

**Submitter :** Dr. William Scott Huie  
**Organization :** North Houston Anesthesiologists  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

**Medicare Reimbursement for Anesthesia**

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

William Scott Huie, MD

**Submitter :** Dr. Douglas Shook  
**Organization :** Brigham and Women's Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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Thank you for your consideration of this serious matter.

CMS-1385-P-8397

Submitter : Dr. John Buckley

Date: 08/27/2007

Organization : University Orthopaedic Clinic, P.C.

Category : Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Please see letter for Comments on CMS-1385-P.

CMS-1385-P-8397-Attach-1.DOC



# University Orthopaedic Clinic & Spine Center

August 27, 2007

Via Electronic Submittal to CMS  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

RE: CMS 1385-P  
In Office Ancillary Services Exemption

Dear Sir or Madam:

Thank you for the opportunity to comment regarding whether changes are necessary pertaining to the Physician self-referral rules.

I am an orthopaedic surgeon practicing in a group with eight other physicians. We added physical therapy services within our group practice several years ago in compliance with the In Office Ancillary Services Exemption under the "Stark" regulations. Physical therapy is only provided to our own patients as part of a comprehensive treatment program with continuous physician oversight for better, more cost effective care. Patients are given a choice regarding where they want to have their services provided. Many patients prefer the convenience of having their physical therapy in the same location as their orthopaedic surgeon.

We have an exceptional group of 6 registered physical therapists who have chosen to practice in this environment because of superior patient outcomes due to close communication with the physicians and access to all patient medical records. Many times patients are able to begin physical therapy on the same day they are seen by the physician when physical therapy is prescribed.

H. CHESTER BOSTON, JR., M.D. ★ ▲ □  
Spinal Disorders  
Surgery of the Spine ▲

JOHN P. BUCKLEY, M.D. ★ ○ □  
Arthroscopic &  
Orthopaedic Surgery  
Surgery of the Hand &  
Upper Extremity ▲

STEPHEN T. IKARD, M.D. ○ □  
Arthroscopic &  
Orthopaedic Surgery  
Total Joint Replacement ▲

DONALD S. SCOTT, M.D. ○ □  
Arthroscopic &  
Orthopaedic Surgery  
Work Related Injuries

L. SCOTT ATKINS, JR., M.D. ○ □  
Arthroscopic &  
Orthopaedic Surgery  
Knee & Shoulder Surgery

JAMES T. BARNETT, JR., M.D. ■  
Physical Medicine &  
Rehabilitation

WILLIAM C. STANDERFER, JR., M.D. ○ □  
Arthroscopic &  
Orthopaedic Surgery  
Sports Medicine ▲

FREDERICK S. GRAHAM, M.D. ■  
Physical Medicine &  
Rehabilitation  
Interventional Spine Procedures ▲

BRIAN S. CLAYTOR, M.D.  
Spinal Disorders  
Surgery of the Spine ▲

DONNA S. WOOD  
Chief Executive Officer

OFFICES  
305 Bryant Drive, East  
P.O. Box 2447  
Tuscaloosa, AL 35403

400 Bryant Drive, East  
Tuscaloosa, Alabama 35401

Northport Medical Plaza  
2702 Hospital Dr., Suite 101  
Northport, Alabama 35476

Phone: (205) 345-0192  
(800) 218-4UOC (4862)  
Tuscaloosa Fax: (205) 345-7341  
Northport Fax: (205) 333-9936

www.univorthoclinic.com  
Email: uoc@abtech.net

OTHER LOCATIONS  
Bibb Medical Associates  
Centreville, Alabama

Fayette Medical Associates  
Fayette, Alabama

- ▲ CERTIFIED AMERICAN BOARD OF SPINE SURGERY
- DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY (A.B.O.S.)
- FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
- ▲ POST RESIDENCY FELLOWSHIP TRAINING

- ★ FELLOW OF THE AMERICAN COLLEGE OF SURGEONS
- MEMBER AMERICAN SOCIETY FOR SURGERY OF THE HAND
- DIPLOMATE OF THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

The views expressed by a national letter-writing campaign promoted by the Alabama Physical Therapy Association are not representative of the opinions of the majority of physical therapists. They represent the opinion of a group of private practice physical therapists who want to eliminate competition from physician-employed physical therapists for the sole purpose of financial gain. Eliminating physician-owned physical therapy services would result in less competition and reduced access to care for patients with an increase in treatment delays. Removing physicians from the process will not reduce any potential conflicts of interest since physical therapists already formulate the Plan of Care and determine the number of visits and modalities to be performed.

For convenience of patients and better access to treatment, please preserve the centralized building provision that currently exists. With the advent of electronic health records, services can be provided in another location just as it would be within the same building where physician services are provided.

