



Top 10 Myths About HR 2: The Bill to Repeal the Medicare SGR

The Internet trolls are pumping out misstatements, distortions, and outright lies about the bill to repeal Medicare's Sustainable Growth Rate (SGR) formula. While Texas physicians obviously want the annual albatross of SGR-threatened cuts removed from their necks, they are suspicious when they hear about a secret plan to enact government-run, single-payer health care. As the Texas Medical Association is [asking members to contact the U.S. Senate](#) in support of HR 2, the Medicare Access and CHIP Reauthorization Act, we are obliged to address these concerns.

Myth 1: This bill was developed in secret by Nancy Pelosi and allies of President Obama.

FALSE.

The basic language and policy principles of the bill have been available online since late 2013. U.S. Rep. Michael Burgess, MD, a Republican from Lewisville, Texas, and an obstetrician-gynecologist, is the lead author of the bill. Dr. Burgess, along with physician champions like Rep. Kevin Brady (R-The Woodlands), worked for more than a year to develop the policy principles in HR 2. Three committees in the U.S. House and Senate debated it publicly. Dr. Burgess and Representative Brady made sure the improvements that groups like TMA offered were put into the bill.

Myth 2: This bill requires physicians to give up private practice as we know it.

FALSE.

TMA and organized medicine specifically fought to maintain a physician's right to participate in Medicare on a fee-for-service basis. No physician is required to become part of an accountable care organization or other "alternative payment models."

Myth 3: This bill enshrines MOC into law.

FALSE.

This bill has *nothing to do with* MOC (maintenance of certification) or MOL (maintenance of licensure) requirements. HR 2 provides physicians a wide range of options to demonstrate practice improvement activities, and that includes the kind of things physicians do for MOC. But MOC is not required in any way.

Myth 4: This bill expands the federal debt.

FALSE.

The SGR hides the true cost of Medicare. Pretending the SGR will someday take effect and someday hold down Medicare spending in the future makes Medicare look much stronger than it actually is. The SGR has never held down the cost of providing health care to military families and patients on Medicare. HR 2 ensures the budget accurately reflects our obligations to Medicare beneficiaries.

Myth 5: This bill adds to the bureaucratic regulation of medicine.

FALSE.

HR 2 actually eases the existing bureaucratic intrusion into a physician's practice. It rolls the Physician Quality Reporting System, meaningful use, and Value-Based Payment Modifier into one quality reporting system. It boosts possible bonuses and chops the size of possible penalties. We would love to see them removed entirely. Congress could have done that any time since they were created in 2010 and can still do it any time in the future. This bill just buys some time without driving every physician out of Medicare.

Myth 6: This bill requires every physician to participate in Medicare.

FALSE.

There never has been and never will be such a requirement. In fact, at the request of groups like TMA, HR 2 eliminates the need for physicians who choose to opt out of Medicare to have to renew their status every two years.

Myth 7: This bill freezes physicians' Medicare rates.

FALSE.

HR 2 repeals the SGR immediately, stopping the 21-percent cut in physicians' Medicare payments. It guarantees small, but real, increases in payment rates for the next five years.

Myth 8: This bill requires physicians to turn their patients' private medical records over to Medicare.

FALSE.

HR 2 continues the current law's requirements for physicians to report quality measurements — such as the percent of diabetic patients with HbA1c less than 7. Critics are brazenly misinterpreting that to encompass the entire medical record.

Myth 9: This bill turns over control of patients' prescriptions to the government.

FALSE.

Any physician can still write a prescription for any of his or her patients. But — like other services Medicare pays for — Medicare Part D will cover prescriptions only if the physician who wrote it has a national provider ID. (NPI)

Myth 10: This bill is perfect.

FALSE.

Yes, false. It is by no means perfect. We've worked with the authors for several years to improve it, and it's better than it started out. No piece of legislation is perfect, but HR 2 is a far cry better than the status quo.