The majority of my practice is caring for Medicare and Medicaid patients, most of who require constant surveillance and treatment for pre-cancers and cancers of the skin. Delay of treatment increases the difficulty of treatment with attendant increase of cost, suffering and disfigurement. If the reductions mandated by the SGR take effect, I may well have to close my practice to these patients, if not retire completely. The SGR is flawed and needs to be abandoned as a payment formula. To do otherwise is penny wise, but pound foolish.

-Phil Hardin, MD, Mountain Home, AR

When my son expressed interest in medicine, I was proud. I have been in private practice for 26 years. My fellow physicians however expressed condolences and urged me to discourage him. We all know that medicine is rapidly becoming not worth it. My son, now a second year med student, interested in Emergency Medicine is $250,000 in debt. Given the course we are now on he will never pay off the debt. You cannot reduce the value of a physician and expect them to work endless hours and still attract the best of the best. Fix the Medicare cuts and let docs take care of their patients!

-Susan Van Dyke, MD, Paradise Valley, AZ

I am a physician just recently out of training who joined a small private practice. We specialize in treating skin cancer, so a large proportion of our patients are Medicare. I know my group and several in the area are considering whether they can keep providing care to Medicare patients. Because of the uncertainty with the future of Medicare payments, small groups like mine have to lay off staff. Many of my patients are fearful of the future of their healthcare. Please vote to provide a dependable payment solution at least through 2011, with a long term goal in mind.

-Susan Butler, MD, Burlingame, CA

I urge you to repeal the SGR for Medicare. This formula is flawed and failure to repeal it will have a disastrous impact on the health of our senior citizens. Seniors will have great difficulty gaining access to healthcare as providers will have no choice but to abandon the program.

-Jerome Potozkin, MD, Danville, CA

I have been in practice almost 30 years. My eldest son, an MD still in residency training, has over $250,000 in educational debt. (And two other sons in different fields with similar debt.) I take good care of patients, spend enough time with them to do so, and cannot earn enough to send my children through college & graduate school, much less think of retiring. The medical system is in danger of collapse!

-Nancy Satur, MD, Encinitas, CA

Please include my voice among the large contingency of physicians who are struggling to provide high quality medical attention for Medicare patients in the face of cuts that would severely impact our ability to treat these patients. A nearly 30% cut for physician reimbursement would cripple the system and our ability to give these patients the time and resources essential for the aging population. Additionally, it would convince the brightest minds of the next generation to seek professions other than medicine, rather than to dedicate the 8-12 years of training and delayed gratification to care for sick individuals.
Feel free to contact me, and I urge you to vote against these cuts and to save the health care system from certain crisis should this legislation pass to cut reimbursement by such an astronomical amount.

-Joanna Chan, MD, Manhattan Beach, CA

If Medicare reimbursement is cut by 30%, we will no longer be able to afford to treat or care for these patients. We will be forced to disenroll from Medicare and no longer see these patients. We cannot accept any cuts in reimbursement.

-William Groff, MD, San Diego, CA

My office has a 70% overhead. And I know that most physicians have a similar situation. Cutting Medicare payments will make it untenable for many to keep their offices open or they will need to stop taking Medicare patients. I have heard this bantered around by many of my colleagues. Some have even just said that they would quit medicine all together. That is even worse.

Physicians traditionally have been the best and the brightest among our young people. This is what has made the US the world's leader in medicine. Medical students/residents work long hard hours, have huge debt, and don't typically get their first "real job" until well into their thirties. If payments do not meet costs, offices will close and these people will look for employment in other fields. And, doctors do deserve to be well rewarded for what they do. They work harder for it than anyone else out there. And that can be honestly told to you by any other professional person who knows any physician.

As a patient - I want the best and smartest to be taking care of my health or operating on my body. I don't want the kid getting C's in high school and college to be making complicated decisions about my health, operating on my heart or brain, or any other part of me. I want the most talented and capable person around to be guiding me and working on me. I don't think I am alone in this sentiment.