Your request for comments is very much appreciated.

Sincerely,

A handwritten signature in black ink that reads "John P. Buckley". The signature is written in a cursive style with a prominent initial "J" and a long, sweeping underline.

John P. Buckley., M.D.

Submitter : Mr. Bennie Garner

Date: 08/27/2007

Organization : East Alabama Medical Center

Category : Physical Therapist

Issue Areas/Comments

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

There are 2 physician-owned facilities in our immediate area. Both over utilize their own rehab practices. The population of patients being referred for Physical Therapy services has dropped to nearly nothing in clinics who are not physician-owned. I also hear stories constantly from patients who are being referred 'in house' even after requesting to go elsewhere- especially if they carry good insurance coverage. Our Physical Therapy practice now only receives referrals from patients with Medicaid Insurance from the physicians who own their own rehab clinic. It has had a tremendous negative impact on physical therapy staffing in our area due to loss of referral sources. We have also experienced situations where the patients who seek physician examination for prior or new injuries being referred to the physician-owned practice in spite of the fact that the patient had been treated at our facility before- and with good outcomes.

**Submitter :** Dr. jonathan moss  
**Organization :** university of chicagg  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I have been an academic anesthesiologist for 30 years. Unfortunately I cannot recommend this path for my residents unless you act. Therefore I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and I hope that the Agency is taking steps to address this complicated issue.

AS everyone acknowledges whenthe RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation s seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. I practice in such an area.

In an effort to rectify this untcnable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC s recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.  
Jonathan Moss MD PhD

**Submitter :** Dr. Michael Packman  
**Organization :** American Society of Anesthesiologists  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Michael I. Packman, MD



**CMS-1385-P-8402**

**Submitter :** Dr. jaehong gwag  
**Organization :** anesthesia consultants of fresno  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely yours,  
Jachong Gwag MD

Submitter : Dr. Radmila Popovic  
Organization : St. Louis University  
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

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Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Radmila Popovic, M.D.  
St. Louis, MO

**Submitter :** Dr. Fredric Matlin  
**Organization :** Dr. Fredric Matlin  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Mark Mouw  
**Organization :** Mouw Chiropractic  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1385-P  
PO Box 8018  
Baltimore, Maryland 21244-8018

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation, should be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,

Dr. Mark A. Mouw, D.C.

CMS-1385-P-8406

Submitter : Dr. Karen Kantor

Date: 08/27/2007

Organization : College of American Pathologists

Category : Physician

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

8/27/07

I am responding to CMS 1385 P entitled "Medicare Program; Proposed Revisions to Payment Policies Under the Physician Fee Schedule for year 2008". I am a board-certified pathologist and I am a member of the College of American Pathologists. I practice in Livonia, Michigan as part of a 4 person group in a 300 bed hospital.

I am dismayed that CMS would allow physician self referral in the form of revenue sharing from pathology services ordered and performed for their patients. This is due to abusive arrangements for anatomic pathology services which most obviously violates the Stark Law prohibiting physician self-referral. I support revisions to close the loopholes that allow non-pathologists to profit from pathology services.

Specifically, I support the expansion of the anti-markup rule to purchase pathology interpretations and the exclusion of anatomic pathology from the in-office ancillary services exception to the Stark Law. These revisions to the Medicare reassignment rule and physician self-referral provisions are vital to eliminate financial self-interest from a doctor's medical decisions regarding patient care.

PHYSICIANS SHOULD NOT BE ABLE TO PROFIT FROM THE PERFORMANCE OF PATHOLOGY SERVICES IF HE OR SHE DOES NOT ACTUALLY PERFORM OR SUPERVISE SUCH SERVICES.

Captive pathology arrangements are unfair to both pathologists and patients because the referrals are made solely for financial self-interest by non-pathologists. The proposed changes do not impact the availability or delivery of pathology services. They will only remove the financial conflict of interest which drives up medical costs and impunes the integrity of the Medicare program.

Karen P. Kantor, D.O., M.P.H.  
Department of Pathology  
St. Mary Mercy Hospital  
364475 Five Mile Road  
Livonia, MI 48154

CMS-1385-P-8407

Submitter : Dr. Zed Reagan

Date: 08/27/2007

Organization : Dr. Zed Reagan

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**CMS-1385-P-8408**

**Submitter :** Mr. Michael Kelm  
**Organization :** Mr. Michael Kelm  
**Category :** Individual

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslic V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,  
Michael Kelm

**CMS-1385-P-8409**

**Submitter :** Dr. Steve Wen

**Date:** 08/27/2007

**Organization :** TCAA

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Steve Wen, MD  
TCAA  
St. Paul, MN



**CMS-1385-P-8410**

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

CMS-1385-P-8411

**Submitter :** Dr. Stephen Ikard

**Date:** 08/27/2007

**Organization :** University Orthopaedic Clinic, P.C.

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Please see letter for Comments on CMS-1385-P.

