



March 24, 2014

Via First Class Mail

The Honorable Ron Wyden
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Orrin G. Hatch
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Dave Camp
Chairman
Committee on Ways & Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Sander M. Levin
Ranking Member
Committee on Ways & Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
Chairman
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Henry Waxman
Ranking Member
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Re: Support for Permanent Repeal of SGR

Dear Chairmen and Ranking Members:

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused exclusively on the delivery of emergency medical services, with an emphasis on the provision of high-quality, cost-effective care in the emergency department to all Americans. Together, EDPMA's members deliver (or directly support) health care for about half of the 130 million patients that visit U.S. emergency departments each year. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist health care providers in our nation's emergency departments. We work collectively and collaboratively to deliver essential health care services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

On behalf of EDPMA, I am writing to urge you to pass the bipartisan, bicameral policy agreement to permanently repeal and replace the SGR as soon as possible. Congress has an historic opportunity to join together in a bipartisan manner to permanently repeal a

reimbursement formula that is universally viewed as a flawed formula that puts the Medicare program in jeopardy with its mandated cuts. We congratulate you on finding common ground and developing a new formula that has the support of both parties, both Houses of Congress, and provider groups. EDPMA fully supports the bipartisan bicameral policy agreement and urges you to pass it before the March 31, 2014 deadline. Otherwise, a temporary patch will be necessary, increasing the ultimate cost of repeal and replacement.

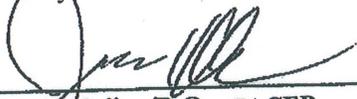
We want to give special thanks to Committee staff who diligently worked with us to address our concerns about developing a value-based system that works for ED physician groups who

- use qualified EHRs, but do not qualify for the meaningful use program,
- provide high quality care, but cannot qualify for value-based payment incentives under current quality-tiering methodology,
- are hospital-based, yet cannot adopt the performance scores of their affiliated hospitals,
- regularly take part in complex care management, but often do not qualify for related incentives, and
- are interested in using an alternative payment model, yet cannot fully participate under current models.

Emergency physicians are often the first point of access for individuals in need of acute care, handling 28 percent of first-contact care in the United States, utilizing only 5 percent of the physician workforce. Emergency Department patients include millions of indigent individuals and Medicaid recipients with little or no access to timely primary care. A 2013 Report by the Rand Corporation entitled “The Evolving Role of Emergency Departments in the United States,” (the “Rand Study”) finds that primary care physicians increasingly rely on the Emergency Department to evaluate complex patients with potentially serious problems, conduct workups, and provide overflow and after-hours primary care. ED physicians are the major decision-makers in over half of an average hospital’s admissions and are critical in helping hospitals fulfill their statutory obligation to provide emergency care without regard to the ability to pay. We appreciate that your staff worked to address our concerns.

We urge you to pass the bipartisan, bicameral agreement to repeal and replace the SGR before March 31, 2014. Please feel free to contact EDPMA’s Executive Director, Elizabeth Mundinger, at (703) 610-9033 if we can be assistance on this topic or in any other area.

Sincerely,



James A. Kolka, D.O., FACEP
Chair, EDPMA Board of Directors