Medicare-Based Reform Proposals Can’t Support Anesthesia Practices

Recently introduced “Medicare for All” legislation would provide a blueprint for a government-run single-payer system that would eliminate most private health insurance. A fundamental component of this legislation and other Medicare-based reforms is a reliance upon insufficient Medicare payment rates. ASA has grave concerns about the impact of these proposals on the practices of physician anesthesiologists.

Medicare payments for anesthesia services have long been plagued by inequality and instability. As a result of longstanding flaws in the Medicare payment formula, the Medicare “33% Problem” has been a persistent challenge by paying anesthesia services at only 33% of commercial payment rates, the lowest rate among all health professionals. According to the Medicare Payment Advisory Commission (MedPAC), Medicare payments for other physician services average approximately 75% of commercial pay rates.

While ASA recognizes the legislation being considered is one approach that may provide insurance coverage for all Americans, ASA believes the legislation would have negative impacts on the adequacy and robustness of the coverage itself. Any health care system that builds provider payment off historic Medicare payments rates is unsustainable and will significantly compromise the availability of adequate care for patients, particularly those who need anesthesia services.

ASA encourages the following principles for any changes impacting the current health care system:

- Maintain access to affordable health care services for all Americans by building on the best features of public and private coverage - including maintaining a robust employer-sponsored insurance system.
- Ensure that all coverage defines essential benefits to include both anesthesia and pain services, as well as associated coverage for physician and hospital services, maternity care, and prescription medications. Prohibit any and all discrimination based on preexisting conditions.
- Recognize the value of physician-directed care and the integral role physicians play in delivering high quality, cost-efficient patient care based on their advanced education, skills and experience.
- Maintain patient choice of physician, insurer, and type of health plan, including health savings accounts, as well as access to physician-led care regardless of the geographic location.
- Ensure adequate funding for Medicaid and children’s health services.

REQUEST:

Fix the anesthesia “33% Problem” to avoid creating negative impact on anesthesia services and patients.