**Submitter :** **Jennifer Siljestrom** **Date: 08/29/2007**

**Organization :** **Kaiser Permanente**

**Category :** **Nurse**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

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.

I am a registered nurse working for Kaiser Permanente in California, as well as a public health nurse. I spent time at both Diablo Valley College and the University of California, Davis working as a student athletic trainer.

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 patients.

Athletic trainers are qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. Their education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed them 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,

Jennifer Siljestrom, RN, BSN, PHN

**Submitter :** **Dr. John Donovan** **Date: 08/29/2007**

**Organization :** **Dr. John Donovan**

**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:

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.

John Donovan

**Submitter :** **Dr. Brian Kim** **Date: 08/29/2007**

**Organization :** **California Anesthesia Associates, Inc.**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-10607-Attach-1.DOC

#10607

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.

**Submitter :** **Dr. Lavinia Lin** **Date: 08/29/2007**

**Organization :** **American Society of Anesthesiology**

**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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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 :** Mrs. Charlotte Baker **Date:** 08/29/2007

**Organization :** Mrs. Charlotte Baker

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Ms. Norwalk:
This is a letter in support of the recommended anesthesia conversion factor increase from the current $16 per unit to approx $19-20 per unit. This change would be a step in the right direction to ensure that medicare patients have adequate access to highly trained anesthesiologists. This is fair and reasonable for our older population. I appreciate that CMS is considering and recognizing this situation.
Sincerely,
Charlotte B. Baker

**Submitter :** **Miss. Jessica Winebarger** **Date: 08/29/2007**

**Organization :** **Miss. Jessica Winebarger**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Jessica Winebarger and I am a graduate student at Utah State University. I'm also a newly certified athletic trainer after graduating from Eastern Washington University. I currently am employed by Utah State University working with all of the athletic teams. I am very concerened about this bill being passed.

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 Winebarger, ATC

**Submitter :** Mike McMillan **Date:** 08/29/2007

**Organization :** Southwest Bone and Joint Institute

**Category :** Other Practitioner

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear CMS,

I am a certified athletic trainer who has completed a Bachelors of Science Degree in Athletic Training, as well as a Masters Degree in Sports Administration. As an athletic trainer I have successfully completed a national certification and a state licensing examination in Athletic Training. I am currently employed by a physician owned clinic in southwestern New Mexico. 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,

Michael McMillan, MS, ATC
PO Box 46
Tyrone, NM 88065

**Submitter :** **Donald Lentz** **Date: 08/29/2007**

**Organization :** **Excel Sports & Physical Therapy**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Donald Lentz. I am a certified athletic trainer employed by Excel Sports and Physical Therapy and also Francis Howell High School in St. Charles, Missouri. I have been a certified athletic trainer for four years and have worked in various settings. I have a B.S. degree in Physical Education with an emphasis in athletic training from Western Illinois University. I plan to finish my masters in a related field in the near future. I am also liscensed to practice athletic training in the state of Missouri.

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,

Donald J. Lentz, ATC, LAT

**Submitter :** **Dr. Gary Willardson** **Date: 08/29/2007**

**Organization :** **Mountain West Anesthesia**

**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:

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.

Gary Willardson

**Submitter :** **Dr. Juston Evenson** **Date: 08/29/2007**

**Organization :** **Freeman Health Systems**

**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

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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.

Juston D Evenson, MD

**Submitter :** Dr. Robert Allen **Date:** 08/29/2007

**Organization :** Alaska Urological Associates

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Changing referrals will adversely impact patient access and care. No changes are necessary.

**Submitter :** **Dr. Eugene Bak** **Date: 08/29/2007**

**Organization :** **Dr. Eugene Bak**

**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

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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.

**Submitter :** **Mr. Jamie Baker** **Date: 08/29/2007**

**Organization :** **Berger Health System**

**Category :** **Other Health Care Provider**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam:

My name is Jamie Baker. I am a Certified Athletic Trainer employed at a small community hospital in Circleville, Ohio. Our Physical Medicine and Rehabilitation Department employs three athletic trainers that work in conjunction with physical therapists and physical therapy assistants to provide quality rehabilitation services for our community. Within our department two out of three athletic trainers have earned a Master of Science degree to advance our medical and professional status. All of us are certified by the National Athletic Trainers Association and are licensed by the State of Ohio as medical professionals. We three athletic Trainers provide outreach services to three area high schools. Your proposed legislation is compromising the quality health care that we provide to our community, our schools, our jobs, and our families.

