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July 16, 2009

The Honorable Charles Rangel
Chairman, Ways and Means Committee
U.S. House of Representatives
102 Longworth House Office Building
Washington, DC 20515

The Honorable Henry Waxman
Chairman, Energy and Commerce Committee
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable George Miller
Chairman, Education and Labor Committee
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Rangel, Waxman, and Miller:

On behalf of the more than 74,000 members of the American College of Surgeons (College), I write to express the College's support for the "America's Affordable Health Choices Act of 2009" (H.R. 3200). The College shares your desire and commitment to make quality health care more accessible to all Americans. While the legislation includes a wide range of provisions, it does embody many of the top legislative priorities of the College including addressing the underlying problems of the sustainable growth rate (SGR) used to calculate Medicare physician payments, resetting the budget baseline for the Medicare physician payment system, and ensuring that increased payments to primary care are not financed through reductions in payments for surgical care. As this legislation moves forward, we are committed to working with you to ensure that any changes remain in line with the College's priorities.

One of the greatest threats to our health care system is the uncertainty facing physicians in Medicare, and H.R. 3200 takes important steps to address the problems posed by the SGR. First, the bill stops the pending 21.5 percent cut in Medicare reimbursement that will occur on January 1, 2010 and replaces the cut with an increase based on the Medicare Economic Index. Second, it would reset the budget baseline for the Medicare payment system to 2009. This step, along with action by the Centers for Medicare & Medicaid Services (CMS) to remove physician-administered drugs from the calculation of Medicare physician payments, addresses

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what has served as a consistent road-block to Medicare payment reform for the better part of a decade. Also, rather than implementing untried and untested models of care and reimbursement, H.R. 3200 would test various delivery system reforms that would build on models that have been shown to improve quality of care. Collectively, these measures will stop years of scheduled cuts in Medicare, better align incentives to improve quality, and ensure that surgeons will be able to care for patients without the annual concern of Medicare payment cuts.

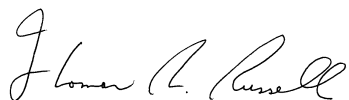
The College also appreciates that while the bill addresses challenges facing primary care, it does not finance increased payments for primary care through reductions in payments for surgical care. We are grateful that this bill recognizes that such payment cuts would exacerbate the trend of declining payments for many surgical services and threaten patients' ability to access these important services.

Likewise, the College strongly supports modifications from the discussion draft to protect patient access, particularly in rural and underserved areas, to ultrasound and other less expensive imaging services. By preserving and promoting access to these low-cost, yet highly effective, diagnostic tools, surgeons and other physicians will be able to detect and treat patients for a wide of range of conditions and diseases—including cancer, cardiovascular disease, and osteoporosis—that may otherwise have gone undetected until becoming more difficult and more costly to treat.

Finally, the College appreciates that in the effort to expand access to affordable coverage, H.R. 3200 would not mandate physician participation in the public insurance option. In order for a public option to be successful for patients and for physicians, physicians need to be able to have the same voluntary participation options that are available to them under any other plan. The College is grateful that this legislation would ensure that physicians will continue to have the freedom to make determinations that are in the best interest of their practice and ultimately their patients.

Thank you again for your introduction of this important legislation. The College is pleased to offer its support and we look forward to continuing the open dialogue on how comprehensive health care reform legislation can be further improved to ensure Americans' access to both quality coverage and care.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas R. Russell". The signature is fluid and cursive, with the first name "Thomas" and last name "Russell" clearly distinguishable.

Thomas R. Russell, MD, FACS
Executive Director