Submitter : **Dr. David Khoe** **Date: 08/28/2007**

Organization : **Billings 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.

David Khoe M.D.

Submitter : **Mr. Paul Mills** **Date: 08/28/2007**

Organization : **Georgia Military College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Paul M. Mills M.Ed/ATC-LAT. I am a State Licenced and Nationally Board Certified Athletic Trainer, a Master level educator and instructor in Allied Healthcare 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. I was employed in a hospital based setting for several years and the disparity in qualifications between Certified Athletic Trainers and PTA's is extremely familiar to me. With this being true, and with the current proposed revisions in qualifications of rehabilitation personell, how can CMS continue to contend that PTA's are more qualified to administer care than Certified Athletic Trainers. Do your research! We have. ATC's are more cost effective and better qualified.

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 also create an additional lack of access to quality health care for many patients across the country. The numbers of Certified Athletic Trainers working in Hospital based settings have declined recently because of other misguided and irresponsible decisions made by CMS. This has already resulted in deletion of proper care to CMS 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 patients treated by Certified Athletic Trainers receive quality health care. State law and hospital medical professionals have deemed ATC's qualified to perform these services and yet, these proposed regulations attempt to circumvent those standards. How can this be considered prudent and in the best interest of CMS patients?

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 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,

Paul M. Mills M.Ed/ATC-LAT

Therapy Standards and Requirements

Therapy Standards and Requirements

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Sincerely,

Paul M. Mills M.Ed/ATC-LAT

Submitter : **Mr. Todd Keasling** **Date: 08/28/2007**

Organization : **Athletic Training Professionals, LLC**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer who owns a private practice and also works for a large hospital in Minnesota.

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,

Todd Keasling, ATC
Athletic Training Professionals, LLC

Submitter : **Mr. Paul Ziemba** **Date: 08/28/2007**

Organization : **Chicago Fire Soccer Organization**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello. My name is Paul Ziemba. I am a certified athletic trainer and the head athletic trainer for the Chicago Fire Soccer organization. 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,

Paul Ziemba, ATC

Submitter : **Dr. Peter Doyle** **Date: 08/28/2007**

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.

Submitter : Mr. Brian Petz **Date:** 08/28/2007

Organization : Inova Health System

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Brian Petz and I am a licensed athletic trainer working in Northern Virginia. I am currently the director of a sports medicine outreach program for major hospital chain as well as working along side physical therapists in an outpatient rehabilitation clinic. I have had 11 years of experience in outpatient rehab and feel that my education and athletic training background truly enhance and round out the total rehab experience.

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,
Brian Petz, ATC, VATL

Submitter : **Mr. Paul Ballard** **Date: 08/28/2007**

Organization : **Coastal Carolina University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a recently certified Certified Athletic Trainer, working for a DI-A university in South Carolina. I am currently persuing my Masters in Business Administration, and NASM Performance Enhancement 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 facilitics 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,

Paul Ballard, ATC

Submitter : **Mr. Brian Metz** **Date: 08/28/2007**

Organization : **Baldwin Bone and Joine**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Brian Metz and I am a Certified Athletic Trainer at Baldwin Bone and Joint in Daphne, Alabama. I work in a clinic/high shcool outreach program, with a majority of my hours coming from the high school 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.

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,

Brian Metz, M.A.,ATC/L

Submitter : **Dr. Christine Noble** **Date: 08/28/2007**

Organization : **Dr. Christine Noble**

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. Paul Ziemba** **Date: 08/28/2007**

Organization : **AthletiCo Ltd.**

Category : **Other Practitioner**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello, My name is Paul Ziemba and I am certified athletic trainer. I currently am employed by AthletiCo and am contracted out to the Chicago Fire Soccer Organization.

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,

Paul Ziemba ATC

Submitter : **Dr. Mokarram Jafri** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Shane Guffey **Date:** 08/28/2007

Organization : Anesthesia Consultants of Indianapolis

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Shane L. Guffey, M. D.

