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Dear Representative:

On behalf of the members of the American Thoracic Society (ATS), I want to congratulate the House of Representatives on crafting legislation to reform the U.S. health care system. We believe the Affordable Health Care for America Act will significantly improve our current system and we urge the House to pass this important legislation.

The ATS is a 15,000 member scientific organization whose members are dedicated to the prevention, detection, treatment and cure of respiratory disease, critical illness and sleep-related disorders through research, clinical care and advocacy. Our members are committed to serving the needs of patients in the Medicare, Medicaid, VA and private insurance market. As such, we have a compelling interest in health reform legislation.

The ATS supports the intent of the Affordable Health Care for America Act to expand health insurance coverage for uninsured Americans, implement private insurance reforms to make health insurance more accessible, affordable and reliable for those who are insured, invest in public health and preventative care, improve quality reporting, and study U.S. healthcare workforce needs.

Areas of particular interest for the ATS include:

Universal Health Insurance - The ATS believes that health care is a right. Although the House legislation make significant strides in expanding health insurance to many currently uninsured Americans, it falls short of the goal of achieving universal health coverage for all Americans. While we are deeply appreciative of the progress made so far, we would be remiss if the ATS did not continue to advocate for the Americans still left uninsured by this legislation. Until all Americans are insured, the Congress's work will not truly be complete.

Public Insurance Option – The ATS is very pleased with the House bill's inclusion of a public health insurance option with negotiated provider payment rates. We firmly agree that a strong public insurance option with negotiated rates will increase access to affordable health insurance for uninsured Americans while promoting healthy competition among private insurance options to reduce system costs.

End-of-Life Care - The ATS believes that healthcare reform presents an opportunity to dramatically improve end-of-life care for patients with acute and critical illness in the U.S. and we applaud the House for including Medicare coverage of end-of-life counseling in its bill. Our members know that when patients and families have early and effective communication about end-of-life care options, the result is higher quality care that improves the patient and their family's experience with the health system, minimizes ineffective treatments and reduces costs.

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Prevention and Chronic Disease Management - The ATS supports the bill's measures aimed at rewarding preventive care and chronic disease management through private market quality of care regulation and other mechanisms. Better system-wide management of chronic diseases like COPD, asthma and sleep-disordered breathing will improve public health and reduce health system costs. We are hopeful that the bill's prevention initiatives, including the National Prevention and Wellness Strategy, the Prevention and Wellness Trust and the elimination of cost-sharing for preventive services through Medicare and Medicaid will help reduce the incidence of chronic diseases associated with tobacco use. We are pleased that the bill will authorize Medicaid coverage of tobacco cessation programs for pregnant women and for other populations through community preventative and wellness services programs.

Improving Access to Clinical Trials Act - The ATS applauds the House for including a measure that will remove a barrier to clinical research participation for people with orphan diseases like cystic fibrosis. In order to insure that potential therapies move swiftly from the research and trial phase to the patients who need them, more patients are needed to participate in clinical trials. Yet, current rules regarding eligibility for SSI prevent patients from participating in clinical research that provides compensation. The House bill's inclusion of the Improving Access to Clinical Trials Act will provide an income exemption for clinical research participation for SSI beneficiaries, strengthening research efforts into these diseases.

Healthcare Workforce – The ATS is pleased that the Affordable Health Care for America Act takes initial steps to address the looming physician shortage. The bill begins to address the shortage by increasing funds for training physicians and setting up a Workforce Commission to develop strategies for addressing workforce needs. According to recent studies, starting in 2007 and worsening through 2020, the U.S. will not have enough physicians to meet the needs of patients with respiratory disease and critical illness. The shortage of critical care specialists is particularly severe in rural areas. The ATS looks forward to working with the House on additional measures to address healthcare workforce shortages.

Public Health System - Finally, the ATS is pleased by the bill's focus on strengthening the nation's public health system. A strong public health system is essential to protecting Americans from infectious respiratory illnesses and diseases like influenza and tuberculosis. We believe that the creation of the Prevention and Public Health Investment Fund and appropriate funding of this Fund will provide a sustainable reinvestment into programs that improve public health.

Sustainable Growth Rate Formula – We are disappointed that the House bill currently under consideration does not include a permanent elimination of the SGR formula and its replacement with a more appropriate mechanism for calculating Medicare physician payments. We recognize that the SGR formula was addressed in earlier versions of the bill. As the legislation moves forward, we hope a provision similar to the Medicare Physician Payment Reform Act of 2009 (H.R. 3961) will be included in the House health reform bill. As you know, this legislation would correct the current flawed SGR formula by:

- Eliminating all SGR debt accumulated after years of temporary, unfunded fixes;
- Replacing the SGR with two more generous targets of GDP plus 2% for evaluation and management services and GDP plus 1% for all other services.
- Including all evaluation and management services in the highest of the two new target growth rates, regardless of specialty.

We hope the House will make fixing the SGR problem a priority component of the healthcare reform effort.

We hope these comments are useful and look forward to working with the House of Representatives to enact meaningful health system reform.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Randall Curtis". The signature is fluid and cursive, with a large initial "J" and "C".

J. Randall Curtis, MD, Ph.D.
President
American Thoracic Society

