Moving Parts

It looks like Congress may still be debating health reform and how to prevent the 21.5% Medicare physician payment cut, issues in which ACOG is deeply involved, advocating on your behalf, right up to the November elections.

Our position on health reform is clear: We reluctantly oppose enactment of the Senate bill because of the numerous and onerous provisions it contains, items that would wreak havoc on your ability to practice medicine and maintain your practices. That’s a pretty important bottom line. You can read our letter to Congressional leaders here.

Our position on the annual SGR payment cut is clear also: No more kicking the can down the road; no more freezes; no more cliff. Congress must permanently fix how physicians are paid, and Congress cannot build a new health care system on a broken payment formula. We’re not going along with anything less than a real fix.

We’re working closely with the Surgical Coalition, made up of 19 national surgical societies, on both these issues. We also realize that we need strong allies beyond the physician community, including the certified nurse midwives with whom we share many goals.

Early this year, I started asking you to contribute to Ob-GynPAC so in this election year we could help our SGR friends and boy have you responded! We’ll use every dollar you’ve contributed to keep our friends in Congress and maybe help show a few non-friends the door! Let’s use Ob-GynPAC to make our voices count!
The Latest News on Medicare Physician Payment Cuts

1. ACOG Continues Push for SGR Repeal, as 21.5% Physician Pay Cut Looms

At 9 p.m. on Tuesday, March 2, ACOG’s Lobby Day, the U.S. Senate passed (78-19) the $10 billion Temporary Extension Act of 2010, which delayed a scheduled 21.5% Medicare physician payment cut for another month, until April 1. The House of Representatives passed the legislation the previous week. This gives us another 2 weeks to push for a real solution.

The key message of ACOG’s SGR Repeal Campaign: Medicare physician payment matters to all physicians and affects patient access to care; Congress has to repeal the Sustained Growth Rate (SGR), the flawed physician payment formula.

ACOG members are asking Congress to replace the SGR with a more rational payment system. Each year that Congress delays a permanent fix, the debt from the SGR grows and repeal becomes even more expensive. Read more about ACOG’s message [here](#).

You Can Help Spread the Message

Help put the pressure on Congress to repeal the SGR. At ACOG’s Legislative Action Center, you can send a quick and easy email message to Members of Congress, using our talking points. Or make a free and simple phone call to your two Senators on the Surgical Coalition Hotline, hosted by the American College of Surgeons and available to ACOG, at [1-877-996-4464](tel:1-877-996-4464).

No time to write but want to help? Your [contribution](#) will support Ob-GynPAC’s SGR Repeal Campaign.

Our thanks to ACOG members for their commitment and support to Repeal the SGR.

2. Surgical Coalition Survey Results: Cuts Threaten Patients’ Access to Care

Recently 2,511 ACOG members responded to our Surgical Coalition Survey on the Future of Medicare Participation, joining 11,323 other physician participants. Preliminary findings from the survey results reinforce our SGR Repeal message that the scheduled 21.5% physician payment cut will hinder patient access to surgical care.

When asked about the impact of the scheduled cuts on their practice, 42% of responding ob-gyns said they will change their status to nonparticipating, while 24% will opt out of Medicare for two years and privately contract with Medicare patients. Of the doctors remaining as Medicare participating physicians, three fourths plan on making some change in their practice in the next 12 months, and 72% of ob-gyns will limit the number of Medicare patient appointments.

Watch for more details and links to a final survey report in next week’s Legislative News.
## High Stakes Gamble Begins:
### House to Vote on Senate Health Reform Bill

The House will vote on the Senate health reform bill, H.R. 3590, on March 19, and then on a reconciliation “fix” to H.R. 3590 on March 21. Senate debate on the reconciliation bill is scheduled to begin on March 23, with votes beginning on March 26. Senate Majority Leader Harry Reid (D-NV) threatened to keep Senators in Washington through the Easter recess, March 29 – April 9, to get the job done.

Last week, the Senate parliamentarian ruled that the President must sign H.R. 3590 into law before the Senate can take up reconciliation changes to that bill, complicating matters for House Democrats, who have to trust that Senate Democrats will have the 51 votes to pass the changes they want after H.R. 3590 is signed into law.

