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June 23, 2008

The Honorable Charles Rangel
Chair, Ways and Means Committee
1102 Longworth Office Building
Washington, D.C. 20515

The Honorable John Dingell
Chair, Energy and Commerce Committee
2125 Rayburn Office Building
Washington, D.C. 20515

Dear Chairman Rangel and Chairman Dingell:

On behalf of the 34,000 members of the American College of Cardiology (ACC), I am writing to express our strong support for your legislation, H.R. 6331, the "Medicare Improvements for Patients and Providers Act of 2008."

The ACC is pleased that your legislation includes elements that the cardiovascular community has long supported and advocated. In particular, we strongly support provisions that stop Medicare physician payment cuts of approximately 15 percent scheduled for the remainder of 2008 and 2009 and instead provide positive updates for the next 18 months. While the ACC remains concerned that physicians will be facing steeper cuts in 2010, we recognize the fiscal constraints of the Congress and are committed to working with you to create a long-term solution that ultimately replaces the current sustainable growth rate (SGR) formula with a new system that aligns incentives for the provision of appropriate, high quality patient care, and more accurately reflects physician practice costs.

The ACC also appreciates your commitment to extending the Physician Quality Reporting Initiative (PQRI) through 2011 and increasing the incentive payment to 2 percent. The ACC believes the PQRI is a first step towards real performance measurement and quality improvement, and we want to work with you to improve the program and accelerate physician participation. We support federal initiatives to align payment incentives with quality improvement to improve patient outcomes and create efficiencies, and look forward to seeing the Secretary's plan to Congress on a transition to a value-based purchasing program for physicians.


The College is also very encouraged that your legislation includes elements that address the quality and appropriateness of medical imaging services through a Medicare demonstration project to test the use of physician-developed medical imaging appropriateness criteria and mandatory accreditation of facilities that provide MR, CT, nuclear medicine and nuclear cardiology.

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, the ACC is pleased that your legislation recognizes the enormous value of electronic prescribing as a way to improve patient safety and improve clinical outcomes, while also recognizing the costs associated with physician adoption. We are particularly pleased that your legislation includes a reasonable date-certain to require electronic prescribing and positive incentives along the way to help physicians make the difficult transition toward adoption and permanent use.

Again, the College greatly appreciates your strong commitment to implementing Medicare policies beneficial to physicians and their patients. The ACC stands ready to help you enact these important Medicare policies into law. Thank you again for your leadership on these important policies.

Sincerely,



Dr. Douglas Weaver, MD, FACC
President, American College of Cardiology