Summary of ACP's Key Priorities on Workforce, Payment, and Delivery System Reform

May 21-22, 2014

Enact Legislation to Eliminate Medicare's Physician Payment System, as Agreed Upon by Medicare Committees

Congress should work in a bipartisan fashion to enact, in 2014, the *SGR Repeal and Medicare Provider Payment Modernization Act* (H.R.4015/S. 2000), as introduced by the chairs of the Medicare committees on Feb. 6, including resolving any remaining disagreements over its budgetary impact. This legislation represents unprecedented bipartisan agreement on the part of the three committees in the House and Senate with jurisdiction over Medicare, the House Energy & Commerce and Ways & Means Committees and the Senate Finance Committee, on policy to repeal Medicare's Sustainable Growth Rate (SGR) formula and replace it with a new value-based payment and delivery system.

Extend Expiring Medicaid Payment Policy for Primary Care Services through at least 2016

Enacted in 2010, the Medicaid Pay Comparability program is designed to increase Medicaid payment for primary care and related services and vaccinations to 100 percent of Medicare rates in years 2013 and 2014. This program was based on studies that show that disproportionately low Medicaid payment rates, which in many cases are below the costs of delivering care, make it impossible for primary care physicians and other related medical specialists to take care of substantial numbers of Medicaid patients, creating severe access problems for the most vulnerable patients. With more than 10 million more persons expected to join Medicaid, both in states that have agreed to expand the program as well as those maintaining their own eligibility standards, it is critical that Congress extend the Medicaid Pay Comparability program through at least 2016 and by doing so, prevent an across-the-board Medicaid primary care payment cut on January 1, 2015.

Enact Bipartisan Medical Liability "Safe Harbor" Legislation and Initiate a Pilot on Health Courts

Work in a bipartisan fashion to enact the *Saving Lives, Saving Costs Act* (H.R. 4106), which would provide safe harbor protections from medical liability lawsuits for physicians who document adherence to clinical practice guidelines; Enact other innovative reforms that will reduce the costs of medical liability insurance and defensive medicine, including a pilot of health courts, a no-fault alternative that would have medical liability claims heard by expert judges instead of lay juries.

Reform and Sustain Graduate Medical Education (GME) Financing; Re-align the Program with the Nation's Workforce Needs

Congress should preserve and strategically reform funding for teaching hospitals:

- ✓ Preserve funding for GME in FY2015; stop the 2 percent cut to GME under sequestration, and protect Indirect Medical Education from cuts.
- ✓ Cosponsor and urge enactment of legislation that will increase the number of GME training positions in primary care specialties (including internal medicine) and others facing shortages, as included in the *Resident Physician Shortage Reduction Act* (S.577 and H.R. 1180) and the *Training Tomorrow's Doctors Today Act* (H.R. 1201).
- ✓ Introduce legislation to support GME financing reform by introducing more transparency and accountability and requiring that all payers contribute to GME funding.

Ensure Sufficient Funding for Federal Health Care Workforce Programs

Congress should also fully fund the following essential federal health programs to help ensure an adequate physician workforce:

- ✓ The National Health Service Corps (NHSC), which has a proven track record of training and recruiting physicians in primary care and other specialties in shortage to serve in underserved areas.
- ✓ Section 747, Training in Primary Care Medicine, the only federal program dedicated to funding and improving training of primary care physicians.
- ✓ National Health Care Workforce Commission, which will make recommendations on how to ensure a sufficient physician workforce to meet the demand, including examination of barriers to primary care. This commission was authorized in 2010 but has yet to convene due to lack of funding from Congress.

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