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,
Jamie A Baker, MS, ATC, CSCS
10640 Sixteenth Rd. SW
Stoutsville, Oh 43154

**Submitter :** **Miss. Sara Grandstrand** **Date: 08/29/2007**

**Organization :** **Interlake High School**

**Category :** **Academic**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer at Interlake High School in Bellevue, Washington. I am also a certified strength and conditioning specialist.

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,
Sara Grandstrand, MS, ATC, CSCS

**Submitter :** **Dr. Robert Shupak** **Date: 08/29/2007**

**Organization :** **Dr. Robert Shupak**

**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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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.

Respectively,
Robert Shupak, M.D.

**Submitter :** Dr. jeffry Katz **Date:** 08/29/2007

**Organization :** self

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Anesthesia in the US is dying on the vine. Over a dozen training programs have closed as a direct result of the biased Medicare teaching rule, and most other programs have been severely compromized, thus producing a lesser quality anesthesiologist than in the past. Easily half of the articles in the most prestigious American anesthesiology journal now come from abroad - what an ambarassment! Poor payment by Medicare for practicing anesthesiologists has influeneed the distribution of anesthesiologists who work in the community; my large hospital in California is having serious problems attracting new anesthesiologists because we have a large, poorly paying Medicare population.
I urge you to stop this downward slide; it is inconsistent with fair distributrion os services and with the current emphasis on Federal quality initiatives.

**Submitter :** Mrs. Cari Wood **Date:** 08/29/2007

**Organization :** Desert Orthopedics

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Cari Wood, and I am a Certified Athletic Trainer. I work for an orthopedic clinic as an medical outreach to a local High School. There, I evaluate, treat, and rehabilitate athletic injuries and also design injury prevention programs and teach a sports medicine class to students and athletes. I have a Bachelor of Science degree in Sports Medicine/Athletic Training and a Bachelor of Arts in Education.

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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Sincerely,

Cari L. Wood, ATC

**Submitter :** Beth Stegora **Date:** 08/29/2007

**Organization :** University of Southern California

**Category :** Physical Therapist

**Issue Areas/Comments**

**Ambulance Services**

Ambulance Services

Physical therapy is a reputable discipline which deserves strict regulation on use of the term. As a physical therapy student, I have just begun to understand the distinct role of physical therapists. With a new revolution toward comprehensive three year doctorate of physical therapy programs nationwide, the techniques and theories learned during physical therapy school are unique and complex. The physical therapy curriculum includes extensive training on orthopedic, neurologic, and cardiopulmonary examination. What sets physical therapy aside from other fields is the detailed training in exercise presciption for noncomplex and complex patients with multiple comorbidities, manual therapy techniques, and a thorough understanding of musculoskeletal biomechanics. During communication with medical students, they have stated that their curriculum includes 2 days of orthopedic examination with no coverage of manual therapy or exercise therapy. With this information, I ask that physical therapy services be used strictly by licensed physical therapists who have the appropriate training to provide the services included as 'physical therapy' and that 'physical therapy' be removed from the in-office ancillary services exception to the federal physician self-referral laws.

**Submitter :** Dr. Frank Block, Jr. **Date:** 08/29/2007

**Organization :** Dr. Frank Block, Jr.

**Category :** Physician

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

I strongly support the proposed increase in the RVU for anesthesia. Anesthesia services have long been undervalued by CMS, and this increase will at least begin to correct the situation. Anesthesiologists work hard, and when they find it is not worth their time and effort to care for the elderly population, they will be inclined to move to areas with fewer Medicare patients, retire, or leave medicine for another field. To assure anesthesia care for the elderly patients, anesthesiologists need appropriate reimbursement.