CMS-1385-P-8411-Attach-1.DOC

#8411



# University Orthopaedic Clinic & Spine Center

August 27, 2007

Via Electronic Submittal to CMS  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

RE: CMS 1385-P  
In Office Ancillary Services Exemption

Dear Sir or Madam:

Thank you for the opportunity to comment regarding whether changes are necessary pertaining to the Physician self-referral rules.

I am an orthopaedic surgeon practicing in a group with eight other physicians. We added physical therapy services within our group practice several years ago in compliance with the In Office Ancillary Services Exemption under the "Stark" regulations. Physical therapy is only provided to our own patients as part of a comprehensive treatment program with continuous physician oversight for better, more cost effective care. Patients are given a choice regarding where they want to have their services provided. Many patients prefer the convenience of having their physical therapy in the same location as their orthopaedic surgeon.

We have an exceptional group of 6 registered physical therapists who have chosen to practice in this environment because of superior patient outcomes due to close communication with the physicians and access to all patient medical records. Many times patients are able to begin physical therapy on the same day they are seen by the physician when physical therapy is prescribed.

H. CHESTER BORTON, JR., M.D. ★ ● □  
Spinal Disorders  
Surgery of the Spine ▲

JOHN P. BUCKLEY, M.D. ★ ● □  
Arthroscopic &  
Orthopaedic Surgery  
Surgery of the Hand &  
Upper Extremity ▲

STEPHEN T. KARD, M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Total Joint Replacement ▲

DONALD S. SCOTT, M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Work Related Injuries

L. SCOTT ATKINS, JR., M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Knee & Shoulder Surgery

JAMES T. BARNETT, JR., M.D. ■  
Physical Medicine &  
Rehabilitation

WILLIAM C. STANDEFFER, JR., M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Sports Medicine ▲

FREDERICK S. GRAHAM, M.D. ■  
Physical Medicine &  
Rehabilitation  
Interventional Spine Procedures ▲

BRIAN S. CLAYTON, M.D.  
Spinal Disorders  
Surgery of the Spine ▲

DONNA S. WOOD  
Chief Executive Officer

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400 Bryant Drive, East  
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2702 Hospital Dr., Suite 101  
Northport, Alabama 35476

Phone: (205) 345-0192  
(800) 218-4UOC (4862)  
Tuscaloosa Fax: (205) 345-7341  
Northport Fax: (205) 333-9935

www.univorthoclinic.com  
Email: uoc@dbtech.net

OTHER LOCATIONS  
Bibb Medical Associates  
Centreville, Alabama

Fayette Medical Associates  
Fayette, Alabama

- ▲ CERTIFIED AMERICAN BOARD OF SPINE SURGERY
- DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY (A.B.O.S.)
- FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
- ▲ POST RESIDENCY FELLOWSHIP TRAINING

- ★ FELLOW OF THE AMERICAN COLLEGE OF SURGEONS
- MEMBER AMERICAN SOCIETY FOR SURGERY OF THE HAND
- DIPLOMATE OF THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

The views expressed by a national letter-writing campaign promoted by the Alabama Physical Therapy Association are not representative of the opinions of the majority of physical therapists. They represent the opinion of a group of private practice physical therapists who want to eliminate competition from physician-employed physical therapists for the sole purpose of financial gain. Eliminating physician-owned physical therapy services would result in less competition and reduced access to care for patients with an increase in treatment delays. Removing physicians from the process will not reduce any potential conflicts of interest since physical therapists already formulate the Plan of Care and determine the number of visits and modalities to be performed.

For convenience of patients and better access to treatment, please preserve the centralized building provision that currently exists. With the advent of electronic health records, services can be provided in another location just as it would be within the same building where physician services are provided.

Your request for comments is very much appreciated.

Sincerely,

A handwritten signature in black ink that reads "Steve Ikard". The signature is written in a cursive, slightly slanted style.

Stephen T. Ikard., M.D.

CMS-1385-P-8412

**Submitter :** Drew Bossen  
**Organization :** Progressive Rehab  
**Category :** Physical Therapist

**Date:** 08/27/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Mr. Kerry N. Weems  
Administrator - Designate  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

Subject: Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008;  
Proposed Rule

Dear Mr. Weems,

As a practicing physical therapist for 30 years I am deeply concerned about the issue of referral for profit. The potential for fraud and abuse exists whenever physicians are able to refer Medicare beneficiaries to entities in which they have a financial interest, especially in the case of physician-owned physical therapy services. Physicians who own practices that provide physical therapy services have an inherent financial incentive to refer their patients to the practices they have invested in and to overutilize those services for financial reasons. By eliminating physical therapy as a designated health service (DHS) furnished under the in-office ancillary services exception, CMS would reduce a significant amount of programmatic abuse, overutilization of physical therapy services under the Medicare program, and enhance the quality of patient care.

