

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

May 20-21, 2015

**Medicare SGR/Physician Payment Reform:** On April 16, 2015, President Obama signed into law the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA), H.R. 2, which permanently repealed the Medicare SGR formula. ACP commends Congress and President Obama for enactment of this bipartisan legislation that finally eliminates the flawed SGR formula and puts us on a pathway toward a new value-based payment and delivery system.

**Medicare Primary Care Incentive Program:** Members of Congress should introduce and pass legislation to continue the current Medicare 10 percent primary care incentive program that is set to expire at the end of this year. This program, which began in 2011, pays eligible internal medicine specialists, family physicians, and geriatricians a 10 percent bonus on designated office visits and other primary care services. It will sunset on January 1, 2016.

**Medicaid Primary Care Pay Parity:** Congress should help improve access to primary care for patients enrolled in Medicaid by enacting legislation to ensure that Medicaid payments for primary care and immunization services are reimbursed at no less than what Medicare pays for the same services. Senators should cosponsor the *Ensuring Access to Primary Care for Women & Children Act* (S. 737), and House members cosponsor (H.R. 2253), which would ensure Medicare-Medicaid pay parity for these designated services for two years. Both chambers should expedite passage of this legislation.

**Graduate Medical Education:** Congress should ensure that overall GME funding for FY2016 is sufficient to train enough physicians, with the skills needed, to meet increased demand and broaden the GME financing base by establishing an all-payer system where Medicare, Medicaid and private payers would contribute to GME funding as a public good.

- 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, such as in the *Resident Physician Shortage Reduction Act* (S.1148 and H.R. 2124), the *Creating Access to Residency Education (CARE) Act* (H.R. 1117).
- Provide continued funding for the Teaching Health Center Graduate Medical Education (THCGME) program, which provides GME grants to THCs to train primary care physicians in community-based, ambulatory patient care settings. The MACRA law funds THCGME at \$60 million in mandatory dollars for FY2016 and FY2017.

**Funding for Vital Federal Health Care Programs:** Congress should ensure necessary funding in fiscal year 2016 for vital federal programs/initiatives designed to support primary care and ensure an adequate physician workforce, including: Title VII Health Professions grants, National Health Service Corps (NHSC), National Health Care Workforce Commission.

- The Title VII Health Professions Program distributes educational grants for primary care physician students, residents, and faculty to enhance primary care provider recruitment. Congress should fund this program at \$71 million for FY2016.
- The NHSC provides scholarships and loan forgiveness to enable primary care physicians to be trained to serve underserved communities. While H.R. 2, as enacted on April 16, extends the NHSC's mandatory funding for two more fiscal years (FY2016, FY2017) at the FY2015 level, Congress should fund the NHSC at \$810 million for FY2016.
- The National Health Care Workforce Commission, as authorized by Congress in 2010, was intended to provide Congress with the advice of an independent, expert advisory committee, charged with assessing the nation's workforce needs including the barriers to primary care. Although appointees were announced, the Commission has not been able to function because Congress has never funded it. Congress should fund the Commission at \$3 million for FY2016.

**Supporting Public Health and Innovative Technologies:** ACP supports the goals of the emerging *21<sup>st</sup> Century Cures* legislation by the House Energy & Commerce Committee. This bill would reauthorize funding for the National Institutes of Health (NIH) research and establish an NIH innovation fund, as well as new programs to support young, emerging scientists. It will also support telemedicine as a method of health care delivery and the movement toward true interoperability of health records, yet details of how these laudable goals will be achieved are not yet available; it is critical that these goals be achieved in a way that enhances patient-physician collaborations and meaningfully engages all stakeholders involved, particularly front-line clinicians. ACP will continue to engage in a supportive way with the Energy and Commerce Committee and provide input as this bill moves forward.