**Submitter :** **Ms. Carolyn Bouchard** **Date: 08/29/2007**

**Organization :** **Back in Action Physical Rehabilitation Center**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam:

I am Carolyn Bouchard a certified athletic trainer and am working for a chiropractic physician under a physical therapist in an active physical rehabilitation center. I graduated from Western State College and passed by NATA certification testing in 1999.

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,

Carolyn Bouchard, ATC

**Submitter :** **Mr. Kenji Kuzuhara**

**Organization :** **Aichi Toho University**

**Date: 08/29/2007**

**Category :** **Individual**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam:

I am Kenji Kuzuhara, who is working as an athletic trainer and teacher at Aichi Toho University in Japan.

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,

Kenji Kuzuhara, MA, MEd, ATC, CSCS

**Submitter :** Mr. Oscar Orozco **Date:** 08/29/2007

**Organization :** Los Angeles Trade Technical College

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam,

My name is Oscar Orozco, Certified Athletic Trainer at Los Angeles Trade Technical College. I have been at the college ever since the position was open back in 1995, a year after earning my B.S. in Athletic Training from California State University, Northridge. The college was required by the state's Commission on Athletics to provide in house medical care for the schools' student-athletes and the guest that visit to participate in intercollegiate sports. Such care was to be given by Certified Athletic Trainers.

Now that you have read a brief introduction of what I do, I would like you to know about my opposition to the therapy standards and requirements in regards to 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 student-athletes should they require rehabilitation services.

As a Certified Athletic Trainer, I as well as many of my colleagues across the country are qualified to perfrom 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 student-athletes 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 eare 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,
Oscar Orozco, ATC
Los Angeles Trade Technical College

**Submitter :** **Dr. matthew chow** **Date: 08/29/2007**

**Organization :** **anesthesia associates of morristown**

**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:

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. Joan Taylor** **Date: 08/29/2007**

**Organization :** **Dr. Joan Taylor**

**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)

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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. Patrick Tennant** **Date: 08/29/2007**

**Organization :** **Dr. Patrick Tennant**

**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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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. LoriJean Reed** **Date: 08/29/2007**

**Organization :** **South County Hospital**

**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:

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.

Our seniors benefit the most from a peri-operative physician because they often have many medical illnesses. As an anesthesiologist, I am entrusted with maintaining the life functions of these often times very ill folks. Many times, the provision of safe anesthesia during surgery is much more challenging than performing the surgery itself.

I enjoy giving seniors a discount for my services, but right now the rate is almost 80% less than my fee and almost 70% less than my contracted rate with major insurance companies. In practices with a high medicare population, physicians have trouble covering their expenses. I want America's seniors to pay less, but we can't be expected to work for free (after expenses). The proposed increase in payments to anesthesiologists would still give our seniors a substantial discount from market prices. The new discount would still be over a 70% discount, but would be an improvement over the current 80% discount.

In order to maintain a workforce of bright physicans, there must be adequate compensation. Young people will not only stop entering the profession, but young doctors will leave for other career paths. What quality of physician work force do you want for yourself and your family?

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.

Thank you for your consideration of this serious matter.

LoriJean Reed, M.D.
Wakefield, R.I.

**Submitter :** Mrs. Cindy Reese **Date:** 08/29/2007

**Organization :** Osteoporosis Ctr. of Denton

**Category :** Health Care Professional or Association

**Issue Areas/Comments**

**GENERAL**

GENERAL

As a provider of DXA and/or VFA services, I request CMS to re-evaluate the following:
Physician Work RVU for 77080 (DXA) should be increased from 0.2 to 0.5, consistent with the most comprehensive survey data available; The Direct Practice Expense RVU for 77080 (DXA)should reflect the following adjustments:
The equipment type for DXA should be changed from "pencil beam" to "fan beam", with a corresponding increase in equipment cost from $41,000 to $85,000;
The utilization rate for preventive health services involving equipment designed to diagnose and treat a single disease or a preventive health service:
Should be calculated in a different manner than other utilization rates so as to reflect the actual utilization of that service.
In this case of DXA, the 50% utilization rate should be changed:
The utilization rate for DXA is 12%.
The inputs used to derive Indirect Practice Expense for DXA & VFA should be made available to the general public, and:
DXA (77080)should not be considered an imaging service within the meaning of the section 5012(b) of the Deficit Reduction Act of 2005.
The diagnosis and treatment of osteoporosis is based on a score, not an image.

