

March 12, 2010

The Honorable Nancy Pelosi  
Speaker, U.S. House of Representatives  
H-232 The Capitol Building  
Washington, DC 20515

Dear Madam Speaker:

On behalf of the more than 240,000 surgeons and anesthesiologists we represent and the millions of surgical patients we treat each year, the undersigned organizations strongly support the need for national health care reform and share your commitment to make affordable quality health care more accessible to all Americans. Over the past year and a half, our organizations have worked diligently and in good faith with Congress, providing input at various stages of drafting for both the House and Senate health care reform bills.

Our organizations believe that any final health care reform package should be built on a solid foundation and in the best interest of our patients. Unfortunately, as currently drafted, we feel that the Senate-passed *Patient Protection and Affordable Care Act of 2009* (PPACA, H.R. 3590) falls short of achieving these goals. The undersigned organizations clearly conveyed our disappointment and opposition regarding H.R. 3590 to Senate Majority Leader Harry Reid in December. As you and your colleagues continue to work towards passage of health care reform legislation, we believe that the following issues are necessary to ensure that H.R. 3590 is in the best interest of our patients:

***Repeal the current sustainable growth rate (SGR) immediately and establish a new baseline for the physician payment system.***

- For full-scale health care reform to be successful, Medicare's physician reimbursement system must be set on a path toward comprehensive and permanent reform in order to sustain the physician workforce required for access to care under expanded insurance coverage.
- Congress must incorporate a realistic budget baseline that recognizes the rising costs of practicing medicine, the need to preserve jobs dependent on physician practices and provides physicians with positive updates.

***Remove the provision that creates an independent Medicare commission.***

- A commission will seriously undermine Congress' role to provide transparency, fairness and stability in the health care delivery system.
- Medicare payment policy requires a broad and thorough analysis of providers and beneficiaries, and leaving these decisions regarding payment policy in the hands of an unelected, unaccountable governmental body with minimal Congressional oversight will negatively impact the availability of quality, efficient health care to Americans.

***Promote well-designed and tested quality improvement initiatives.***

- Surgery understands that all stakeholders, particularly patients, benefit from the collection and analysis of physician quality data and it is important to provide patients, the public and physicians with accurate information on comparative quality performances among providers.
- Provide additional federal funding to develop clinical data registries and other quality improvement tools.

- Any comparative effectiveness research should be a tool to improve care on a per-patient basis by providing information on the clinical value of a wide range of treatments and interventions. The research should not be used for determining medical necessity or making coverage and payment decisions or recommendations.
- Improvements made to the current Physician Quality Reporting Initiative (PQRI) should ensure the program remains voluntary, non-punitive, provides access to data in a timely manner, and has a reasonable appeals process.
- Delay the public release of physician reports until further evaluation and improvements including risk adjustment occur.

***Incorporate medical liability reforms in comprehensive health care reform, including:***

- Provisions modeled after the laws in California or Texas, which include reasonable limits on non-economic damages;
- Protections for physicians who follow established evidence-based practice guidelines;
- Protections for physicians volunteering services in a disaster or local or national emergency situation; and
- Demonstration projects to test alternatives to civil litigation, such as health courts and early disclosure and compensation offers.

***Address surgical workforce shortages through improvements to the graduate medical education system.***

- While the redistribution of unused residency training positions may begin to address some of the workforce shortages, it does have the potential to exacerbate already apparent and emerging workforce shortages in some specialties practicing in a surgical setting unless an option to lift residency caps is included.
- Surgery also recommends that loan forgiveness programs are made available to surgical specialties with documented current or potential workforce shortages, especially those specialties with longer training programs.

***Ensure fair and appropriate Medicaid payment levels for all providers.***

- Historically, Medicaid's reimbursement levels for physician services have been unsustainably low. Any proposals that expand coverage for more Americans through increased participation in the Medicaid program should be balanced with Medicaid payment levels that adequately reflect the cost of the services provided.
- In previous drafts, Congress recognized the need to improve Medicaid payments for primary care services to ensure patient access to preventive services. Likewise, Medicaid payments to all other providers should be fairly adjusted to ensure access to important and irreplaceable surgical services.

Again, the surgical coalition is committed to the passage of meaningful and comprehensive health care reform that is in the best interest of our patients. With the changes stated above, we believe that health reform can preserve and improve Americans' ability to access high quality surgical care and health care services.

Sincerely,

American Association for the Surgery of Trauma

American Academy of Facial Plastic and Reconstructive Surgery  
American Academy of Ophthalmology  
American Academy of Otolaryngology-Head and Neck Surgery  
American Association of Neurological Surgeons  
American Association of Orthopaedic Surgeons  
American Congress of Obstetricians and Gynecologists  
American College of Osteopathic Surgeons  
American College of Surgeons  
American Osteopathic Academy of Orthopedics  
American Pediatric Surgical Association  
American Urological Association  
American Society of Breast Surgeons  
American Society of Anesthesiologists  
American Society of Cataract and Refractive Surgery  
American Society of Colon and Rectal Surgeons  
American Society for Metabolic & Bariatric Surgery  
American Society of Plastic Surgeons  
Congress of Neurological Surgeons  
Eastern Association for the Surgery of Trauma  
Society for Vascular Surgery  
Society of Gynecologic Oncologists  
Society of Surgical Oncology