

# NPAF National Patient Advocate Foundation

The Patient's Voice | since 1996

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May 27, 2010

The Honorable Harry Reid  
United States Senate  
Washington, DC 20510

Dear Senator Reid:

National Patient Advocate Foundation (NPAF) is the voice for millions of patients who have sought care after a diagnosis of a chronic, debilitating or life-threatening illness. On behalf of those patients who encounter obstacles in accessing health care daily and whose case details are documented in a comprehensive database maintained by our companion organization, Patient Advocate Foundation (PAF), we strongly urge Congress to pass legislation to avert the 21.3 percent cut in reimbursement for Medicare physicians scheduled to go into effect June 1, 2010.

The advocacy activities of NPAF are informed and influenced by the experience of patients who receive case management services from PAF, which provides professional case management services to patients with chronic, debilitating or life-threatening conditions. In 2009, PAF resolved 55,384 patient cases and received four million additional inquiries from patients nationally from all 50 states. The total of closed cases since 1996 is more than 400,000.

PAF has documentation of 89 medical practices across 19 states that have closed or stopped seeing Medicare patients in response to continuing Medicare reimbursement difficulties.

- 46 sites that have closed locations with a direct impact on patient access
- 13 sites pending potential bankruptcy that will either close or are pending a sale to a hospital
- 25 practices that have been sold to hospitals
- 2 that have been sold to other practices or other corporations
- 3 that are referring ALL chemotherapy and drug administration to the hospital setting or other site of care due to reimbursement, financial risk and patient out of pocket exposure

The 19 states are: AL, CO, CT, FL, GA, MA, MD, MS, NC, NJ, NM, NV, NY, SC, TX, UT, VA, WV and WY. If you wish to speak with us about which practices, we would be pleased to provide that information.

Eighteen percent of the patients served last year by PAF were Medicare patients. These patients have mounting concerns that they could be at risk of not having a physician as evidenced by their outreach to PAF case managers serving this population.

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The concern of the patients we serve has been particularly strong with respect to oncology services. Almost seventy-seven percent of PAF's patients have a cancer diagnosis. In 2005, NPAF commissioned a *Geographic Access to Care* study as part of its Global Access project. This study was published by researchers at the University of North Carolina and summarized the distribution of cancer patients and cancer care providers across regions and population types, paying special attention to potential differences in access to care that might be related to rural location, race, ethnicity or low-income status. The study, which can be found at [www.npaf.org](http://www.npaf.org), found that:

“Forty-five percent of all rural counties in the study states have no oncology service providers at all – neither a hospital nor a hematology or medical oncologist....Nearly one-fourth of the urban counties also have no cancer care providers....Eighteen percent of rural counties have hospitals that report providing oncology services, yet there are no oncology physicians located within the county according to the CMS files.”

The formula used to determine physician reimbursement under Medicare needs to be replaced with a mechanism to assure that physicians are adequately compensated for providing care to Medicare patients. Otherwise, increasing numbers of Medicare beneficiaries will be unable to access care as more physicians decline to accept Medicare patients. This problem will be most acute, as noted above, in rural areas and some urban counties.

With only days away from a crippling reimbursement cut, we strongly urge the Congress to resolve this problem that is so threatening to the security of the Medicare patients we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Davenport-Ennis". The signature is written in a cursive, flowing style.

Nancy Davenport-Ennis  
President and Chief Executive Officer