

February 19, 2010

The Honorable Barack H. Obama
President of the United States of America
1600 Pennsylvania Ave, NW
Washington, DC 20500

Dear Mr. President:

As your Administration and Congress continue discussions regarding comprehensive health care reform legislation, the surgical community, representing 240,000 surgeons and anesthesiologists, is writing to reiterate our commitment to support changes to our nation's health care system and expanded coverage for the uninsured. We stand united in our efforts to ensure that individuals have consistent access to patient-centered, timely, unencumbered, and appropriate health care while maintaining that surgeons and anesthesiologists are an integral and irreplaceable component of providing the highest quality care. To this end, we urge you to address the following issues in any final health care reform bill:

Extend health insurance coverage to more Americans.

- It is critical that extending this coverage helps to ensure that every American is able to access the care they depend on by America's physicians without compromising their own financial well-being.

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.
- Congress must incorporate a realistic budget baseline that provides physicians with positive updates.

Oppose the creation of an independent Medicare commission.

- A commission will seriously undermine efforts 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.
- 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.
- 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.

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 problems 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.

- 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 surgical services.

Avoid injecting controversial scope-of-practice provisions by omitting “non-discrimination in health care” language.

- The provision would prohibit health plans from properly and appropriately distinguishing among widely varying health care providers and would exacerbate patient confusion over greatly differing levels of education, skills and training among health care professionals.
- The language inappropriately interjects civil rights concepts into well-established state scope of practice law by setting up a collision course between constitutional and state scope of practice laws.

- The language also establishes an undesirable barrier to implementing coverage decisions based on effectiveness research.

Reform of our nation's health care system is a monumental undertaking with problems and challenges that call for us to proceed deliberately and thoughtfully to ensure that the policy changes made today do not lead to unintended consequences that could undermine Americans' access to quality care. The surgical community looks forward to working with you to reform our nation's health care system and to 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 American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncologists
Society of Surgical Oncology