People come from around the world to get medical training here, and to receive medical care. This area is one of the few industries that has not been outsourced or taken over by another country. Our nation cannot afford to lose its standing as the world's leader in medicine, medical care and research. We need this part of our economy to thrive and to help us out of the terrible debt we are in. As a parent, I want my children to live in country that is thriving - not one saddled in debt.

Payments to physicians are only a small part of our debt problem. Lowering them and destroying this sector will lead to serious and dire consequences for the future.

Karyn Grossman, MD, Santa Monica, CA

If the planned reduction in Medicare reimbursement is implemented it will be financially impractical for me to continue to see Medicare patients. A review of last month's financials indicates that it cost our office $147 to see a patient. The average reimbursement was $172. Clearly a 30% reduction would eliminate any profit and the only practical step is to no longer care for Medicare patients. Hopefully this frank disclosure will help you to understand the position that most dermatologists will be in if there is no "fix" to this planned reduction.

-Allan Wirtzer, MD, Sherman Oaks, CA

I am a practicing dermatologist in St Petersburg, FL. I take care of hundreds of Medicare patients, and provide them with good care, efficient medicine, timely skin cancer treatment, and
cost-effective medical care. Please provide us with a long-term fix to the flawed and unsustainable Medicare payment formula, which has been looming over us for too long. We need to be sure that adequate and fair reimbursement will continue for our Medicare patients (and other patients as well, since many insurers base their reimbursement on Medicare). I also take care of pediatric patients, and this continues to be an issue. Thank you for assisting the dermatology patients of Florida.
-Matthew Mahoney, MD, St. Petersburg, FL

Our office hires over 20 workers and keeping these workers hired is important in today's economy.
-Jeffrey Altman, MD, Palatine, IL

This will destroy my medical practice which employs 3 physicians and 16 support personnel. Currently, all salaries have been on hold and no new employees have been hired knowing that we are facing this massive cut. We have placed all capital expenditures on hold for the past 6 months as this cut looms ahead.

As a medical practice we are not able to continue with this yo-yo economics of on and off Medicare cuts. This time we are seriously considering the option of withdrawing from caring for Medicare patients.
-Paul Getz, MD, West Dundee, IL

Congress has not looked at the reality of the defects in the SRG payment method to physicians that treat Medicare patients. The ability for physicians to plan for the future is crippled by the inaction and band aid fixes that have taken place for years.

Please tell me why any physician would want to continue participating in such a poorly run system like Medicare?
-Lynn Tucker, MD, Baton Rouge, LA

As a dermatologist and dermatologic surgeon I have been caring for patients for over 40 years.

As I have aged, so have my patients, the majority of whom rely on Medicare for their medical care. They rely on this program for their health and access to physicians, as do many of the new patients that I see. Our ability to provide this care, and to continue to deliver quality medicine, depends upon receiving reimbursement that reflect the costs of care delivery, manage a large office, and still be able to support a family. I ask that you vote to prevent the impending 30% cut to Medicare physicians' payment. Changes brought about by these cuts could well be catastrophic to many patients and the physicians who are devoted to their care.
-Kenneth Arndt, MD, Chestnut Hill, MA

Since our overhead will not change (and actually goes up each year) this proposed cut is not reducing our income by 30%, it is taking that 30% off of the profit. Since most of us do not have much more than this as the difference between our collections and the overhead we have to pay, this will likely reduce our income by upwards of 70%. This is not sustainable and medicine in most private practice offices would have to dramatically change. We would let many nurses go, decrease the time we are able to spend with each patient, increase the number of cosmetic patients we see, etc.
-Thomas Rohrer, MD, Waban, MA
As a dermatologic surgeon in Wellesley, Arlington and Chelmsford, I am writing to ask that you prevent the impending 30 percent cut to Medicare physician payment.

I see this as a huge threat to our practice’s patients. Our practice is one of the few that takes Medicaid together with Mass Health. We take great pride providing care to many elderly. I foresee that we will have to make significant changes regarding which insurances we will take in the future if the cuts go through.

-Helen Raynham, MD, Winchester, MA

I have been participating with Medicare for 18 years and am happy to do so. I love my elderly patients. I will absolutely opt out of the system completely if the cuts go through. Whatever the cut is you can double that on the physicians pay because of overhead. I could not survive a 60% pay cut. I will lay off people and opt out of Medicare. I am not alone; I think most physicians will be forced to do the same.

