



January 26, 2012

The Honorable John Barrasso, MD
The Honorable Xavier Becerra
The Honorable Dave Camp, Chair
The Honorable Bob Casey
The Honorable Renee Ellmers
The Honorable Jon Kyl
The Honorable Tom Price, MD
The Honorable Tom Reed
The Honorable Fred Upton
The Honorable Greg Walden

The Honorable Max Baucus
The Honorable Kevin Brady
The Honorable Benjamin Cardin
The Honorable Mike Crapo
The Honorable Nan Hayworth, MD
The Honorable Sandy Levin
The Honorable Jack Reed
The Honorable Allyson Schwartz
The Honorable Chris Van Hollen
The Honorable Henry Waxman

Dear Conference Committee Members:

On behalf of the American College of Rheumatology, representing over 8500 rheumatologists and health professionals across the nation, please accept our very sincere thanks for your willingness to serve on the conference committee tasked with addressing the payroll tax extension, Medicare physician payments, other Medicare extenders and other issues.

We are asking that you make permanent repeal of the sustainable growth rate formula part of your package of solutions. For years members of Congress have vowed to do away with the flawed SGR formula that has necessitated action year after year to stave off cuts, with increasing difficulty. We believe the next few weeks present the best opportunity that will ever exist for finally ending this saga once and for all.

Permanently repealing the SGR formula now is the fiscally responsible course of action. As stewards of federal taxpayer dollars, this is an opportunity to limit the size of the outlay that will be required to finally end the SGR. The cost of repealing the SGR in 2005 would have been \$48 billion. The cost today is \$290 billion and expanding. Additional patches of any length will add billions of dollars more to the cost of repeal. The risk to physicians and Medicare patients increases over time as the size of impending cuts is likely to increase with each patch. After a two-year patch the scheduled cut to physician payments would increase to 36 percent. As good stewards we are asking you to end this pattern of delaying action and adding billions of dollars to the cost of repeal. Doing away with the SGR now will also provide stable reimbursement for physician practices and allow them to continue to see beneficiaries without payment uncertainties.

Eliminating the SGR now will clear the way for Congress to implement a transition plan that will allow new payment models to be tested. The ACR recommends creating statutory updates in payment rates over the next five years with incremental increases. Setting the updates statutorily will provide stability as new payment options are piloted and evaluated to determine options to best meet the nation's fiscal needs and patient's medical needs.

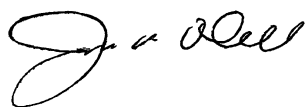
As you consider physician payment, we ask that you carefully assess the need to protect physicians who primarily provide evaluation and management of patients. These are, in other words, physicians who actually see and talk to patients. It is important that patients' access to cognitive care is protected by appropriately valuing these services. Cognitive care is face-to-face, non-procedural care for patients including evaluation and management of their conditions. Like primary care physicians, rheumatologists and other cognitive specialists provide cognitive care to patients, primarily bill evaluation and management codes, and face recruitment challenges. Cognitive specialists have additional training in a specific field of medicine and provide ongoing care to patients with complex medical conditions requiring a level of expertise which the referring physician is not trained to diagnose or treat. We have too few doctors who do this now; unless cognitive specialists are protected the situation will become far worse.

Rheumatologists provide these services for patients with chronic conditions including rheumatoid arthritis and other debilitating and potentially-disabling rheumatic diseases. Frequently, through early identification and treatment of conditions these specialists are able to prevent the need for costly procedures and protect patients from future disability and its costs to quality of life and the health care system. As the U.S. population ages, an adequate supply of rheumatologists is critically needed in order to properly diagnose and manage care for a larger number of patients with arthritis, musculoskeletal and rheumatic diseases.

We are also very concerned about patient access to osteoporosis testing. We would appreciate your including in your package an extension of legislation reversing cuts in reimbursement for dual-energy x-ray absorptiometry. We appreciated inclusion of this extension in the two-month payroll tax and SGR extension passed by Congress at the end of last year. Appropriate reimbursement is essential to preserving patients' access to critical tests such as DXA testing of bone density. Access to this testing has already been affected by uncertainty among physicians about whether it will be economically feasible to continue to offer the tests. Extending the legislation to preserve patient access to DXA tests will help to restrain unnecessary costs to Medicare, Medicaid, and the private sector by reducing fracture-related expenditures and hospitalizations related to fractures.

We are asking you to continue to provide leadership by permanently repealing the SGR, by protecting physicians who provide evaluation and management of patients, and by extending patient access to osteoporosis testing. The ACR commends your leadership and continued dedication to ensuring Medicare and Tricare patients have access to quality care. We stand ready to assist you on these issues. If you have any questions or we can be of any assistance, please contact Adam Cooper, ACR director of government affairs, at acooper@rheumatology.org or (404) 633-3777.

Sincerely,



Jim R. O'Dell, MD
President, American College of Rheumatology