Please consider a stronger stance on the issue of referral for profit. It makes good business sense and will provide Medicare beneficiaries a higher level of care and service.

With regards,

Drew Bossen, PT, MBA  
Progressive Rehab  
2401 Townerest Drive  
Iowa City, IA 52240

**CMS-1385-P-8413**

**Submitter :** Dr. Kasia Rubin

**Date:** 08/27/2007

**Organization :** Dr. Kasia Rubin

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**CMS-1385-P-8414**

**Submitter :** Dr. Lynne Mouw  
**Organization :** Mouw Chiropractic  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**Technical Corrections**

**Technical Corrections**

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1385-P  
PO Box 8018  
Baltimore, Maryland 21244-8018

Re: TECHNICAL CORRECTIONS

The proposed rule dated July 12th contained an item under the technical corrections section calling for the current regulation that permits a beneficiary to be reimbursed by Medicare for an X-ray taken by a non-treating provider and used by a Doctor of Chiropractic to determine a subluxation, should be eliminated. I am writing in strong opposition to this proposal.

While subluxation does not need to be detected by an X-ray, in some cases the patient clinically will require an X-ray to identify a subluxation or to rule out any "red flags," or to also determine diagnosis and treatment options. X-rays may also be required to help determine the need for further diagnostic testing, i.e. MRI or for a referral to the appropriate specialist.

By limiting a Doctor of Chiropractic from referring for an X-ray study, the costs for patient care will go up significantly due to the necessity of a referral to another provider (orthopedist or rheumatologist, etc.) for duplicative evaluation prior to referral to the radiologist. With fixed incomes and limited resources seniors may choose to forgo X-rays and thus needed treatment. If treatment is delayed illnesses that could be life threatening may not be discovered. Simply put, it is the patient that will suffer as result of this proposal.

I strongly urge you to table this proposal. These X-rays, if needed, are integral to the overall treatment plan of Medicare patients and, again, it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,

Dr. Lynne A. Mouw, D.C.

CMS-1385-P-8415

Submitter : Dr. GARY DELANEY

Date: 08/27/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

GARY A. DELANEY, MD



**CMS-1385-P-8416**

**Submitter :** Dr. eugenio sabalvoro

**Date:** 08/27/2007

**Organization :** uams dept. of anesthesiology

**Category :** Health Care Provider/Association

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

It is about time that Medicare increase reimbursement for anesthesiologists. It is beneficial for patient care, anesthesia private practice and support for university hospital's viability in providing better education for students.

CMS-1385-P-8417

**Submitter :** Dr. Pritee Coulianidis

**Date:** 08/27/2007

**Organization :** APTA

**Category :** Physical Therapist

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please notice the need now and in the future for skilled physical therapy interventions for patients.

**CMS-1385-P-8418**

**Submitter :** Dean Chassay  
**Organization :** Dean Chassay  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

**CMS-1385-P-8419**

**Submitter :**

**Date: 08/27/2007**

**Organization :**

**Category : Physician**

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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**CMS-1385-P-8420**

**Submitter :** Dr. Nicholas Snyder  
**Organization :** Mouw Chiropractic  
**Category :** Chiropractor

**Date:** 08/27/2007

**Issue Areas/Comments**

**Technical Corrections**

Technical Corrections

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1385-P  
PO Box 8018  
Baltimore, Maryland 21244-8018

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Sincerely,

Dr. Nicholas J. Snyder, D.C.

CMS-1385-P-8421

**Submitter :** Dr. Rudolfo Lastrilla

**Date:** 08/27/2007

**Organization :** American Society of Anesthesiology

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am favor of the letter sent by my society

**CMS-1385-P-8422**

**Submitter :** Dr. Jeffrey Goldstein  
**Organization :** Long Island Anesthesia Physicians  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Jeffrey E. Goldstein, MD

**CMS-1385-P-8423**

**Submitter :** Dr. Donald Scott

**Date:** 08/27/2007

**Organization :** University Orthopaedic Clinic, P.C.

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Please see comments in letter regarding CMS-1385-P.

CMS-1385-P-8423-Attach-1.DOC



#8423

# UOC

## University Orthopaedic Clinic & Spine Center

August 27, 2007

Via Electronic Submittal to CMS  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

RE: CMS 1385-P  
In Office Ancillary Services Exemption

Dear Sir or Madam:

Thank you for the opportunity to comment regarding whether changes are necessary pertaining to the Physician self-referral rules.

