



Office of the President
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November 3, 2009

Honorable Nancy Pelosi
Speaker
House of Representatives

Honorable Steny Hoyer
Majority Leader
House of Representatives

The Honorable George Miller
Chair
Education & Labor Committee

The Honorable Charles Rangel
Chair
Ways & Means Committee

The Honorable Henry Waxman
Chair
Energy & Commerce Committee

Honorable Robert Andrews
Chair
E&L Health Subcommittee

Honorable Pete Stark
Chair
W&M Health Subcommittee

Honorable Frank Pallone
Chair
E&C Health Subcommittee

Honorable John Dingell
Chair Emeritus
E&C Committee

Dear Representatives Pelosi, Hoyer, Miller, Rangel, Waxman, Andrews, Stark, Pallone and Dingell,

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing over 53,000 physicians and partners in women's health, thank you for your tremendous commitment to health reform and your leadership in developing the Affordable Health Care for America Act, H.R. 3962.

ACOG has a long and strong history of supporting health reform. As ob-gyns, we see first hand the devastating effect a lack of insurance or underinsurance can have on our patients. We know too many instances where health insurance has failed our patients, leaving many insured but not covered, leaving others without any coverage at all. And without adequate insurance, many of our patients have to shoulder the crushing costs of needed care, or go without the care they need.

ACOG is privileged to have worked with you and many Members of the House, including Representative Jan Schakowsky, who introduced H.Con.Res. 48, which set the marker for women's health in health reform. We look forward to working with you on enacting comprehensive health reform which addresses the needs of all women and their physicians; both through the many worthwhile provisions in your bill, as well as through crucial additional elements that are necessary to make health reform work. ACOG supports health reform that will work.

H.R. 3962 addresses many elements identified in H.Con.Res. 48 and in ACOG's Health Care for Women, Health Care for All Campaign, which are vital to women's health. We appreciate and support these elements in your bill:

- Minimum benefits standards, including maternity coverage - for every woman, in every plan.
- Medical home demonstration projects which address the unique health needs of women, including women with high-risk pregnancies and which recognize ob-gyns as principal care physicians in women's health care delivery.
- Health insurance market reforms which end the harmful practices of gender rating, pre-existing condition exclusions, coverage rescissions, annual and lifetime benefit caps.
- Requirements for large employers to either offer health insurance or pay into a pool to help fund coverage for their employees, and a requirement for individuals to purchase coverage with subsidies for lower-income individuals.

- Ensuring a public safety net by:
 - Converting Medicaid into a categorical program to cover all of poor and near-poor individuals.
 - A public plan option not tied to Medicare rates, allowing physicians to negotiate payment rates without requiring them to participate in the plan.

We support these provisions as well:

- Begin to address the low reimbursement levels in the Medicaid program, by increasing payments for primary care services. We look forward to working with you to ensure that all services in the Medicaid program are reimbursed appropriately.
- Recognize primary care's importance to Medicare beneficiaries by providing additional reimbursement to physicians, including ob-gyns who provide such services, and not financing these increases through offsets in payments for other valuable physician services.
- Permanently reauthorize the Indian Health Care Improvement Act.
- Protect ob-gyn ultrasound from any changes to imaging reimbursement.
- Maintain the voluntary and non-punitive nature of the Physician Quality Reporting Initiative.
- Require health insurers to allow individuals through age 26 to remain on their parents' health insurance.
- Gives States the option to expand coverage of family planning services for low-income women.
- Provide support services to women suffering from postpartum depression and psychosis; help educate mothers and their families about these conditions; and support for research into the causes, diagnoses and treatments for postpartum depression and psychosis.
- Provide grants for pilot programs to reduce infant mortality.
- Establish community collaborative care networks.

These important changes to our health care system will only work if coupled with meaningful medical liability reform and a permanent repeal of the SGR, replaced with a sensible and reliable method of Medicare physician payment.

In 2002, the Institute of Medicine (IOM) found that "the current liability system hampers efforts to identify and learn from errors, and likely encourages 'defensive medicine'...changes in the liability system are a critical component of health care system redesign." The Congressional Budget Office recently found \$54 billion in savings from defensive medicine. ACOG supports caps on non-economic damages and other reforms like those in the California and Texas laws. While we're working toward that goal, we support **meaningful** alternative reforms. Your inclusion of incentives for States to implement Certificate of Merit and Early Offer programs are quite simply not enough and must be expanded to include reforms with tremendous potential to improve patient safety and reduce costs, including Health Care Courts, I'm Sorry Programs, Medical Review Panels, Medical Screening and Mediation, Voluntary Alternative Dispute Resolution, Expert Witness Qualifications and Defined Catastrophic Injury Systems.

We're concerned too, that SGR repeal has been separated from health reform. We appreciate your leadership in setting the marker for full repeal in HR3200 and your strong comments last month supporting Congressional action. We understand the reasons behind this change, but are concerned that it makes repeal much less certain. Health care reform cannot be built on a broken payment system, which affects ob-gyns and other physicians far beyond the Medicare program.

The following provisions in HR 3962 are also of great concern:

- Health reform should ensure that our patients receive preventive services without cost-sharing requirements. These protections in your bill extend to only U.S. Preventive Services Task Force (USPSTF) A and B recommendations. These recommendations do not include many important women's preventive health services now included in a woman's annual well-woman exam. As a result, our patients may not have coverage for all elements of the well-woman exam, or may have new out-of-pocket costs for parts of the exam.

- The Health Benefits Advisory Committee in HR 3962 does not now, and must include experts in women's health.
- HR 3962 establishes a shadow RUC, giving the HHS Secretary authority to negate conclusions of the AMA/Specialty Society Relative Value Update Committee (RUC), the entity through which medical services are valued. The AMA RUC is a functioning and dynamic process, which recommends appropriate data driven increases *and decreases* in the value of codes reimbursed under the Medicare Physician Fee Schedule.
- The legislation makes deficit neutral changes in payments based on geographic differences in utilization of medical services, without guaranteeing appropriate risk-adjustments.
- And the bill involves the General Accounting Office (GAO) in evaluating medical residency training. Medical education should remain in the purview of medical educators, including the Accreditation Council for Graduate Medical Education (ACGME).

Again, thank you for your commitment to improving America's health system. We look forward to continuing to work with you to see comprehensive and meaningful health care reform enacted.

Sincerely,



Gerald F. Joseph, Jr., MD, FACOG
President