**Submitter :** **Dr. William Henglein** **Date: 08/29/2007**

**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:

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 Henglein
OU medical center
cell 405 474 8661

**Submitter :** Dr. Glen Martin **Date:** 08/29/2007

**Organization :** Jacksonville Anesthesia Corporation

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please support correction of the undervaluation of Anesthesia services. We view this as a very serious matter and would serve to greatly improve care to our medicare patient population.

**Submitter :** **Dr. Larry Petersen** **Date: 08/29/2007**

**Organization :** **Ozark Anesthesia Associates**

**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 Fees

Dear Ms. Norwalk:

I am writing to convey my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been grossly undervalued by CMS. I am elated that CMS has recognized this and the Agency is taking steps to address this complicated issue.

When Medicare initiated RBRVS over ten years ago, anesthesia services where hugely undervalued compared to other physician services. This disparity in reimbursement has resulted in a significant disincentive to provide care for Medicare patients. Today, the current rate of compensation from Medicare is only $16.19 per unit. This amount does not cover the cost of providing the care for the Medicare patient. This situation results in a decrease of access to anesthesia services, especially in areas that have populations with higher proportions of Medicare patients.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 % under valuation 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 under valuation 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.

It is imperative that CMS follow through with the proposal in the Federal Register to ensure that our Medicare patients have access to expert anesthesiology medical care. By fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC, CMS will accomplish much toward that end.

Thank you for your consideration of this serious matter.

Larry D. Petersen, MD
Ozark Anesthesia Associates
1000 E. Primrose, Suite 520
Springfield, MO 65807
417-269-4550
lpetersenmd@oaaweb.com

CMS-1385-P-10634-Attach-1.DOC

#10634

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 Fees**

Dear Ms. Norwalk:

I am writing to convey my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Anesthesia services have been grossly undervalued by CMS. I am elated that CMS has recognized this and the Agency is taking steps to address this complicated issue.

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In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 % under valuation—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 under valuation 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.

It is imperative that CMS follow through with the proposal in the Federal Register to ensure that our Medicare patients have access to expert anesthesiology medical care. By fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC, CMS will accomplish much toward that end.

Thank you for your consideration of this serious matter.

Larry D. Petersen, MD
Ozark Anesthesia Associates
1000 E. Primrose, Suite 520
Springfield, MO 65807
417-269-4550
lpetersenmd@oaaweb.com

**Submitter :** **Dr. Douglas Casa** **Date: 08/29/2007**

**Organization :** **University of Connecticut**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

Hello, my name is Douglas Casa. I am an athletic trainer practicing in the sate of Connecticut. I have been a certified athletic trainer for the past 15 years.

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,

Douglas J. Casa, PhD, ATC
Associate Professor, University of Connecticut
860-486-3624
douglas.casa@uconn.edu

**Submitter :** **Mrs. Lauren Copen** **Date: 08/29/2007**

**Organization :** **Belpre High School, Belpre OH**

**Category :** **Other Health Care Professional**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam:

I am a Certified and Licensed Athletic Trainer. I hold a BS from Boston University and a MS from Ohio University. I also have a Strength and Conditioning Specialist Certification. I worked in an Outpatient clinic performing top notch rehabilitation services for patients of all ages for 6 years. This position held benefits like a 401(k), seniority and paid time off. This was ripped away from me on June 6, 2004 because of the CMS rule.
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,

Lauren E. Copen, MS, ATC, CSCS

**Submitter :** Dr. Richard Ray **Date:** 08/29/2007

**Organization :** Hope College

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam:

I am a doctoraly educatated certified athletic trainer employed at Hope College in Holland, Michigan.

