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## 2009 STATEMENT OF PURPOSE

*American Society of General Surgeons*

*Arkansas Medical Society*

*Connecticut State Medical Society*

*Idaho Medical Association*

*Iowa Medical Society*

*Kansas Medical Society*

*Kentucky Medical Association*

*Maine Medical Association*

*Medical Association of the State of Alabama*

*Minnesota Medical Association*

*Mississippi State Medical Association*

*Missouri State Medical Association*

*Montana Medical Association*

*Nebraska Medical Association*

*New Hampshire Medical Society*

*New Mexico Medical Society*

*North Dakota Medical Association*

*Ohio State Medical Association*

*Oklahoma State Medical Association*

*Oregon Medical Association*

*South Dakota State Medical Association*

*Tennessee Medical Association*

*Utah Medical Association*

*Vermont Medical Society*

*Washington State Medical Association*

*Wisconsin Medical Society*

*Wyoming Medical Society*

Americans everywhere pay equal premiums to support Medicare, yet there is substantial geographic disparity in patient services and physician reimbursement levels in the Medicare Part B program. The degree of this disparity is unjustified and inherently unfair – and is having an increasingly negative impact on patient care and access in many parts of the United States.

GEM was formed to remedy this alarming inequity. The member organizations believe that federal policymakers must assign a high priority to eliminating Geographic Practice Cost Indices (GPCIs) and other components of the Medicare Part B program that result in this inappropriate and inequitable reimbursement to the tens of thousands of physicians across this country providing medical care to millions of Medicare beneficiaries. The critical nature of this problem compels immediate attention and action.

For over a decade, members of this coalition and others, working through the Geographic Coalition, have addressed these gross disparities. Productive improvements in Medicare Plus Choice helped lay the foundation to continue to address these inequities experienced by many patients and their physicians.

GEM member organizations are listed to the left.

### Ongoing GEM Legislative Goals

- Make the floor of 1.00 for the work GPCI permanent. (The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) established the floor of 1.00 for the work GPCI for three years, 1/1/2004 through 12/31/2006. The Tax Relief & Health Care Act of 2006 extended the floor through 12/31/07. The Medicare, Medicaid, and SCHIP Extension Act of 2007 extended the floor through 6/30/2008. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) further extended the 1.00 floor through 12/31/2009.)
- Incrementally increase both the practice expense GPCI and the professional liability insurance GPCI to 1.00 over the next ten years.