I am an orthopaedic surgeon practicing in a group with eight other physicians. We added physical therapy services within our group practice several years ago in compliance with the In Office Ancillary Services Exemption under the "Stark" regulations. Physical therapy is only provided to our own patients as part of a comprehensive treatment program with continuous physician oversight for better, more cost effective care. Patients are given a choice regarding where they want to have their services provided. Many patients prefer the convenience of having their physical therapy in the same location as their orthopaedic surgeon.

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Spinal Disorders  
Surgery of the Spine ▲

**JOHN P. BUCKLEY, M.D.** ★ ○ □  
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Spinal Disorders  
Surgery of the Spine ▲

**DONNA S. WOOD**  
Chief Executive Officer

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▲ POST RESIDENCY FELLOWSHIP TRAINING

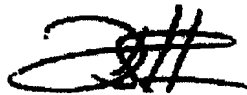
★ FELLOW OF THE AMERICAN COLLEGE OF SURGEONS  
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For convenience of patients and better access to treatment, please preserve the centralized building provision that currently exists. With the advent of electronic health records, services can be provided in another location just as it would be within the same building where physician services are provided.

Your request for comments is very much appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Scott', with a large, stylized flourish above the name.

Donald S. Scott., M.D.

**CMS-1385-P-8424**

**Submitter :** Dr. Emad Mossad  
**Organization :** Cleveland Clinic  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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Thank you for your consideration of this serious matter.

CMS-1385-P-8425

**Submitter :** Dr. Brian Woods  
**Organization :** NorthStar Anesthesia  
**Category :** Congressional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

see attachment

CMS-1385-P-8425-Attach-1.DOC

# 8425

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

**Re: CMS-1385-P  
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Thank you for your consideration of this serious matter.



Brian Woods, MD  
Dallas, Texas

**Submitter :** Dr. Siong Thong  
**Organization :** Associated Anesthesiologist of Fort Wayne, IN  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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Baltimore, MD 21244-8018

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Dear Ms. Norwalk:

I am writing to express support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

As you know, when the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. Recent studies have demonstrated that the commercial payor rate nationwide ranges from just above \$52 per unit, up to over \$65 per unit. In no other specialty in medicine that I am aware of is the disparity between the rate of payment between Medicare and other payors as great as it is in anesthesiology. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations. As a result, in my area of Northeast Indiana, anesthesiologists are in critically short supply, especially in hospitals whose populations consist of the sickest patients, which are frequently the elderly Medicare beneficiaries. This increase in Medicare payment for anesthesia services is the only way I know that can begin to alter this.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Siong H Thong MD.

CMS-1385-P-8427

Submitter : Mary Colello  
Organization : Mary Colello  
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**CMS-1385-P-8428**

**Submitter :** Dr. L. Scott Atkins

**Date:** 08/27/2007

**Organization :** University Orthopaedic Clinic, P.C.

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Please see comments in letter regarding CMS-1385-P.

CMS-1385-P-8428-Attach-1.DOC

CMS-1385-P-8428-Attach-2.DOC



#8428



# University Orthopaedic Clinic & Spine Center

August 27, 2007

Via Electronic Submittal to CMS  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

RE: CMS 1385-P  
In Office Ancillary Services Exemption

Dear Sir or Madam:

Thank you for the opportunity to comment regarding whether changes are necessary pertaining to the Physician self-referral rules.

I am an orthopaedic surgeon practicing in a group with eight other physicians. We added physical therapy services within our group practice several years ago in compliance with the In Office Ancillary Services Exemption under the "Stark" regulations. Physical therapy is only provided to our own patients as part of a comprehensive treatment program with continuous physician oversight for better, more cost effective care. Patients are given a choice regarding where they want to have their services provided. Many patients prefer the convenience of having their physical therapy in the same location as their orthopaedic surgeon.

We have an exceptional group of 6 registered physical therapists who have chosen to practice in this environment because of superior patient outcomes due to close communication with the physicians and access to all patient medical records. Many times patients are able to begin physical therapy on the same day they are seen by the physician when physical therapy is prescribed.