Submitter : **Dr. Bhaskar Deb** **Date: 08/28/2007**

Organization : **Reading Anesthesia assoc.**

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
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Thank you for your consideration of this serious matter.

Submitter : Dr. AJ Hansen **Date:** 08/28/2007

Organization : Dr. AJ Hansen

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is A.J. Hansen and I am a certified athletic trainer, as well as a professor at Illinois State University, who teaches future athletic trainers. I have been certified for 7 years and have recently completed my doctoral degree in education. I am concerned about this issue because of the impact that it is having on the practice of athletic training.

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,

Audrey Jo Hansen, Ed.D., ATC

Submitter : **Dr. William Campbell** **Date: 08/28/2007**

Organization : **Dr. William Campbell**

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.

WT Campbell, MD

Submitter : **Dr. Tamara Jurson** **Date: 08/28/2007**

Organization : **Dr. Tamara Jurson**

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
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Thank you for your consideration of this serious matter.

Submitter : **Mr. Anthony Lungstrum** **Date: 08/28/2007**

Organization : **William Woods University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the Director of Athletic Training Education at William Woods University. I am writing to you today as a Certified Athletic Trainer. None of my comments should be viewed as a statement from my employeer.

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,

Anthony Lungstrum, MS, ATC, LAT

Submitter : Mrs. Lydia Case **Date:** 08/28/2007

Organization : Excel Rehabilitation

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9337-Attach-1.DOC

9337

Dear Sir or Madam:

As a board certified athletic trainer at Excel Rehabilitation an outpatient clinic and also provide outreach services to a local secondary school in Michigan. I received my bachelors' degree in athletic training from Northern Michigan University. The Northern Michigan University Athletic Training Education Program is accredited by CAATE. This is a four-year baccalaureate program with students graduating from the College of Professional Studies. I completed courses in Anatomy, Physiology, Exercise Physiology, Biomechanics and Nutrition as well as 14 core Athletic Training courses. I completed six clinical practicums of "hands-on" experience at both on and off campus Athletic Training facilities.

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,
Lydia L. Case, ATC

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

Physical therapy services should NOT be allowed under the in-offiee ancillary services exception. There is more of a potential for fraud and abuse. Physicians who who practices that provide physical therapy services have a financial incentive to refer their patients to their practices they have invested in and to overutilize those services for financial reasons.

Submitter : Dr. Amritlal Dalsania **Date:** 08/28/2007

Organization : M-W Anesthesia Group

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9339-Attach-1.TXT

CMS-1385-P-9339-Attach-2.DOC

CMS-1385-P-9339-Attach-3.TXT

#9339

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.

Amritlal M Dalsania MD

Submitter : **Dr. Beatrice Afrangui** **Date: 08/28/2007**

Organization : **Dr. Beatrice Afrangui**

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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Thank you for your consideration of this serious matter.

Submitter : **Mr. Bryn VanPatten** **Date: 08/28/2007**

Organization : **Providence College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bryn VanPatten and I am a Certified Athletic Trainer at Providence College in Rhode Island. I work with two high level nationally ranked athletic teams, I have a Bachelors and Masters degree along with a national certification as an athletic trainer and strength and conditioning specialist. I also am licensed in the state of New York and Rhode Island as an athletic trainer.

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,

Bryn VanPatten, MSEd, ATC, CSCS

Submitter : Mr. BRIAN MCCORD **Date:** 08/28/2007

Organization : ADAMS COUNTY REGIONAL MEDICAL CENTER

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Cerified Athletic Trainer at the Adams County Regional Medical Center, located in southwest Ohio. I have a bachelors degree from Wilmington College, of Ohio, and have been Certified by the National Athletic Trainers Association as well as Licensed by the State of Ohio to perform Athletic Training Services.

