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## Doctors Press Senate to Undo Medicare Cuts

By [ROBERT PEAR](#)

WASHINGTON — Congress returns to work this week with [Medicare](#) high on the agenda and Senate Republicans under pressure after a barrage of radio and television advertisements blamed them for a 10.6 percent cut in payments to doctors who care for millions of older Americans.

The advertisements, by the [American Medical Association](#), urge Senate Republicans to reverse themselves and help pass legislation to fend off the cut.

How to pay doctors through the federal [health insurance](#) program is an issue that lawmakers are forced to confront every year because of what is widely agreed to be an outdated reimbursement formula. But the dispute, which showcases the continued potency of health care issues, has reached a new level of urgency this year. Some doctors are reassessing their participation in the program and powerful interests on all sides are in a lobbying frenzy.

Just before the Fourth of July recess, the House passed a bill to prevent the Medicare pay cut by a vote of 355 to 59. In the Senate, Republicans blocked efforts to take up the bill, so the cut took effect on July 1, as required by the formula. But the Bush administration has delayed processing of new claims to give Congress time to come up with a compromise.

Senator [Harry Reid](#) of Nevada, the majority leader, said he planned to force another vote this week, and Democrats pressed their case over the weekend in their national radio address.

Democrats need just one more vote to pass the bill, and they hope to win over Republicans who were hit by advertisements over the recess. The advertisements assert that Republicans have been protecting “powerful insurance companies at the expense of

Medicare patients' access to doctors." The commercials were aimed at 10 Republican senators, including seven up for election this fall.

But President Bush has vowed to veto the bill, so the fight — and the uncertainty — could continue for weeks.

Mr. Bush and many Republicans oppose the bill because it would finance an increase in doctors' fees by reducing federal payments to insurance companies that offer private Medicare Advantage plans as an alternative to the traditional government-run Medicare program.

Insurance companies and the White House argue that the bill would hurt beneficiaries who rely on private Medicare plans. America's Health Insurance Plans, a trade group, ran television advertisements last week, urging Congress to "stop cuts to Medicare Advantage."

Medicare is just one issue on which Congress is stalled. The Senate has yet to finish work on a bipartisan bill to help homeowners facing foreclosure. Lawmakers are also struggling with legislation to regulate electronic surveillance and deal with soaring gasoline prices.

But the Medicare issue has been a sticking point for years. The question is how to rein in the rapidly rising cost of the federal health program. Members of both parties say they want to change the formula, which defines a "sustainable growth rate" for spending on doctors. But Congress is nowhere near agreement.

The pending bill offers a short-term fix. It would reverse the 10.6 percent cut and increase Medicare payments to doctors by 1.1 percent in January. Under the current formula, doctors would still face cuts of more than 5 percent a year from 2010 to 2012.

Despite the president's veto threat, many House Republicans bolted and voted for the bill, putting added pressure on their colleagues in the Senate.

As the maneuvering goes on in Washington, doctors around the country have begun to reassess their participation in Medicare.

Dr. David D. Richardson, 40, an ophthalmologist in Los Angeles County, closed his practice last week to all but emergency patients and those needing surgery.

“I love practicing medicine,” Dr. Richardson said, “but I would lose more money by keeping my office open than by pulling it back to a skeleton crew. Just like a physician in the emergency room, I try to reduce the hemorrhaging.”

In Topeka, Kan., Dr. Kent E. Palmberg, senior vice president and chief medical officer of the Stormont-Vail HealthCare system, said its 70 primary care doctors were “no longer accepting new Medicare patients as of July 1 because of the draconian cut in Medicare reimbursement.”

Dr. Gerald E. Harmon, a [family doctor](#) in Pawleys Island, S.C., said he decided last week that he would not take new Medicare patients “until further notice.”

“This is not what we enjoy doing,” says a notice in his waiting room. “It is what we must do to maintain financial viability.”

Dr. Harmon said that Democrats had been more helpful on Medicare legislation, but that the two parties shared responsibility for the impasse.

“Rome is burning, and Nero is fiddling away, trying to get re-elected,” Dr. Harmon said.

Doctors have also entered the political arena. One made a direct appeal to Mr. Bush at a fund-raiser last week in Jackson, Miss. Dr. J. Patrick Barrett, a spine surgeon and president of the Mississippi State Medical Association, said he had told Mr. Bush that the Medicare pay cut would be “extremely detrimental to the health and welfare of the elderly population.”

In an interview, Dr. Barrett said: “I lose money whenever I operate on a Medicare patient. In the last week, a number of doctors have told me they will quit seeing new Medicare patients or will cut back on the amount of Medicare work they do.”

The A.M.A.’s advertisements focus on Senators [John Cornyn](#) of Texas, [John E. Sununu](#) of New Hampshire and Roger Wicker of Mississippi, among others.

Republicans defend their position in various ways. Mr. Cornyn said the bill provided only “a patchwork fix.” Senator [Charles E. Grassley](#) of Iowa said Democrats were playing “partisan games.”

Senator [Jon Kyl](#) of Arizona, the Republican whip, said, “Nobody wants to cut physicians’ pay.” But lawmakers disagree over how to cover the cost of remedial legislation.

More than 10 million of the 44 million Medicare beneficiaries are in private Medicare Advantage plans offered by companies like Humana, UnitedHealth and Coventry Health Care. Many of these plans offer extra benefits like vision and [dental care](#). But independent studies have repeatedly found that the private plans cost the government more per person than traditional Medicare.

Expecting the battle to resume this week, Coventry Health Care, in an e-mail message dated July 3, asked insurance agents across the country to call Congress and oppose the pending Medicare bill, saying that it would be “harmful to beneficiaries.”

On the other side of the issue, military families have joined doctors and [AARP](#), the advocacy group for older Americans, in lobbying for the bill.

Relatives of active-duty military personnel, military retirees and their dependents receive care under a federal program known as Tricare, which uses the Medicare fee schedule to pay doctors.

When Medicare reduces payments to doctors, fees under the military program are also reduced, and it becomes more difficult for military families to find doctors.

Congress is “playing chicken with your health care,” the Military Officers Association of America told its members in a bulletin last week.

Medicare receives 15 million claims a week for services paid under the physician fee schedule, so any change in payment rates has big implications.

[Michael O. Leavitt](#), the secretary of health and human services, said he would try to “minimize the impact” of the cut by instructing Medicare contractors to hold claims for 10 business days.

Kerry N. Weems, the acting administrator of the Centers for Medicare and [Medicaid](#) Services, said doctors would not be paid at the lower rates “before July 15 at the earliest.”

However, Medicare officials said, that is simply what the law requires. Under existing law, claims cannot be paid sooner than 14 days after they are received. And if claims are filed on paper, rather than electronically, they cannot be paid sooner than 29 days after they are received.