



January 20, 2010

The Honorable Senator Harry Reid
U.S. Senate Majority Leader
S-221, U.S. Capitol
Washington D.C. 20510

On behalf of the American College of Rheumatology (ACR), I commend you for your efforts to expand access to high-quality, affordable health care. In our white paper entitled *The Future of Health Care in the United States*, the ACR expressed our support for critical reforms to the health care system, including: access to affordable health coverage; ensuring an adequate health care workforce for arthritis, rheumatic and musculoskeletal diseases; quality improvements; and cost effective care without reduction in quality. Many provisions in the two health reform packages address these priorities. As Congress moves forward in developing a single health reform bill, the College would like congressional leadership to take into consideration the priorities and concerns of the rheumatology community.

Permanent Fix to the Sustainable Growth Rate

It is widely recognized by Congress that the sustainable growth rate is a flawed formula that should be eliminated. Each year, physicians face drastic cuts in the Medicare physician fee schedule. This year, the cuts are even more severe at more than 21 percent. The temporary patches and minimal updates that physicians have received over the last few years are not sufficient. If a permanent fix and new formula is not established before March 1, physicians will no longer be able to sustain practices and will be forced to stop treating Medicare patients. Medical care for seniors is at its greatest threat with these impending cuts. The ACR strongly urges Congress to permanently repeal the SGR and develop a new formula that will adequately reimburse physicians for their services.

Continue Consultation Service Codes to Ensure Access to Specialty Care

The Centers for Medicare and Medicaid Services (CMS) eliminated consultation service codes in the 2010 Medicare Physician Fee Schedule. Consultation services are essential to comprehensive and well-coordinated health care delivery. As subspecialists, rheumatologists have advanced training to appropriately diagnose and treat complex chronic medical conditions such as rheumatoid arthritis, ankylosing spondylitis and osteoporosis. Senator Arlen Specter filed an amendment (S.A. 3163) that would delay the elimination of consultation service codes for one year and allow CMS to work with the American Medical Association (AMA) CPT Editorial Panel to determine more appropriate reimbursement. Access to subspecialty care such as rheumatology is critical to providing high quality health care for Americans with unique and challenging medical needs. The ACR strongly urges the inclusion of SA 3163 in the final health system reform legislation to allow for the continuation of consultation service codes and to ensure patient access to specialty care.

Fair Access to Osteoporosis Testing

Dual energy X-ray absorptiometry (DXA) scans are critically important to patients suffering from or with the potential to suffer from osteoporosis and other conditions caused by low bone density. With drastic declines in reimbursement over the past four years, many physicians, including rheumatologists, cannot afford to continue performing this procedure. Section 3111 of the Senate health system reform package would set Medicare payments for DXA services performed in a physician's office at 70 percent of the 2006 level for two years while the Institute of Medicine completes a study on the impact of the payment cuts on patient access. The ACR requests that the DXA provision remain in the health system reform package.

Pediatric Loan Repayment Program

The Senate health reform bill includes a loan repayment program for pediatric medical subspecialists and surgical specialists. With only 237 pediatric rheumatologists in the United States – many who are primarily researchers and do not see patients regularly - the 300,000 children suffering from juvenile arthritis are forced to travel great distances to receive the specialty care necessary to appropriately treat their severe conditions. A loan repayment program for pediatric subspecialists will provide financial relief to pediatric subspecialty fellows. This provision is the only program specifically designed to help bring more physicians into training for pediatric specialty medicine. While Congress is expanding coverage to millions of Americans access to subspecialists is critical to improve health care in the United States. The ACR requests that the Pediatric Loan Repayment Program remain in the health system reform package.

Physician Quality Reporting Initiative (PQRI)

The PQRI program was created to improve quality of care provided to patients. Since its inception, the program has expanded its quality measures and encouraged participation through financial incentives. The Senate legislation would impose penalties for non-participation starting in 2013. The ACR supports the PQRI program and financial incentives for physician participation, however we strongly opposes penalties on non-participating physicians and urges the final health reform legislation to eliminate those penalties.

Patient-Centered Outcomes Research

Comparative effectiveness research is beneficial to improve outcomes in patient care through therapy comparisons. Opportunities to study key comparisons within the rheumatology realm of expertise would greatly enhance the health care of large segments of our population. With proper funding and protection from inappropriate use of the resulting data, the quality of rheumatologic healthcare could be vastly enhanced. The ACR supports comparative effectiveness research as long as results of the research do not dictate coverage decisions and the physician and patient relationship remains paramount in determining specialized care for the patient.

Independent Payment Advisory Board

The ACR is concerned by the proposal to establish the Independent Payment Advisory Board, an independent body comprised of un-elected officials with broad discretionary authority to make changes to the Medicare program. The ACR believes that Congress should be required to take an affirmative vote to implement the Board's recommendations prior to their taking effect, rather than these recommendations taking effect if Congress does not act. Congress should maintain its

ultimate accountability to sustain and stabilize the Medicare program. The ACR opposes any provision that would empower an independent commission to mandate payment cuts for physicians.

We thank you for your consideration, and look forward to our continued work to further improve the pending health system reform legislation. If you have any questions, please contact ACR Director of Government Affairs Aiken Hackett at ahackett@rheumatology.org or (404) 929-4811.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stanley Cohen', with a long horizontal flourish extending to the right.

Stanley Cohen, MD
President
American College of Rheumatology