-Steven Rotter, MD, Potomac, MD

I practice in Minnesota. Currently, there is a 1-3 month waiting list for patients to see a dermatologist. If there is a significant reduction in Medicare payments, I am afraid that it will disincentivize dermatologists from seeing Medicare patients. Medicare patients should have the greatest access as they are most at risk for life threatening skin cancers. I urge Congress to repeal the payment cut.

-Mohiba Khan, MD, Rochester, MN

I have recently celebrated my 65th birthday and hope to continue my practice for at least five more years. The scheduled implementation of the SGR will necessitate the closing of my practice and terminating the employment of my five full-time employees and two part-time workers.

The importance of small business to the recovery of our economic doldrums has finally been recognized. The fact that in any community, small medical practices, such as mine, represents a significant amount of local business and employment seems to have gone unrecognized. The closing of small medical practices will be devastating to access for care, employment and sales for our numerous suppliers. The impact will go beyond the Medicare/Medicaid populations.

-Richard Shereff, MD, Fayetteville, NC

We, as physicians can want to take care of our Medicare population but we can’t respond to increased cost with decreasing reimbursement. Plus, it costs everyone to patch this one year at a time. Now is the time for a permanent fix! Fix it now before it's too late.

-Brian Keegan, MD, East Windsor, NJ

Currently, I am happy to accept Medicare payments for my services, but such a severe cut may jeopardize my and others’ ability to continue to serve the elderly of our communities.

-Karen S. Harkaway, MD, Moorestown, NJ

There is a Medicare cut coming, and the AMA sold out the physicians when they agreed to Obama care without solving this issue. Please don't make it worse for the people providing the care and the ones receiving it.
Feel free to call my office & come in to see what we do here & why a cut would be so devastating.
-H.L. Greenberg, MD, Las Vegas, NV

As a dermatologist, I disagree with arbitrarily cutting reimbursements. It is one thing to change standards or criteria for service. Simply not providing any reimbursement is not acceptable. The government should take responsibility in telling Medicare recipients that certain procedures are not allowed in the national interest. Don’t put doctors in the middle.
-Barry Goldman, MD, New York, NY

I am writing to strongly encourage you to repeal the Medicare physician payment cut. The majority of my patients, who I treat for skin cancer, including the potentially fatal squamous cell carcinoma and melanoma, are Medicare patients. The number of skin cancers treated each year accounts for more than all other cancers (breast, lung, prostate, etc...) added together. If the payment to physicians for these patients gets cut it would force my hand. I may need to stop participating in Medicare because these patients make up the majority of my practice. I would, at that point, become a provider in insurance plans whose reimbursement is not yet extremely low just to keep my practice afloat.

This pressure would be felt across the nation by all physicians, not just dermatologic surgeons or specialists. Medicare patients, who account for an increasing proportion of the population given the aging “baby boomer” generation, will be getting substandard care. Physicians will be forced to see more patients per year, giving each patient less time and consideration, in order to keep their practices open. Medicare patients will also experience extremely limited access to care since many physicians will no longer participate in Medicare because it is financially untenable.

Please repeal the Medicare Physician Payment Cut in an attempt provide patients with the care that they need and deserve.

This is the United States of America. We should be proud of our health care system, not pushing through payment cuts that will continue to erode the quality of and access to care of our citizens.
-Wendy Long Mitchell, MD, New York, NY

I am writing to you to urge that you do all in your power to prevent the serious cuts to Medicare physician payment that will be imposed if Congress permits the 2012 Medicare payment rule to go into effect as has been proposed by the Center for Medicare and Medicaid Services (CMS). If this problem is not addressed, it will exacerbate the already very serious problems facing New York’s health care delivery system. Your constituents’ and our patients’ access to care is at stake.

