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MAGAZINE ARTICLE

American Nurse Today

Headlines from the Hill: Sustainable Growth Rate: Becoming History, or a Victim of Congressional Deadlock?

By Canter, April

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Article excerpt

THE SUSTAINABLE GROWTH RATE (SGR) is a formula intended to reduce Medicare spending by cutting payments to providers. Since the law was enacted in 1997, Congress has passed short-term fixes that keep the SGR from going into full effect.

ANA supports repealing the Medicare SGR formula and reforming Medicare Part B payment. With Congressional action on the SGR underway, ANA submitted letters to members of the House Energy and Commerce (E & C) Committee representing the interests of more than 100,000 advanced practice registered nurses (APRNs) who directly bill Medicare Part B carriers that provide services to more than 10 million Part B fee-for-service beneficiaries. The 27% SGR cut to providers would have a huge impact on physician and APRN practices throughout the country, which in turn would negatively impact patients' access to care.

Earlier this year, the Congressional Budget Office announced that due to a decrease in Medicare spending, cost of the SGR has been reduced from \$244 billion to \$175 billion. Congressional leaders want to address the problem now because it has a lower price tag.

On July 31, the Medicare Patient Access and Quality Improvement Act (H.R. 2810) was unanimously approved by the House E & C Committee. According to the committee, H.R. 2810 seeks to make numerous policy changes in three phases. (See Three phases of H.R. 2810.)

The plan starts with repeal of the SGR and a 5-year period of payment stability for providers. The reimbursement rate would grow 0.5% under the plan between 2014 and 2018. After that, providers could report certain quality measures, which would be compared to measures reported by others. Traditional fee-for-service payments could be adjusted based on the results.

Medical specialty societies will develop meaningful measures and clinical improvement activities using a standard process. The committee adopted a bipartisan amendment, offered by Reps. Burgess (R-TX) and Pallone (D-NJ), which addresses APRN issues. It clarified a critical definition to include APRNs

among stakeholders authorized to contribute to and participate in clinical improvement and quality-measures development, evaluation, and implementation.

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