Dear Senator \_\_\_\_\_\_\_\_\_\_\_\_,

As a practicing physician in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_, I am writing to express my concern about the recently passed Medicare Access and CHIP Reauthorization Act (HR 2). Organized medicine heavily lobbied for this "fix" of the SGR formula.  The bill is 263 pages long but only 11 cover the SGR repeal. The remaining pages deal with replacing one complicated and flawed formula with another. It directs CMS bureaucrats to shift to complex Merit-Based Incentive Plans, and Alternate Payment Models, which are the ACOs and PCMHs of PPACA. Once again, it presumes that if central planners can just collect enough data through government-approved EMRs and devise the correct quality formulas, the decades-old flaws of the Medicare system can be solved.

Physicians are deeply disappointed, as this requires government-mandated EMR use for reporting of "quality metrics" which have yet to be devised or proven to be of value to the patient.  Also the very controversial and unproven, Maintenance of Certification (MOC) requirement administered by the corruption-plagued American Board of Medical Specialties, has found its way into the language.

Doctors are in favor of repealing the SGR, but are not in support of the alternative payment models, which simply expand the complex bureaucracy of CMS.  Please craft a new Senate version which repeals the SGR in a more fiscally-sound and consumer-based manner. (Perhaps the Simpson/Bowles Commission recommendation might be a starting point).

We request 5 simple modifications in the Senate bill, without which it should not be voted on:

1. The HHS Secretary must be prohibited from selectively invalidating Prescriber National Provider Identification Numbers. SEC.507. (4) (B) (i) and (ii) must be struck from the bill. The NPI # cannot be invalidated and remains property of that unique physician.
2. A Provider NPI number should not be required for a prescription from a licensed physician to be honored. Physician licensure comes from each individual State, and any action by the Secretary to limit a State-sanctioned license to practice medicine is illegal.
3. Medicare, Medicaid, and SCHIP patients and/or their legal guardians must provide informed consent (obtained by government agents, not physicians or their overburdened staff) to have their personal medical records shared with data registries, government agencies, research groups, insurance companies, or anyone else.
4. A Physician’s Medicare Part B opt-out status cannot be used to deny a patient benefits from utilizing his/her Medicare Part A, C, D, because of the Part B participation status of his/her physician.
5. Participation in MIPS, MOC, Meaningful Use and other incentive programs should be purely voluntary, and non-participation in unproven programs, should not be penalized.

I implore you, Senator, not to vote on the bill in its current state, but to modify it as suggested above. If this bill becomes law in its current corrupted state, it forces physicians to betray their patients and their conscience, violate the Hippocratic Oath, and instead serve the government in order to be paid for their services. Hippocratic physicians will have no ethical choice but to opt out of Medicare and Medicaid. Patients, particularly our nation’s seniors, will lose access to their doctors and physicians will lose access to their patients. The private practice of medicine in the United States of America will be extinguished. We hope you will not let this happen under your watch.

Thank you for your consideration.

Respectfully,