M. CHESTER BOGSON, JR., M.D. ★●▲□  
Spinal Disorders  
Surgery of the Spine ▲

JOHN P. BUCKLEY, M.D. ★●○□  
Arthroscopic &  
Orthopaedic Surgery  
Surgery of the Hand &  
Upper Extremity ▲

STEPHEN T. IKARD, M.D. ●□  
Arthroscopic &  
Orthopaedic Surgery  
Total Joint Replacement ▲

DONALD S. SCOTT, M.D. ●□  
Arthroscopic &  
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Work Related Injuries

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Physical Medicine &  
Rehabilitation

WILLIAM C. STANDEFFER, JR., M.D. ●□  
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Orthopaedic Surgery  
Sports Medicine ▲

FREDERICK S. GRAHAM, M.D. ■  
Physical Medicine &  
Rehabilitation  
Interventional Spine Procedures ▲

BRIAN S. CLAYTOR, M.D.  
Spinal Disorders  
Surgery of the Spine ▲

DONNA E. WOOD  
Chief Executive Officer

OFFICES  
305 Bryant Drive, East  
P.O. Box 2447  
Tuscaloosa, AL 35403

400 Bryant Drive, East  
Tuscaloosa, Alabama 35401

Northport Medical Plaza  
2702 Hospital Dr., Suite 101  
Northport, Alabama 35476

Phone: (205) 345-0192  
(800) 218-4UOC (4862)  
Tuscaloosa Fax: (205) 345-7341  
Northport Fax: (205) 333-9935

www.univorthoclinic.com  
Email: uoc@abtech.net

OTHER LOCATIONS  
Bibb Medical Associates  
Centreville, Alabama

Fayette Medical Associates  
Fayette, Alabama

- ▲ CERTIFIED AMERICAN BOARD OF SPINE SURGERY
- DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY (A.B.O.S.)
- FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
- ▲ POST RESIDENCY FELLOWSHIP TRAINING

- ★ FELLOW OF THE AMERICAN COLLEGE OF SURGEONS
- MEMBER AMERICAN SOCIETY FOR SURGERY OF THE HAND
- DIPLOMATE OF THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

The views expressed by a national letter-writing campaign promoted by the Alabama Physical Therapy Association are not representative of the opinions of the majority of physical therapists. They represent the opinion of a group of private practice physical therapists who want to eliminate competition from physician-employed physical therapists for the sole purpose of financial gain. Eliminating physician-owned physical therapy services would result in less competition and reduced access to care for patients with an increase in treatment delays. Removing physicians from the process will not reduce any potential conflicts of interest since physical therapists already formulate the Plan of Care and determine the number of visits and modalities to be performed.

For convenience of patients and better access to treatment, please preserve the centralized building provision that currently exists. With the advent of electronic health records, services can be provided in another location just as it would be within the same building where physician services are provided.

Your request for comments is very much appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Scott Atkins". The signature is written in a cursive style with a large initial "L" and a prominent "A".

L. Scott Atkins., M.D.

CMS-1385-P-8429

Submitter : calvin harris

Date: 08/27/2007

Organization : calvin harris

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.  
Calvin Harris

**CMS-1385-P-8430**

**Submitter :** Dr. Jennifer Wu  
**Organization :** Dr. Jennifer Wu  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Dr. Jennifer Wu

**CMS-1385-P-8431**

**Submitter :** Dr. James Monath

**Date:** 08/27/2007

**Organization :** Dr. James Monath

**Category :** Physician

**Issue Areas/Comments**

**Medicare Economic Index (MEI)**

**Medicare Economic Index (MEI)**

\* CMS should work with Congress to fix the Sustainable Growth Rate to prevent the upcoming 10% cut to physicians who provide services to Medicare beneficiaries. Drastic cuts will total 40% over the next 8 years. Over that same period, the Medicare Economic Index (MEI) will increase 20%. How long will physicians be forced to ask for a legislative fix from Congress?

\* Although no specific proposals exist from CMS, any change to the Stark in-office ancillary exception would unduly harm the ability of urologists to provide efficiencies and needed services to patients. Services provided under the exception are important to healthcare delivery. CMS should not further limit this already complex and burdensome regulation.

\* Under the proposed rule regarding reassignment and diagnostic testing, the only technical or professional services a medical group could mark-up would be those performed by the group's full-time employees. This would significantly hurt the ability of group practices with in-office imaging equipment to utilize independent contractors and part-time employees to perform professional interpretation services. We understand CMS desire to prevent markups and gaming the system but offices with in-office imaging equipment utilize independent contractors and part-time employees to perform high-quality professional interpretation services.

CMS-1385-P-8432

**Submitter :** Dr. W. Warriner Inge III  
**Organization :** Florida Anesthesia Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

CMS-1385-P-8433

**Submitter :** Dr. Greg Gravell

**Date:** 08/27/2007

**Organization :** University of Mississippi Medical Center

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Medicare/Medicaid Administrator:

I would like to add my support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been undervalued for quite some time, and it is gratifying that our efforts on behalf of Medicare/Medicaid patients are finally being acknowledged.

Thank you for your time.

Greg J. Gravell, M.D.

**CMS-1385-P-8434**

**Submitter :** Dr. Paul Berghuis

**Date:** 08/27/2007

**Organization :** Dr. Paul Berghuis

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

P.O. Box 2329  
Mount Vernon, WA 98273

August 27, 2007

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,  
Paul A. Berghuis, D.O.



