Coalition for Patient Centered Imaging  Letter to All Members of the U.S. House of Representatives

August 12, 2013

Dear Representative:

The undersigned organizations strongly urge you to oppose H.R. 2914, the Promoting Integrity in Medicare Act of 2013, which would limit patient access to in-office services that physicians provide under the physician self-referral or Stark law. If enacted, this bill would limit access to life-saving services for many patients and stifle new innovative reforms already underway to improve care delivery and quality improvement. It would raise the costs to Medicare beneficiaries and the Medicare program by driving patients to more costly facilities thereby requiring additional expenditures.

The Stark law currently allows physicians to provide some services in the office setting, including advanced diagnostic imaging (MRI, PET, and CT scans), radiation therapy, anatomic pathology, and physical therapy, when complex and detailed supervision, location, and billing requirements are met. Integration of these medical services facilitates the development of coordinated clinical pathways, improves communication between specialists, offers better quality control of ancillary services and enhances data collection – all of which improves patient care and maximizes efficiencies. In addition, in-office patient access to these services can facilitate immediate diagnosis, physician communication with other members of the care team, and rapid, appropriate treatment of the disease condition.

H.R. 2914 would prohibit all these services in an office setting, force patients to receive services in a new and unfamiliar setting, increase costs, present significant barriers to appropriate screenings and treatments, and make healthcare less accessible. In its June 2011 Report to Congress, the Medicare Payment Advisory Commission (MedPAC) recommended against limiting the Stark law exception for ancillary services, citing potential “unintended consequences, such as inhibiting the development of organizations that integrate and coordinate care within a physician practice.” The General Accounting Office (GAO) recently issued a series of reports on self-referral and flatly rejected the recommendation to limit the Stark exception.

Over the years, the medical profession has taken significant steps to develop tools to promote the medically necessary and appropriate use of ancillary services. These steps include accreditation, as well as the development and implementation of training guidance, appropriate use criteria, practice guidelines, and clinical decision support tools which assist physicians in delivering the most appropriate care.

Our organizations seek to protect Medicare beneficiaries and taxpayers alike by providing high quality, ethical care in a setting that benefits patients and facilitates care coordination. We strongly urge you to oppose H.R. 2914, legislation that would only limit patient access, undermine competition in the healthcare market, force patients to receive care in more expensive settings and contravene new innovative reforms already underway.
Sincerely,

American Academy of Dermatology Association
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngology—Head and Neck Surgery
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Gastroenterology
American College of Mohs Surgery
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Medical Association
American Medical Group Association
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Mohs Surgery
American Society of Echocardiography
American Society of Neuroimaging
American Society of Nuclear Cardiology
American Urological Association
Association of Black Cardiologists
Association of Freestanding Oncologists
Cardiology Advocacy Alliance
Large Urology Group Practice Association
Medical Group Management Association
National Association of Spine Specialists
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
US Oncology Network