

# **NPAF** National Patient Advocate Foundation

**The Patient's Voice | since 1996**

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December 8, 2009

The Honorable Harry Reid  
United States Senate  
Washington, DC 20510

The Honorable Mitch McConnell  
United States Senate  
Washington, DC 20510

Dear Senators Reid and McConnell:

On behalf of the patients we represent, National Patient Advocate Foundation (NPAF) urges the United States Senate to pass legislation to avert the 21 percent cut in reimbursement for Medicare physicians scheduled to go into effect January 1, 2010 and also to provide a permanent solution to the sustainable growth rate (SGR). The National Patient Advocate Foundation is a non-profit organization dedicated to improving access to healthcare services through policy reform. The advocacy activities of NPAF are informed and influenced by the experience of patients who receive counseling and case management services from our companion organization, the Patient Advocate Foundation (PAF), which provides case management services to individuals with chronic, debilitating and life-threatening diseases. In 2008, PAF received more than 9 million contacts for information and/or direct professional intervention in the resolution of barriers to access to care. PAF initiated the provision of direct services to 48,369 individuals during that time.

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, but these are located at the fringes of the metropolitan areas with relatively few residents....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 Medicare physician reimbursement in the current healthcare reform legislation before the Senate would provide a one-year fix, increasing physician payments by 0.5 percent, but unlike the companion legislation in the House of Representatives, it does not offer a permanent solution. 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.

We strongly urge the Senate to adopt the House-passed legislation, either as part of the healthcare reform legislation or as a stand-alone bill, in order to provide a permanent solution to this problem and security to Medicare patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Davenport-Ennis". The signature is written in a cursive style and is positioned above the printed name.

Nancy Davenport-Ennis  
President & CEO

Cc: Grayson Fowler, Executive Vice President of Government Affairs  
Amy Boivin-Wotring, Vice President of Federal Government Affairs