

The American Urological Association (AUA) tonight applauds members of Congress for passing H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015. The bill, which is expected to be signed into law by President Obama, marks a rare bipartisan, bicameral initiative to reform Medicare payments to physicians and marks the end of more than a decade of work to repeal the fatally flawed sustainable growth rate (SGR) formula.

“Urologists, together with the rest of the healthcare community, are thankful to members of the House and Senate for passing this critical legislation and making Medicare reform a priority for the 114th Congress,” said AUA President William W. Bohnert, MD, FACS. “We are grateful to the bill’s champions and their staffs, who worked tirelessly to develop a bipartisan agreement that not only reforms how physicians are paid by Medicare, but also enhances the program as a whole. A permanent fix to the SGR is essential to our ability to provide quality care to patients.”

The AUA, together with the Alliance of Specialty Medicine, the American College of Surgeons’ Surgical Coalition, the American Medical Association and countless other provider groups, has spent years lobbying on our members’ behalf and working to repeal the SGR formula. This landmark legislative victory, however, would not have been achieved without our physician advocates and their tireless outreach efforts to lawmakers. Over the past two weeks alone, AUA members sent more than 1,100 letters (including 88 percent of Senate offices) to federally elected officials urging action on this critical issue.

About the Medicare Access and CHIP Reauthorization Act of 2015

The Medicare Access and CHIP Reauthorization Act of 2015 stabilizes fee updates for physicians including annual positive updates of 0.5 percent through 2019. It repeals the SGR formula and replaces it with a streamlined Merit-Based Incentive Payment System (MIPS) that will focus the fee-for-service model on providing value and quality. At the same time, H.R. 2 eliminates current-law penalties from the existing quality programs, such as the Physician Quality Reporting System (PQRS), Electronic Health Record (EHR) Meaningful-Use Program and the Value-Based Modifier (VBM) Program beginning in 2019.

Other key health provisions of interest to urology include the reversal of CMS’s decision to eliminate the bundling of 10- and 90-day global payments for surgical services, full EHR interoperability by 2018, and requirement of the GAO to report on barriers to expanded use of telemedicine and remote patient monitoring.

The AUA will continue to educate its members on these upcoming changes to the Medicare payment system and what it means for your practice. In the meantime, for a full section-by-section summary of H.R. 2, please click [here](#).

About the American Urological Association: *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.*

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