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,

Richard Ray, EdD, ATC
Certified Athletic Trainer

**Submitter :** Dr. Joseph Brown **Date:** 08/29/2007

**Organization :** ApolloMD

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-10638-Attach-1.DOC

**Submitter :** **Dr. Christopher Annis** **Date: 08/29/2007**

**Organization :** **The Ohio State University Medical Center**

**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:

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 :** Mr. Shane Redmond **Date:** 08/29/2007

**Organization :** Armstrong Athletic Club

**Category :** Health Care Industry

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Shane Redmond. I am a nationally certified and North Carolina state licensed athletic trainer. I also hold a dual credential as a certified strength and conditioning specialist through the National Strenght and Conditioning Association. I currently provide services to the active aging at Armstrong Athletic Club. I have spent many years in the clinical physical therapy setting providing rehabilitative services to the genreal and athletic population. This proposal is detrimental to the individuals needing the care from oppropriately qualified, and professional individuals such as myself.

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,
Shane Redmond, ATC,LAT,CSCS

**Submitter :** **Dr. Jonathan Wright** **Date: 08/29/2007**

**Organization :** **Greenville Anesthesiology**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Sample Comment Letter:

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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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.

Sample Comment Letter:

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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Thank you for your consideration of this serious matter.

Sincerely,

Jonathan P. Wright,M.D.

**Submitter :** Bradley Steele **Date:** 08/29/2007

**Organization :** Lowcountry Urology Specialists

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

The proposed CMS regulations allow annual changes in Stark rules which will eventually result in hospitals being the sole providers of radiologic services, pathology services, etc. This proposal will only serve to shift reimbursement of the Medicare dollar to the hospital for these services. It will make many existing centers of service outside of the hospital illegal as they are currently structured. I am strongly against CMS 1385P

**Submitter :** Ms. Lauran Kelli Adams **Date:** 08/29/2007

**Organization :** Ms. Lauran Kelli Adams

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Background**

Background

As a member of the American Association of Nurse Anesthetists (AANA), I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. (72 FR 38122, 7/12/2007) If adopted, CMS proposal would help to
ensure that Certified Registered Nurse Anesthetists (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to anesthesia services. This increase in Medicare payment is important for several reasons.

First, as the AANA has previously stated to CMS, Medicare currently under-reimburses for anesthesia services, putting at risk the availability of anesthesia and other healthcare services for
Medicare beneficiaries. Studies by the Medicare Payment Advisory Commission (MedPAC) and others have demonstrated that Medicare Part B reimburses for most services at approximately 80% of private market rates, but reimburses for anesthesia services at approximately 40% of private market rates.

Second, this proposed rule reviews and adjusts anesthesia services for 2008. Most Part B providers services had been reviewed and adjusted in previous years, effective January 2007. However, the value of anesthesia work was not adjusted by this process until this proposed rule.

Third, CMS proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long slipped behind inflationary adjustments. Additionally, if CMS proposed change is not enacted and if Congress fails to reverse the 10% sustainable growth rate (SGR) cut to Medicare payment, an average 12-unit anesthesia service in 2008 will be reimbursed at a rate about 17% below 2006 payment levels, and more than a third below 1992 payment levels (adjusted for inflation). America s 36,000 CRNAs provide some 27 million anesthetics in the U.S. annually, in every setting requiring anesthesia services, and are the predominant anesthesia providers to rural and medically underserved America. Medicare patients and healthcare delivery in the U.S. depend on our services. The availability of anesthesia services depends in part on fair Medicare payment for them. I support the agency s acknowledgement that anesthesia payments have been undervalued, and its proposal to increase the valuation of anesthesia work in a manner that boosts Medicare anesthesia payment.

**Submitter :** **Dr. Mitchell Platin** **Date: 08/29/2007**

**Organization :** **Anesthesiologist**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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P.O. Box 8018
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Thank you for your consideration of this serious matter.
Mitchell Platin MD

**Submitter :** **Date: 08/29/2007**

**Organization :**

**Category :** **Physical Therapist**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I am a PTA with over 22 years experience in outpatient orthopedic private practice in NJ. The majority of my career has been spent working in physical therapist owned practices. I would like to comment on the July 12 proposed 2008 physician fee schedule rules, specifically the issue surrounding physician self-referral and the "in-office ancillary services" exception.

I would like to see PT services removed from permitted services under the in-office ancillary exception. I feel physicians who have a financial ownership interest in physical therapy practices will continue to abuse physical therapy services for their own increased financial gain. Many of these doctors, who have already seen the patients in their own medical practices, refer them for physical therapy treatment to be able to earn further profit on them, even if they don't need the care. I know of one patient who was told by his orthopedist that he had to receive physical therapy at an office that was 90 miles from where he lived. He was prescribed therapy TIW for 2 months for an arthritic knee. The office he was told to be treated at happened to be owned by the orthopedist who referred him.

