

Stark Law Principles

The American College of Cardiology supports the following principles related to the Stark law and believes they must guide any policy changes in this area:

- Changes must improve access to/quality of care, especially for vulnerable patient populations.
- Revisions must actually <u>simplify</u> the law to reduce the exorbitant legal fees and administrative burdens imposed on clinicians.
- As we transition to paying for quality vs. quantity, changes must allow clinicians to be compensated appropriately for the work they do/quality of care they provide.
- Modifications must allow and encourage collaboration between clinicians themselves, as
 well as between clinicians and hospitals, across private practices and multiple health
 systems, to provide coordinated care in an appropriate manner.
- Modifications to the law should reflect an emphasis on quality measurement, the use of
 outcome-based clinical data registries such as the <u>National Cardiovascular Data Registry</u>,
 the importance of collaborative, team based care models, and other innovative payment
 structures that underscore best practices.
- Changes must allow for the evolution of clinical practice and future flexibility in the structure of the Medicare program.
- Revisions must allow clinicians the ability to offer their patients both the best care and easy access to care, particularly in regard to clinical and diagnostic testing in an appropriate setting of their choice.
- Revisions must distinguish between willful and inadvertent violations of the law.