

# Dateline Washington

prepared by the Division of Advocacy and Health Policy

## **CMS projects decrease in Medicare payments**

On March 31, the Centers for Medicare & Medicaid Services (CMS) informed the Medicare Payment Advisory Commission (MedPAC) that the projected update to the 2006 physician fee schedule will be -4.3 percent. Unless Congress intervenes, as it has for the past three years, the across-the-board payment cuts will occur because of how the sustainable growth rate (SGR) system is used to calculate annual physician payment updates. Under the SGR system, high rates of total physician spending growth are recouped in future years through reductions in the annual fee schedule update. Because of past spending trends, current estimates indicate that physician services will be reduced annually from 2006 through at least 2011.

CMS informed MedPAC that Medicare spending for physician services increased at the extraordinarily high rate of 15.2 percent in 2004. The service category with the highest rate of spending growth was physician office visits, which increased 29 percent due to greater frequency and intensity. Other services with heightened growth rates include: minor procedures, such as physical therapy and chemotherapy administration (26%); imaging (18%); laboratory and other tests (11%); and prescription medication (11%). Spending for major procedures increased only 3 percent. The CMS letter to MedPAC can be viewed at <http://www.cms.hhs.gov/physicians/medpac.pdf>.

## **Efforts under way to reauthorize EMSC program**

On April 11, Sens. Daniel Inouye (D-HI), Orrin Hatch (R-UT), Edward Kennedy (D-MA), Mike DeWine (R-OH), Chris Dodd (D-CT), and Kent Conrad (D-ND) introduced S. 760, a bill to reauthorize the Emergency Medical Services for Children (EMSC) program through fiscal year (FY) 2010 with a funding level of \$23 million a year. The legislation, which is titled the "Wakefield Act," was named in recognition of a North Dakota family that suffered terrible losses in a traffic accident earlier this year. The College, the American Academy of Pediatrics (AAP), the American College of Emergency Physicians, and other medical organizations support the bill.

Previously, the College and 24 other organizations cosigned a letter asking House and Senate appropriators for \$20 million in FY 2006 funding for the EMSC program. The letter, authored by the AAP, notes that "the EMSC program has made vital contributions toward the 40 percent reduction in the pediatric death rate from injuries that has occurred in the 20 years since its inception." To read the letter, go to <http://www.facs.org/ahp/views/trauma.html#1>.

## **ACS testifies on chronic wound care**

On March 29, the College testified before the Medicare Coverage Advisory Committee (MCAC), which is examining the management of chronic wounds. At CMS's request, the MCAC is assessing the quality of the evidence to support various modalities used in wound care and identifying areas for possible research. Offering the College's perspective was James Laredo, MD, an Associate Fellow and thoracic surgeon

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from Vienna, VA. In his testimony, Dr. Laredo stressed the need for an assessment of arterial and venous insufficiency and for well-designed, objectively analyzed, randomized, controlled trials. For more information, visit <http://www.facs.org/ahp/views/medcartrials.html#1>.

## **Fellows appointed to new EMTALA advisory group**

CMS announced the appointment of a new technical advisory group (TAG) on March 14 that includes three Fellows of the College. The panel is charged with reviewing Emergency Medical Treatment and Active Labor Act (EMTALA) regulations that affect hospital and physician responsibilities in treating individuals who come to the hospital seeking treatment for a medical condition. Its primary function is to help CMS develop rules that will protect individual rights while minimizing unnecessary burdens on health care providers.

The College nominated or endorsed the three Fellows who were appointed to the 19-member TAG. They are: general surgeon Richard T. Perry, MD, FACS (Phoenix, AZ); pediatric surgeon David W. Tuggle, MD, FACS (Oklahoma City, OK); and neurosurgeon John A. Kusske, MD, FACS (Orange, CA). For more information, go to <http://qa.cms.hhs.gov/providers/emtala/emtala.asp>.

## **College testifies on silicone breast implants before FDA**

Lorraine Tafra, MD, FACS, director of the Anne Arundel Medical Center Breast Center in Annapolis, MD, testified on behalf of the College before the FDA's General and Plastic Surgery Devices Advisory Committee meeting on April 11. The panel convened to discuss and vote on two premarket approval applications for silicone gel-filled breast implants by Inamed and Mentor Corporations. The College's statement focused on breast reconstruction and augmentation as quality-of-life procedures that should be held to the same standard of scrutiny as other procedures. The full text of Dr. Tafra's testimony can be viewed at <http://www.facs.org/ahp/testimony/breastprotheses.html>.

Also of interest, the American Society for Aesthetic Plastic Surgery and the American Society of Plastic Surgeons recently launched a new Web site targeted at women who are interested in getting breast implants. The Web site, [www.breastimplantsafety.org](http://www.breastimplantsafety.org), is intended to serve as a resource for educating patients about the implants, offering objective and clinically verifiable information on the topic.