**Submitter :** Dr. DeElla Ray  
**Organization :** Dr. DeElla Ray  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Coding-- Additional Codes From  
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

DeElla A. Ray, M.D.

CMS-1385-P-8436

**Submitter :** Dr. eugenio sabalvoro  
**Organization :** uams dept. of anesthesiology  
**Category :** Health Care Provider/Association

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

It is about time that Medicare increase the reimbursement for anesthesiologist. It will be beneficial for patient care, private anesthesia practice and the viability of University Hospitals in teaching future practitioners, students and the public.

CMS-1385-P-8436-Attach-1.DOC

CMS-1385-P-8436-Attach-2.DOC

#8436

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

**Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)**

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Thank you for your consideration of this serious matter.

Yours truly,

Eugenio P Sabalvoro MD  
Assistant Professor, Dept. of Anesthesiology  
University of Arkansas for Medical Sciences

**Submitter :** Dr. kevin ng  
**Organization :** The Permanente Medical Group  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. David Jaffe  
**Organization :** Dr. David Jaffe  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

**Submitter :** Dr. Timothy Stark  
**Organization :** Dr. Timothy Stark  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Coding-- Additional Codes From  
5-Year Review**

Coding-- Additional Codes From 5-Year Review

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

**CMS-1385-P-8440**

**Submitter :** Dr. William Standeffer  
**Organization :** University Orthopaedic Clinic  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Please see comments in letter regarding CMS-1385-P.

CMS-1385-P-8440-Attach-1.DOC

# 8740

# UOC

## University Orthopaedic Clinic & Spine Center

August 27, 2007

Via Electronic Submittal to CMS  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

RE: CMS 1385-P  
In Office Ancillary Services Exemption

Dear Sir or Madam:

Thank you for the opportunity to comment regarding whether changes are necessary pertaining to the Physician self-referral rules.

I am an orthopaedic surgeon practicing in a group with eight other physicians. We added physical therapy services within our group practice several years ago in compliance with the In Office Ancillary Services Exemption under the "Stark" regulations. Physical therapy is only provided to our own patients as part of a comprehensive treatment program with continuous physician oversight for better, more cost effective care. Patients are given a choice regarding where they want to have their services provided. Many patients prefer the convenience of having their physical therapy in the same location as their orthopaedic surgeon.

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Spinal Disorders  
Surgery of the Spine ▲

JOHN P. BUCKLEY, M.D. ★◎□□  
Arthroscopic &  
Orthopaedic Surgery  
Surgery of the Hand &  
Upper Extremity ▲

STEPHEN T. HARRIS, M.D. ◎□  
Arthroscopic &  
Orthopaedic Surgery  
Total Joint Replacement ▲

DONALD S. SCOTT, M.D. ◎□  
Arthroscopic &  
Orthopaedic Surgery  
Work Related Injuries

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Arthroscopic &  
Orthopaedic Surgery  
Knee & Shoulder Surgery

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Physical Medicine &  
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WILLIAM C. SANDERFER, JR., M.D. ◎□  
Arthroscopic &  
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Sports Medicine ▲

FREDERICK S. GRAHAM, M.D. ■  
Physical Medicine &  
Rehabilitation  
Interventional Spine Procedures ▲

BRIAN S. CLAYTON, M.D.  
Spinal Disorders  
Surgery of the Spine ▲

DONNA S. WOOD  
Chief Executive Officer

OFFICES  
305 Bryant Drive, East  
P.O. Box 2447  
Tuscaloosa, AL 35403

400 Bryant Drive, East  
Tuscaloosa, Alabama 35401

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(800) 218-4UOC (4862)  
Tuscaloosa Fax: (205) 345-7341  
Northport Fax: (205) 339-9936

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Email: uoc@abtech.net

OTHER LOCATIONS  
Bibb Medical Associates  
Centreville, Alabama

Fayette Medical Associates  
Fayette, Alabama

- ▲ CERTIFIED AMERICAN BOARD OF SPINE SURGERY
- ◎ DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY (A.B.O.S.)
- FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
- ▲ POST RESIDENCY FELLOWSHIP TRAINING

- ★ FELLOW OF THE AMERICAN COLLEGE OF SURGEONS
- MEMBER AMERICAN SOCIETY FOR SURGERY OF THE HAND
- DIPLOMATE OF THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

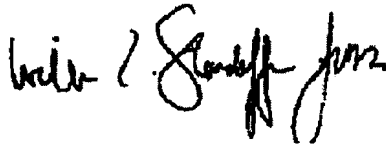


The views expressed by a national letter-writing campaign promoted by the Alabama Physical Therapy Association are not representative of the opinions of the majority of physical therapists. They represent the opinion of a group of private practice physical therapists who want to eliminate competition from physician-employed physical therapists for the sole purpose of financial gain. Eliminating physician-owned physical therapy services would result in less competition and reduced access to care for patients with an increase in treatment delays. Removing physicians from the process will not reduce any potential conflicts of interest since physical therapists already formulate the Plan of Care and determine the number of visits and modalities to be performed.