Patients’ access to care in New York State is already being threatened due to a number of economic factors that make practicing medicine in New York State increasingly non-viable. Please act to prevent this problem from getting worse by once and all fixing the flawed SGR formula and urging CMS to stop these drastic Medicare payment changes. Your constituents’ access to needed care is at stake.
-Darren Mollick, MD, Smithtown, NY

I am writing to urge Congress to consider the consequences if they vote in the 30% cut to Medicare Physicians. I have been in practice for over 37 years and should this happen; I might
I have to consider retiring. I am one of the only Dermatologists in Central Pennsylvania who sees the indigent patients, for which my pay is next to nothing. In all my years of practice I have never seen anything look as bleak as they do now and I’m wondering how Congress expects any physician, especially specialists to want to treat Medicare patients, of which I am. I read in the AMA news magazine that one of the proposals would be to pay the same previous rate for primary care physicians but the specialists will be penalized. All doctors should be treated equally otherwise I think this type of proposal is highly illegal and discriminatory. Even most primary care are specialists since most all go through residency programs; again, we are ALL equal.

Should I decide to leave my practice I will not only be letting down 20 employees who rely on me for their paychecks, but thousands of Medicare patients and welfare patients who I have treated for numerous years. I am reaching out to Congress to amend this proposal, reducing payments to physicians is not the answer.

-Stanton Lebouitz, MD, York, PA

I am writing to ask that you prevent the impending cut to Medicare physician payment. I know this will be a huge mistake over all and I attest to the effect in my lifetime work here in RI. I am the first Mohs surgeon in RI and professor of dermatology at Brown. We treat difficult skin cancers in the office with Mohs surgery. Most of our patients are covered by Medicare. The overhead is quite high and no facility fee is charged.

If these changes are not reversed, the unit would have to close. Dramatic? Yes, but True. Patients will suffer.

Without Mohs surgery, we would go back 20 years to a situation of higher costs, higher risks, and lower cures. This reverses over 20 years of my work to improve the health of people of RI. How many effected? Thousands in this one area alone.

The Mohs surgeons of RI treat at least 6,000 patients a year in RI. I have personally treated over 25,000 patients in my home state. This issue will have a real effect on the people in the state as RI.

The economy and people will suffer.

In this unknown environment, salary and benefits and hiring are frozen. As you know, health care is one of the biggest industries in the state. Not smart when people are suffering in this economy.

-Raymond G. Dufresne, Jr., MD, Barrington, RI

I am just about to begin medical practice as a dermatologist. This is a moment I have been waiting for a very long time! 4 years of college, 4 years of medical school, and 4 years of residency training after that.

I have accrued a very large debt load, have made very little money these past few years, and am very excited about the thought of finally starting my career and paying off my debt. However I am alarmed by the threat of cuts to Medicare and what that will mean for my ability to finally pay off my debt and allow me to finally be able to function as a member of the middle class.

Furthermore, and more importantly than my bottom line, is what will happen to all those who are paid by physician/hospital incomes--medical assistants, nurses, office staff--these people will
never be able to obtain raises, and in fact will have to take a huge pay cut. We as physicians will not be able to pay our support staff, office managers, etc as much as they deserve and the ability to ensure that their income will go up yearly will be impossible. There are many many other reasons why this cut should not occur and they have been argued by many. Older persons are likely to not be able to get care any longer with many physicians who simply cannot afford to take Medicare patients. This is a travesty to our older population. I could go on, and on. But suffice it to say, these cuts should not occur, nor should they ever occur and other alternatives to solving the national health debt crisis should be sought.

-Jessica Risser, MD, Providence, RI

This cut will throw the country into chaos. Fix it fairly and permanently.

-Richard White, MD, Rock Hill, SC

Please fix the proposed Medicare cuts to physicians. It makes it very difficult to make decisions regarding new equipment purchases and staffing needs. This present uncertainty in 1/7th of our economy affects the overall economy dramatically. Thank you for listening.

-Charles S. Fulk, MD, Morristown, TN

If your mother had skin cancer, wouldn’t you want it surgically removed so it would not eat away at her nose? Or worse move to your lymph nodes and kill you? Do not take away the funding to pay for these important surgeries.

-Emily Prosise, MD, Austin, TX

I am a dermatologist in practice in Austin, Texas for the past 28 years.

