



June 9, 2017

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Via email to: HealthReform@finance.senate.gov

Dear Chairman Hatch,

On behalf of the American Society of Anesthesiologists (ASA) and our 52,000 members, I am writing to respond to your request for comment regarding the Senate Finance Committee's consideration of health system reforms. ASA welcomes the opportunity to share our priorities for health system reform and provide input as to how health reform legislation would impact our patients, our communities, and the practice of anesthesiology.

ASA agrees with the Committee that reforms should be patient-focused and address costs of care. The society and its members also support providing patients with more input and responsibility for their care. Anesthesiologists manage patients during surgical and other procedures, critical care services as well as pain medicine services across the continuum of care. They work closely with patients to ensure that the care provided is consistent with the individual patient's goals. ASA members have and continue to improve quality and safety of care, while working with our colleagues to reduce costs.

ASA believes the foremost interest of patients in the reform debate is access to affordable health insurance coverage. Accordingly, ASA has serious concerns about proposals that would adversely impact patient access to insurance and could ultimately reduce the number of insured patients or compromise access to health care. Coverage is particularly important to physician anesthesiologists because of their relatively unique status as hospital based physicians who have a professional responsibility to provide care for every patient who comes before us. We encourage the Committee to maintain access to affordable health care services for all Americans.

We also support maintaining a robust employer-sponsored insurance system and encourage the Senate to avoid changes to the employer sponsored insurance marketplace.

ASA recommends the preservation of current levels of coverage and benefits for the individuals and families who gained access to insurance coverage under the ACA-implemented exchanges. In particular, we encourage the Senate to ensure the adequacy of any new tax credit for older and lower income individuals.

Additionally, we believe that access to anesthesia and pain management services is only achievable by preserving coverage of an appropriate essential benefits standard; in particular, coverage for physician and hospital services, maternity care (pain relief during child birth), and prescription medications. We also urge the Committee to ensure that any proposal protects patients with pre-existing conditions.

As the Committee looks to provide Americans greater control over their healthcare decisions, ASA supports the adoption of health reform legislation that assures families of their choice of physician, insurer, and type of health plan, including health savings accounts. Additionally, we support transparency of health plan benefits, sufficiently broad networks of facilities and providers to meet their health care needs, to reduce the likelihood that patients will find that they have large gaps in insurance coverage, high co-insurance and deductibles due to insufficient and narrow networks.

We also encourage you to ensure that legislation does not interfere with the patient's access to physician-led care regardless of the geographic location. Any proposed changes to health care legislation should acknowledge the value of physician-directed care. Physicians play a critical role in defining how best to provide high quality, cost-efficient patient care, as has been acknowledged for anesthesiologists by the Institute of Medicine. Physicians also have the education and training required to define the most appropriate plans for providing value and evidence-based care.

Other issues of importance to anesthesiologists and their patients may not be eligible for inclusion in the privileged resolution of the budget reconciliation bill, but one such issue warrants comment. ASA urges Congress to repeal the Independent Payment Advisory Board (IPAB), since it does not benefit patients nor addresses concerns about cost of quality. With the likelihood of the IPAB being triggered in coming months, Congress should preserve its' essential role in shaping health policies that best meet the needs of their communities and constituents. Delegating major health policy decisions to 15 unelected and largely unaccountable individuals, none of whom are permitted to be practicing physicians or otherwise employed, could produce catastrophic results. IPAB cuts fall disproportionately on physicians until 2020. These cuts are more significant for anesthesiologists than other physicians. According to the Government Accountability Office (GAO), Medicare's anesthesia payment rates are 33% of commercial providers' payment rates, as compared to studies showing Medicare rates of 75-80% for other physician services. With the already unreasonably low Medicare payments for anesthesia services – "the 33% problem" - IPAB cuts could unduly and specifically impact anesthesiologists and potentially reduce access to care. ASA respectfully urges the repeal of IPAB this year.

The American Society of Anesthesiologists greatly appreciates this opportunity to provide recommendations to the Committee as it considers changes to the health care system, and our physicians and staff stand ready to assist the committee in its deliberations. Please contact Manuel Bonilla, ASA Chief Advocacy Officer, at: m.bonilla@asahq.org or 202-289-2222 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Plagenhoef, M.D.", with a stylized flourish at the end.

Jeffrey Plagenhoef, M.D.
President
American Society of Anesthesiologists