For convenience of patients and better access to treatment, please preserve the centralized building provision that currently exists. With the advent of electronic health records, services can be provided in another location just as it would be within the same building where physician services are provided.

Your request for comments is very much appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "William C. Standeffer, Jr.", written in a cursive style.

William C. Standeffer, Jr., M.D.

**Submitter :** Dr. Wayne Soong  
**Organization :** Northwestern Memorial Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Dr. David Reich  
**Organization :** Mount Sinai Medical Center  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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Thank you for your consideration of this serious matter.

Sincerely yours,

David L. Reich, M.D.  
Professor and Chair of Anesthesiology  
Mount Sinai Medical Center  
New York, NY 10029-6574  
david.reich@mountsinai.org

Submitter :

Date: 08/27/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
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Thank you for your consideration of this serious matter.

Submitter : Dr. James Monath

Date: 08/27/2007

Organization : Dr. James Monath

Category : Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

\* Prohibition of under arrangements rule will prohibit the provision of that are provided to a hospital through a joint venture in which you have an ownership interest, (such as radiation therapy or lasers). This will be detrimental to patient care because of access to these services are expensive in our community and across the country. In addition, CMS has taken efforts through a variety of different regulations through the years to eliminate duplication of services. If CMS or Congress were to prevent or further limit the ability to Joint venture with hospitals or other practices it may create an environment that would induce physicians to provide more services in-house under the practice exclusion . Each practice group will buy their own equipment or subject patients to return to the more costly and inefficient hospital providers.

\* We understand the importance of striking a balance between eradicating fraud and abuse and promoting efficiency and protecting patient access to care. As a urologist, these regulations, if implemented would have a negative effect on innovation, efficiency and patient access to care. Please consider suggested changes and withdraw these proposals.

\* CMS should not be considering making significant changes to Stark rules on an annual basis or for inclusion in the Physician Fee Schedule. Too many financial and business arrangements, legal contracts and services are involved to be altered on a yearly basis or through a piecemeal approach. In sum, the proposed rule creates two levels of uncertainty: (1) significant lack of clarity within the specific proposals themselves; and (2) general instability due to the prospect of annual changes to Stark.

Submitter : Mrs. Jessica Hicks

Date: 08/27/2007

Organization : CMH

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Jessica Hicks, ATC

**Submitter :** Kaitlin Caviston  
**Organization :** East Stroudsburg University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

My name is Kaitlin Caviston, and I am a graduate student at East Stroudsburg University. I am currently employed by ESU as a graduate assistant athletic trainer for the women's volleyball and lacrosse teams.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Kaitlin Caviston, ATC

CMS-1385-P-8447

Submitter : Dr. Zafar Siddiqui  
Organization : UMass Medical Center  
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.



**Submitter :** Dr. Ramarao Takkallapalli  
**Organization :** University of Mississippi Med. Ctr.  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P  
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Thank you for your consideration of this serious matter.

Sincerely yours,

Ramarao Takkallapalli M.D.  
Assistant professor of Anesthesiology  
University of Mississippi Medical Center  
Jackson MS 39216

**Submitter :**

**Date: 08/27/2007**

**Organization : Old Tappan High School**

**Category : Other Health Care Professional**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is David Pucilowski. I am an athletic trainer who works in a high school setting. I have earned both my bachelor's degree and master's degree from accredited programs, and have passed the national certification exam as well as continued to update and enhance my education through my career.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

David Pucilowski, ATC, MSEd

**Submitter :** Dan Biggs  
**Organization :** University of Oklahoma  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Background**

Background

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Dan Biggs, M.D.  
Assistant Professor  
Department of Anesthesiology  
University of Oklahoma

**Submitter :** Sharon Wood  
**Organization :** Maryville College  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer. I have been practicing for almost twenty years at a small college in Tennessee.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Sharon Wood, MS ATC

**Submitter :** Dr. Craig M. Johnson M.D.  
**Organization :** Anesthesia Associates of Saint Cloud Ltd.  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Acting Administrator  
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Thank you for your consideration of this serious matter.

Sincerely,

Craig M. Johnson MD  
Anesthesia Associates of Saint Cloud Ltd.  
3701 12th St. N. Suite 202  
Saint Cloud, MN 56303

**Submitter :** Jeb Burns  
**Organization :** San Jose State University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am an athletic trainer at San Jose State University.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

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Jeb Burns, MA ATC CSCS PES