Because my practice is focused on skin cancer, I see a very large number of Medicare patients. If the Medicare flawed payment system is not rectified, I will be forced to stop seeing Medicare patients. Many of my colleagues have already stopped seeing these patients, those who need health care the most. The patients themselves are angry and quite afraid.

Failure to enact legislation to remedy this problem will force seniors to flood emergency rooms, the only place where they will not be refused care.

-William M. Ramsdell, MD, Austin, TX

Hundreds of thousands of physicians will be considering whether they can continue afford to continue to accept Medicare rates at the same time that massive payment cuts are scheduled to take effect. I, like many other physicians, am strongly considering becoming a non-participating physician because the scheduled cuts would barely cover the cost of providing care, much less paying me a salary. It would trouble me to take this step because I fear it would restrict my ability to take care of some of my patients.

The temporary patches that have prevented some of the payment cuts while better than the alternative have caused a great deal of uncertainty about my ability to make capital improvements in my practice, including the implementing electronic medical records.

-Susan Dozier, MD, Austin, TX

Please stop Congress from cutting the doctors’ fee schedules. We cannot survive by seeing our Medicare patients and they need care.

-Glenda Andrews, MD, Dallas, TX
Doctors will stop seeing Medicare patients if this is not permanently fixed and YOU and the rest of Congress will be at fault.

_David Butler, MD, Temple, TX_

I can't imagine any business owner in any other line of work agreeing to participate in a payment/reimbursement arrangement such as this that is constantly being threatened with price reductions and then "saved at the last minute" as congress has been doing.

_Mitchell Schwartz, MD, South Burlington, VT_

The proposed cut in payment rates to physicians would have a devastating effect on high quality patient care and access and have the additional effect of reduced physician spending on equipment and supplies and personal spending, create pressure to terminate staff positions and thereby increase unemployment effects that would further suppress economic expansion.

There are historically ever increasing costs of rent, staff salaries, utilities and supplies, all necessary to provide high quality of Medical care. Medicare has not made payment increases in the past that have adequately offset these increasing costs. Now to impose a cut on reimbursement of any amount let alone a draconian 30% reduction for medical and surgical services would simply have a disastrous effect.

This action would have the severely unintended consequences of breaking down the availability of high quality health delivery and produce angry, less well cared for patients.

_Please do not support this proposed cut to physician Medicare payments._

_Victor Michalak, MD, Issaquah, WA_

I am a board certified dermatologist passionate about offering patients quality medical and surgical care. A large number of our patients are covered by and depend on Medicare. I am very concerned about the Medicare Physician Payment Cut for several reasons. Some of the most important are the following:

Running a practice is very expensive. Cutting reimbursements will force many physicians to stop accepting Medicare. This will be devastating to millions of patients (and voters) in our Country who will suddenly find themselves without a doctor. They will ultimately have to change doctor and likely have very long waits to be seen because of the smaller pool of accepting physicians. The crisis will be most felt in suburban and rural areas where access to physicians is already a challenge. Private insurers will undoubtedly adopt similar cuts if Medicare implements theirs. As a consequence, even more millions of patients will lose access to their care when physicians drop those private plans.

There are many other avenues toward cost cutting. Targeting fraud alone would likely save many millions. Targeting reimbursements should not be elected simply because it’s an easy target administratively.

Quality of physicians will likely decline if reimbursements fall. While there are some physicians who would work for very little, a large percentage of premedical students are motivated to push through the challenges of 4 years of college, 4 years of medical school and 3-9 years of post graduate training with the appreciation that they can live comfortably (even if not lavishly) when finally in practice. If reimbursements fall much more, we will see far fewer of the highest caliber of students opting to dedicate their efforts to medicine.
Cost of physician training is enormous, easily exceeding $200,000, and that excludes opportunity cost of going to medical school and going through post graduate training. Physicians consequently are forced to pay many thousands of dollars toward loans every year for the majority of their career. Expect defaults on loans if reimbursements are cut.

I hope that Congress will recognize the enormous flaws in targeting reimbursement as a strategy toward cutting costs. Please seriously consider these and the many other points that demand reimbursements should not be touched. In fact, I feel they should be increased with the rates of inflation year over year.

-Robert Anolik, MD, New York, NY