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,

Brian J. McCord, ATC
Sports Medicine Manager
Adams County Regional Medical Center

Submitter : Ms. Kathryn Vollmer **Date:** 08/28/2007

Organization : Pasadena Independent School District

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Licensed Athletic Trainer in the State of Texas and a member of the NATA. I work at a high school and take care of all of the athletes at my school as well as provide first aid to schools we play. I help many athletes and make a difference every day. My job is crucial to the welfare of the athlete, their parents, and their teams. Without my qualifications many of my athletes would not be able to continue playing sports in school and therefore not succeed in education. Many students would not continue to come to school if they could not play sports. Please do not tell the kids that they don t matter! Quality health care is important to everyone, especially the student athlete.

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,

Kathryn Vollmer, LAT, MS

Submitter : **Mr. Luke Hensel** **Date: 08/28/2007**

Organization : **Princeton Day School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer who provides care under direction of a physician to nearly 500 student athletes at a major private school

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,

G. Luke Hensel, MSSM, ATC, SCC

Submitter : Mr. Jem Sirrine **Date:** 08/28/2007

Organization : Bond Clinic, P.A.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jem Sirrine, and I am an athletic trainer who is directly affected by the legislation being proposed by the CMS. I am employed through the orthopedic department of a large, multidiscipline clinic. I supply athletic training services for three high schools and one community college for no cost to the respective institutions. All of which would not have access to this invaluable service if it were not for the generosity of my employer. I have been nationally certified for nearly ten years and earned both a B.S. in athletic training and an M.A. in exercise physiology. There are few people in my county, if any, more qualified to perform this service.

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,

Jem A. Sirrine, MA, ATC

Submitter : **Miss. Lara Rife** **Date: 08/28/2007**

Organization : **Cumberland Valley Orthopaedic Associates**

Category : **Physician Assistant**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am currently employed by Cumberland Valley Orthopaedic Associates as a Physician Assistant. I have also been certified as an Athletic Trainer for eleven years working both in the high school and college settings. In addition to my Physician Assistant Master's I also hold a M.S. degree from Bloomsburg University in Exercise Science.

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,

Lara L. Rife, MS PA-C, MS ATC

Submitter : Rick Lybbert **Date:** 08/28/2007

Organization : Mountain Land PT, Lehi PT

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

It is my understanding that the laws relating to Physician Self Referral are being reviewed and I would like to offer my personal experience with this subject as it relates to physical therapy services.

I am a physical therapist of 11 years and a partner of Mountain Land Physical Therapy, a physical therapy private practice across the street from St. Marks Hospital in Salt Lake City, Utah. My practice has steadily grown over the years, as we have become known amongst referring physicians for our high quality of patient care. This growth trend took a sharp dive last year when Salt Lake Orthopedic, the large orthopedic practice who referred the majority of their patients to us decided to hire their own physical therapists. I lost 9 of my top 10 referring physicians and 30% of my new patient referrals in a matter of a couple of months.

While this occurrence obviously had negative impact on the business aspects of my practice, I also believe that it possibly had negative impact on patients being referred for physical therapy services. Changes in referral patterns of this magnitude were clearly driven by financial gain, and arguably not with the best interest of the patient in mind.

I can offer numerous specific examples of incidents where I believe patients received lower quality of care due to financially driven referrals to the physician owned physical therapy practice. However, I believe citing these examples would be of little value due to the subjective nature of scrutinizing a physician s referral to one physical therapy clinic versus another.

Rather, I believe this issue needs to be evaluated from a larger perspective. It is no secret in America that money is a big motivator. In my experience, personal financial gain is the most influential motivator for most physicians when considering where a patient is referred to for physical therapy services. Surely, this should be of no surprise to anyone. After all, this is America and physicians are only following the very principles that this nation is built upon.