House Speaker Nancy Pelosi (D-CA) is gambling that she can get the 216 votes needed to pass the Senate reform bill without the support of Rep. Bart Stupak (D-MI) and others who threaten to vote against the bill without more restrictions on abortion funding. (Read ACOG’s position on the Stupak Amendment on page 3 of this edition of Legislative News.) It’s a big gamble, since the House passed its own reform bill, H.R. 3962, the Affordable Health Care for America Act, by only five votes last year.

## ACOG and Surgical Community Urge Pelosi to Improve Final Reform Legislation

### SGR Repeal, MLR, Workforce Shortages Need Attention

Last week, ACOG and 22 other surgical organizations sent an urgent appeal to House Speaker Pelosi, warning that a final health care reform package must be built on a solid foundation for physicians and patients. The group notes that all of the participating organizations strongly support the national need for health care reform, and have worked in good faith with Congress. However, several critical problems in the health care system still need addressing, the surgeons warned. They urged Congress to:

- Repeal the current SGR formula immediately and set a new baseline for the physician payment system;
- Remove the creation of an independent Medicare commission. Major decisions on policy should not be left to an unelected, unaccountable governmental body;
- Promote well-designed and tested quality improvement initiatives. Any quality reporting initiative should remain voluntary and non-punitive;
- Incorporate medical liability reforms in comprehensive health care reform, including provisions modeled after MLR laws in California or Texas;

continued
ACOG and Surgical Community Urge Pelosi to Improve Final Reform Legislation — Cont’d

- Address surgical workforce shortages through improvements to the GME system; and

- Ensure appropriate Medicaid payment levels for all providers.

Read more here.

State Legislative Roundup

1. California and Washington ACOG Receive State Legislative Advocacy Awards

Colorado and New Jersey Also Honored

Congratulations to California ACOG and Washington State ACOG, recipients of ACOG’s First Annual State Legislative Advocacy Awards, presented during the Congressional Leadership Conference, and to the runners-up: ACOG Sections in Colorado and New Jersey.

The new award program was developed by the Subcommittee on State Legislation of ACOG’s Government Affairs Committee, to support and stimulate state level advocacy, a central ACOG mission. There are two types of awards: one for accomplishments in advocacy, and another for most improvement in advocacy work. First place states each receive a $1,000 cash award, and runners-up are awarded $500 each.

The new ACOG Accomplishment in State Legislative Advocacy Award went to California ACOG, for their 2009 Ob-Gyn Residents Lobby Day. Subcommittee officials were impressed with the demonstrated success of California’s Residents Lobby Day, its evolution over several years, and how it is an integral part of California ACOG’s advocacy agenda and long-range objectives. Congratulations also to Colorado ACOG, the runner-up for this award for their campaign against the "Personhood" ballot initiative.

Kudos to Washington ACOG, receiving the ACOG Improvement in State Legislative Advocacy Award for their 2009 Ob-Gyn Residents Lobby Day. ACOG was impressed with the success of this brand new initiative, reflecting the growth in Washington's state legislative program. Congratulations also to New Jersey ACOG, the runner-up for this award for their successful legislative campaign to reform ob-gyn reimbursement for maternity care services in their state.

Click here, for information about the new program and here to apply for the 2010 Advocacy Awards.
2. Progress in the States on ACOG-Backed Fair Insurance Rules for Women

A ban on gender rating passed in the New Mexico state legislature last month, and Governor Bill Richardson (D) signed the bill, SB 148, into law on March 9. New Mexico is now the 12th state to prohibit or restrict gender discrimination in the individual or small group market.

The bill will eventually eliminate gender as a health insurance rating factor by creating a five percent annual phase-out of the practice. Currently, insurers in the state can charge women up to 20% more than men for individual and small group health plans, and “this is unacceptable,” said Richardson.

Guaranteed issue of maternity care was passed by the Colorado House, and is now moving in the Senate. HB 10-1021 requires health insurance carriers in the individual market to include maternity benefits. Supporters believe the bill is likely to win final passage, but Gov. Bill Ritter (D) has not stated whether he will sign the bill.

Meanwhile, California ACOG is trying for the fourth time to pass a guaranteed issue of maternity care bill through the state legislature and signed into law. Gov. Arnold Schwarzenegger (R) vetoed several previous bills passed by the State Assembly. The need for maternity care benefits grows annually. Today, only 22% of women in the individual insurance market have maternity coverage, compared to 82% in 2001.
Members of the Washington ACOG delegation visit U.S. Senator Maria Cantwell (D-WA), center, during the CLC Lobby Day on March 2.