S BROKEN, KEEP WHAT'S WORKING

Our state medical associations are committed to ensuring that patients across America have high-quality, affordable health insurance and real access to doctors. As Congress debates changes to the Affordable Care Act (ACA), we strongly recommend that any plan meet the following goals:

- Ensure Americans do not lose coverage.
- Improve access to physicians.
- Continue subsidies and tax credits that help low- and moderate-income patients afford coverage.

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- Allow patients a broad choice of physicians, plans, and health savings accounts.
- Maintain the insurance reforms that protect physicians and our patients, such as coverage for preexisting conditions and essential health benefits.
- Stabilize the individual insurance market.
- Allow each state to choose the best Medicaid options for its residents.
- Impose no federal caps on state Medicaid funding.
- Provide access to affordable prescription drugs.

Support the Alexander-Murray bipartisan, interim ACA stabilization bill, which would provide for two years: reinsurance for high-cost catastrophic cases to bring down premiums, funding for subsidies that help families afford copayments and deductibles, and more state flexibility.

ENACT MACRA LEGISLATIVE AND REGULATORY REFORMS

While regulators already have reduced many reporting burdens, significant reforms are still needed to the MACRA program. The Coalition urges Congress and the Centers for Medicare & Medicaid Services (CMS) to make adjustments and further simplify the program.

MACRA legislative changes:

- Establish higher Medicare payment increases that cover increased costs to provide care.
- Eliminate all penalties that discourage participation.
- Exclude Part B drugs from the cost expenditure category.
- Scale back the cost category, which tags physicians with costs beyond our control and penalizes the treatment of high-risk, medically complex patients.
- Simplify the reporting system and compliance requirements.
- Eliminate Alternative Payment Model (APM) requirements that physicians must accept insurance-type, downside financial risk in order to earn incentives.

MACRA regulatory reforms:

- Further reduce the requirements for small and rural practices.
- Overhaul the cost category and reduce its weighting.
- Hold electronic health record (EHR) vendors more accountable, particularly for interoperability.
- Remove the requirement to report quality data from all payers.
- Reduce the financial risk requirements on payment models and medical homes.

LIFT THE MORATORIUM ON PHYSICIAN-OWNED HOSPITALS

Physician-owned hospitals (POHs) are among the highest-performing providers in the nation and consistently have been recognized in the Medicare program for their high-value, low-cost, and patient-favored care. With doctors at their helm, POHs provide patient-centered care that has produced better health outcomes for Medicare beneficiaries while reducing unnecessary readmissions. Lifting the POH moratorium imposed by the ACA would inject much-needed competition into the hospital market, which in turn would improve patient choice and reduce spending for the Medicare program and beneficiaries.

PROVIDE MEDICARE AND MEDICAID REGULATORY RELIEF

Physicians are overwhelmed with unnecessary, burdensome regulations that take time and resources away from providing quality patient care. These regulations are a major contributing factor to the disturbing trend in physician burnout. The Coalition's recommendations for reform will simplify the programs, reduce costs, improve quality, increase access to physicians, and allow physicians to spend more time with our patients. We recommend that Congress and CMS:

- Impose a two-year moratorium on new regulatory requirements of physicians' practices.
- Enforce EHR vendor compliance and interoperability, and limit add-on fees.
- Require Medicare and Medicaid to arrange for and cover the cost of language interpreters.
- Reform the Medicare Recovery Audit Program (RAC) where half of all bounty hunter audit findings that a physician appeals are overturned by a judge. Prohibit RAC contractors from recouping physician payment until the appeals process is final. Make RAC contractors more accountable to the government and to the public.

These state medical associations compose the Coalition of State Medical Societies:

Arizona Medical Association
 California Medical Association
 Florida Medical Association
 Louisiana State Medical Society
 Medical Society of New Jersey
 Medical Society of the State of New York
 North Carolina Medical Society
 Oklahoma State Medical Association
 South Carolina Medical Society
 Texas Medical Association

