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February 2, 2006

Senator Charles E. Grassley
United States Senate
135 Hart Senate Office Building
Washington, DC 20510-0001

Dear Senator Grassley:

On behalf of the American College of Cardiology (ACC), I am writing to ask for your commitment to address the following health care concerns facing cardiovascular specialists and other physicians before the end of this congressional session.

The ACC is a 33,000 member non-profit professional medical society and teaching institution whose purpose is to foster optimal cardiovascular care and disease prevention through professional education, promotion of research, and leadership in the development of standards and formulation of health care policy.

Cardiovascular Imaging and Physician Ownership

The ACC urges Congress to repeal the cuts to office-based medical imaging enacted in the Deficit Reduction Act of 2005 (DRA) before the cuts take effect on January 1, 2007. Under the DRA, the technical component of office-based imaging services will be paid the lower of the Medicare Physician Fee Schedule (MPFS) or the Hospital Outpatient Prospective Payment System (HOPPS) rate. These cuts are arbitrary, and were included in the dead of night without open dialogue. The MPFS and HOPPS payment rates are determined using very different methods. In many cases, the HOPPS payment rate would not reflect the true costs of owning and operating imaging equipment in the physician office. The cuts will have the unintended consequence of hurting Medicare beneficiaries' timely access to important diagnostic imaging. Many physicians will no longer be able to provide imaging in their office due to the cuts, which will drive patients to the hospital setting where they will have longer wait times and in some cases pay higher co-pays.

Medicare Physician Fee Update

The ACC appreciates Congress' action to stop the 4.4 percent cut in Medicare physician payment by enacting a one-year payment freeze in the DRA. We urge Congress to act in 2006 to avert further scheduled cuts totaling up to 25 percent over the next six years, including a 4.6 percent cut scheduled for Jan. 1, 2007.

and to correct underlying flaws in the payment formula. The current sustainable growth rate (SGR) used to determine payments must be replaced by a formula that accurately reflects the costs of providing care to Medicare beneficiaries.

In addition, as Congress looks to implement value-based purchasing for Medicare physician services, the ACC urges you to work closely with physician specialty organizations and to ensure that value-based purchasing programs are established to improve quality and not just contain cost. Congress must not enact a value-based purchasing system without fixing the flawed Medicare physician payment formula. Physician practices cannot build the measurement infrastructure necessary to participate in such a program while absorbing deep payment cuts.

Medical Liability Reform

The ACC urges Congress to enact comprehensive medical liability reform. The medical liability system has reached crisis levels in at least 20 states, and an even higher number of states are showing problem signs. Liability premiums are rising for medical specialties not typically associated with high risk, including cardiology, forcing practices to make tough decisions that ultimately affect the delivery of patient care.

The ACC encourages you to work with your colleagues and with us to address these important issues in 2006. If the ACC can be of assistance or should you have any questions, please contact Jennifer Brunelle in our Legislative Affairs Department at (301) 581-3477 or at jbrunell@acc.org.

Sincerely,



Pamela S. Douglas, MD, FACC
President