



4550 Montgomery Avenue
Suite 780 North
Bethesda, Maryland 20814
Telephone: 301-215-7575

Website: www.asnc.org
Email: admin@asnc.org
Fax: 301-215-7113

January 21, 2010

Honorable Harry Reid
Majority Leader
522 Hart Senate Office Bldg.
United States Senate
Washington, DC 20510

Honorable Mitch McConnell
Republican Leader
361A Russell Senate Office Bldg.
United States Senate
Washington, DC 20510

Honorable Nancy Pelosi
Speaker of the House
H-232 U.S. Capitol
House of Representatives
Washington, DC 20515

Honorable John Boehner
Republican Leader
H-204 U.S. Capitol
U.S. House of Representatives
Washington, DC 20515

Dear Madam Speaker, Majority Leader, and Republican Leaders:

The American Society of Nuclear Cardiology (ASNC) is pleased to provide comments on the debate on Medicare and health care reform during the 111th Congress. ASNC is a greater than 5,000 member professional medical society, which provides a variety of continuing medical education programs related to nuclear cardiology and cardiovascular computed tomography, develops standards and guidelines for training and practice, promotes accreditation and certification within the nuclear cardiology field, and is a major advocate for furthering research and excellence in nuclear cardiology and cardiovascular computed tomography.

As the professional society whose members are most involved in the delivery of Myocardial Perfusion Imaging to Medicare beneficiaries, ASNC would like to take the opportunity to provide feedback on issues of critical significance to nuclear cardiologists as you work to rectify the differences between the House and Senate passed bills.

Equipment Utilization Rate for Advanced Diagnostic Medical Imaging

As you know, both health care reform bills address the issue of the equipment utilization rate for advanced diagnostic imaging. Section 1146 of the "Affordable Health Care for America Act" **HR 3962** recommends a "presumed utilization of 75 percent instead of a presumed utilization of imaging equipment of 50 percent" beginning in 2011. In contrast, Section 3135 of the "Patient Protection and Affordable Care Act" **HR 3590** raises the equipment utilization rate to 65 percent in 2010, 70 percent in 2013, and 75 percent in 2014 respectively. **ASNC is concerned with the recommendations of both health care reform bills' approach on the issue of equipment utilization.**

In particular, ASNC finds it disconcerting that Congress has ignored the approach of the administrative agency, the Center for Medicare & Medicaid Services (CMS), in issuing the 2010 Physician Fee Schedule (MPFS). The recommendation made by CMS in the 2010 MPFS was to raise the current equipment utilization rate set at 50 percent to 90 percent for all diagnostic medical equipment with an acquisition cost of more than 1 million dollars. Equipment with an acquisition cost of less than 1 million would continue to use a 50 percent utilization rate for calculating practice expense. Under the approach laid out by CMS, nuclear cardiology's equipment utilization rates were not affected because the equipment required to perform SPECT myocardial perfusion imaging does not fall within the 1 million dollar or more category. Under the language in both the House and Senate bills, however, nuclear cardiology's equipment utilization rates are increased; resulting in an additional cut to reimbursement, beyond the 36 percent cut already crippling nuclear cardiology practices under the MPFS. It is critical that Congress understand the impact these cuts will have to private practice cardiology as well as the impact on access to life-saving cardiology services for America's seniors. **Therefore, it is ASNC's primary request that you include legislative language that mirrors that of the administrative agency, which only raises the equipment utilization rate for diagnostic medical equipment with an acquisition cost of 1 million dollars or more.**

Medicare – Sustainable Growth Rate (SGR) Provisions

ASNC is discouraged that neither HR 3962, nor HR 3590 provides a permanent fix to the Sustainable Growth Rate (SGR) formula within the Medicare system. The SGR has proven to be a consistent problem since the time of its inception, and **we urge you to take the opportunity to permanently fix the problem within health care reform.** As you know, this policy issue must be dealt with before February 28, 2010 to prevent a 21 percent cut to all physicians who provide care to Medicare beneficiaries. As mentioned previously, nuclear cardiologists are already seeing a 36 percent cut to reimbursement, all of which occurs in 2010. The nuclear cardiology community can simply not sustain an additional 21 percent cut due to the SGR. When coupled together, the cuts to nuclear cardiology resulting from the MPFS, SGR, and increased equipment utilization rate make the procedure no longer sustainable in the private practice setting and cardiologists will be forced to close their practices and shift to hospital based practice. This will create skyrocketing costs to Medicare Part B as well as Medicare beneficiaries whose co-pays and costs are nearly triple in the Hospital setting. **Now is the time for Congress to step forward and solve the fundamental problems which plague the Medicare program, such as the flawed SGR formula, by passing HR 3961, or other stand alone legislation, in conjunction with health care reform.**

Independent Payment Advisory Board

ASNC is also concerned about the creation of an Independent Payment Advisory Board (IPAB) in sections 3403 and 10320 of HR 3590. Such a Board would be an inappropriate delegation of oversight responsibility which should fall squarely on the shoulders of Congress. The creation of an IPAB will likely cause Medicare reimbursement rates to be further reduced from their already below market values, decisions which will presumably be made by those lacking the clinical expertise or resources to calculate accurate reimbursement rates for services. Further, the directive of the Board appears to exempt certain providers from its review, resulting in

significant cuts to those services within the Board's jurisdiction. In sum, ASNC does not support the creation of an IPAB where the requisite Congressional oversight is lacking and proper checks and balances are not made to limit the Board's discretion. **As such, we urge you to strike sections 3404 and 10320 of HR 3590.**

ASNC appreciates the opportunity to provide comment on these key issues. We remain seriously concerned about the stability of the nuclear cardiology field as well as the access to these vital procedures which have dramatically helped patients with symptoms of cardiovascular disease. ASNC is hopeful that Congress will sincerely reconsider their position on the issues articulated above and make appropriate changes to health care reform legislation. Should you have any questions, please feel free to contact Jenna Wilkes, ASNC Associate Director of Health Policy, at 301-215-7575 or email at jwilkes@asnc.org. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Mylan Cohen". The signature is written in a cursive, flowing style.

Mylan C. Cohen, M.D., MPH
President
American Society of Nuclear Cardiology