With the $1780 Medicare cap on outpatient physical, occupational, and speech therapy, patients have to be even more careful to avoid over utilization of these services. Insurance companies are becoming increasingly more stingy with what they will allow for prescribed physical therapr services. With continued abuse by physicians, many patients who legitimately need care will have exhausted their resources due to physician greed.

By eliminating physical therapy as a designated health service furnished under the in-office ancillary services exception, CMS can reduce physician abuse and over utilization of physical therapy services. Physicians have been exploiting this loophole for years, and it has resulted in the expansion of physician owned arrangements that provide physical therapy services.

Physician direct supervision is not needed to administer physical therapy services, and due to the repetetive nature of physical therapy services, it is no more convenient for the patient to receive services in the physician's office than an independent physical therapy clinic.

Let physicians be physicians and physical therapists be physical therapists. Abusive behavior on the physician's part will be minimized, and quality and quantity of care for the patient will be maximized.

**Submitter :** **Dr. Theodore Rothman** **Date: 08/29/2007**

**Organization :** **Greenville Anesthesiology**

**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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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,

Theodore Rothman, MD

**Submitter :** Mr. Jacob Greer **Date:** 08/29/2007

**Organization :** University of Michigan MedSport

**Category :** Other Health Care Professional

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Jacob Greer a Certified Athletic Training working for the University of Michigan Medsport and USA hockey. I have bachelor degree from Northern Michigan University in Athletic Training. I have been working in both a rehabilitation clinic and in outreach position. In these two positions I perform a multitude of different task like, injury evaluation, design and implementation of rehabilitation programs, MD facilitator, Casting and DME fitting, ordering of supplies, and instructing patient on how to help prevent injuries (through diet, exercise, correct technique).

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 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 of B hospital or rehabilitation facility.

Sincerely,

Jacob Greer, ATC

**Submitter :** **Mrs. Heather Kennedy** **Date: 08/29/2007**

**Organization :** **InjuryFree**

**Category :** **Other Practitioner**

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Dear Sir or Madam:

My name is Heather Kennedy. I am a certified athletic trainer working in the industrial/corporate setting.

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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Sincerely,

Heather Kennedy, MS, ATC/L

**Submitter :** **Dr. Robert Odell** **Date: 08/29/2007**

**Organization :** **Dr. Robert Odell**

**Category :** **Physician**

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.
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Thank you for your consideration of this serious matter.

**Submitter :** Mr. Richard Young **Date:** 08/29/2007

**Organization :** Cutler Health Center, University of Maine

**Category :** Other Practitioner

**Issue Areas/Comments**

**GENERAL**

GENERAL

See Attachment

CMS-1385-P-10650-Attach-1.DOC

CMS-1385-P-10650-Attach-2.DOC

#10650

August 28, 2007

Dear Sir or Madam:

I have been practicing athletic training for the past 25 years. My experience spans a broad spectrum of working environments including inter-scholastic, college, and professional athletics. Currently, I am associated with a medical group organization providing athletic training with in the practice and local community. I am very concerned about the premise being utilized to formulate changes to healthcare delivery system, which continually limit or restrict the participation of highly educated, qualified professionals in providing affordable rehabilitation options for citizens of the United States. The closed door mentality being applied to government policy to restrict qualified professionals from participating in the future health care model of prevention and self care will continue to add unnecessary cost and burden the financial wellbeing of our citizens.

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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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,

Richard C Young M.Ed., ATC

**Submitter :** **Dr. christopher Hosfeld** **Date: 08/29/2007**

**Organization :** **ASA**

**Category :** **Individual**

**Issue Areas/Comments**

**GENERAL**

GENERAL

CMS-

Anesthesia services are currently severly underpaid by your schedule. More severely underpaid as proposed, going forward. I strongly urge you to approve the proposal, 1385-P to increase payments for Anesthesiology service.

Thank you!

Dr. Chris Hosfeld