



Helping Cardiovascular Professionals  
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John C. Lewin, M.D.

February 11, 2009

Dear Conferees:

As you work to reconcile the differences between the House and Senate versions of the "American Recovery and Reinvestment Act of 2009," I am writing on behalf of the 37,000 members of the American College of Cardiology (ACC) to thank you for including several important investments in health care reform. We look forward to working with you to ensure these provisions become law.

In particular, we ask that you support the following provisions and work to ensure their inclusion in the final House-Senate conference agreement:

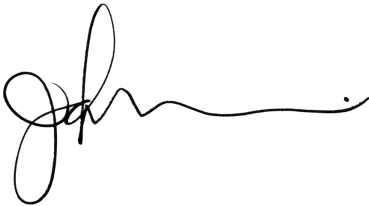
- **\$21 Billion Incentives for HIT Adoption Until 2016** - Due to the significant start-up capital costs in purchasing HIT, physicians need a "business case" to make the costly investment into an area where the savings are likely to be seen by the payers. The College believes most effective way to encourage widespread HIT adoption is to incentivize utilization of certified equipment through the Medicare program, as both versions propose to do. The College further supports the finalizing of standards and sufficient time for physicians to adopt and use the HIT equipment before facing reductions in payment.
- **\$1.1 Billion Comparative Clinical Effectiveness Research** - Through the ACC's more than 20 years of developing clinical guidelines, performance measures and clinical appropriate use criteria, we have found that comparative clinical effectiveness research has proven to be a vital tool to help translate clinical research into more informed medical decision-making. ACC believes the goal of comparative clinical effectiveness research should be to provide the data necessary to better inform physician/patient decision-making in the future and the final provision must not contain recommendations establishing national clinical guidelines nor contain national coverage recommendations. We believe the Senate provisions are more closely aligned with these goals.
- **\$10 Billion for NIH Clinical Research and \$3 Billion for Prevention and Wellness** - ACC supports the funding included in the legislation for research through the National Institutes of Health, contained in the Senate version, as well as the funding for prevention and wellness included in the House-approved legislation. Prevention efforts and NIH research are especially important in the area of heart disease, with its increasing prevalence and costs to the system.

*The mission of the American College of Cardiology is to advocate for quality cardiovascular care — through education, research promotion, development and application of standards and guidelines — and to influence health care policy.*

Finally, ACC greatly appreciates the recognition of Congress about the role of clinical data registries in improving care. ACC is proud of its National Cardiovascular Data Registry, (NCDR<sup>®</sup>) and is the nation's premiere recognized source for measuring and quantifying outcomes and identifying gaps in the delivery of quality care for over 2,400 hospitals. We believe the use of registries will further enhance health care delivery by moving practices toward continuous quality improvement; but we need the help of Congress to expand registries beyond the inpatient to the outpatient setting.

ACC strongly urges you to retain these important health care investments in the final version of the Recovery Act and we look forward to working with you on the next phase of health care through systematic reform.

Sincerely,

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

Jack Lewin  
Chief Executive Officer