From a governmental standpoint, it seems like a simple issue. If the government s priority is to protect the physician s right to maximize his earning potential through self-referral, physician owned physical therapy practices should be permitted. I believe there is a good argument that the physician needs protection. Our physician s are in a business of rising expenses and decreasing reimbursement. That is a difficult situation after spending so much time and money in school. Perhaps it is worth allowing financial incentive to drive patient referrals in order to give physicians the freedom to earn more money through owning physical therapy practices, if they so choose. If the decision is to follow this logic, it makes sense for physicians to also be permitted to own pharmacies, as well as, durable medical equipment businesses. I do not see any ethical difference between a physician referring to a Physician owned, pharmacy versus a Physician owned, physical therapy practice. Both create a financial incentive for the referring physician to refer the patient for a specific medical treatment.

Conversely, if the government s priority is to protect the patient from being referred to a specific provider due to financial incentive, physician owned physical therapy practices should be prohibited.

I do not believe it is any more complex than answering this simple question. Ultimately, it is a decision of priorities.

Sincerely,

Riek Lybbert, PT

Submitter : **Dr. john comito** **Date: 08/28/2007**

Organization : **aakc,llc**

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. Giselle Helo **Date:** 08/28/2007

Organization : Anestesiology. Sheridan Healthcorp Inc

Category : Physician

Issue Areas/Comments

GENERAL

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Thank you for your consideration of this serious matter.

Submitter : Mr. Jay Johnson **Date:** 08/28/2007

Organization : Georgia Southwestern State University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the Head Athletic Trainer at Georgia Southwestern State University in Americus, GA. I graduated from the great Valdosta State University. After completing this nationally accredited program, I became one of the few to pass the national certification exam on the first attempt and was soon licensed within the state of Georgia. I have worked many hours with patients on Medicaid or Medicare. I assisted at Valdosta Physical Therapy when I was still a student, I interned at Rehabilitation Services of Tifton, and was employed by Physical and Athletic Rehabiliation Center in Milledgeville, GA.

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,

Jay Johnson, MEd.,ATC/LAT

Submitter : **Dr. Scott Groudine** **Date: 08/28/2007**

Organization : **Albany Medical College**

Category : **Physician**

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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Medicare reimbursement in my area of NYS is less than $16 a unit. We have calculated the actual cost of providing the service at over $35 a unit. Therefore we lose close to $75 for every hour we provide anesthesia to an elderly or disabled American. As Albany Medical Center is a University hospital our reimbursement dives to BELOW $8 a unit when residents are involved in the care of the patient. It would be impossible for us to care for this sector of the American public if they made up a larger portion of our patient mix.

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.

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Thank you for your consideration of this serious matter.

Scott Groudine,MD
Professor of Anesthesiology and Surgery
Albany Medical Center A-131
Albany, NY 12208

CMS-1385-P-9352-Attach-1.DOC

CMS-1385-P-9352-Attach-2.DOC

#9352

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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Scott Groudine, MD
Professor of Anesthesiology and Surgery
Albany Medical Center A-131
Albany, NY 12208

Submitter : Mr. Eric Moats **Date:** 08/28/2007

Organization : Summa Health System

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified and licensed Athletic Trainer working along side physical therapists and physical therapy assistants in an outpatient rehabilitation facility. Providing athletic training services is something I have done for 17 years. I have a masters' degree in sports science. I have a great working relationship with the physical therapists on staff. The quality of care we provide to our patients could not happen without the cooperative interaction we have with each other. We are part of an orthopaedic department that has been ranked in US News and World Report's top 50 for 10 years straight.

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,

Eric Moats, ATC

Submitter : **Mrs. Laura Ross** **Date: 08/28/2007**

Organization : **St. John's Regional Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Laura Ross. I am employed by St. John's Regional Health Center in Springfield, Missouri as a certified athletic trainer. I have a BS in Sports Medicine and Athletic Training, and a MS in Health and Wellness Management. I evaluate and treat individuals with orthopedic injuries in an outpatient setting who desire to return to an active lifestyle. I have been employed by St. John's for 10 1/2 years.

I am writing today to voice my opposition to the therapy standards and requirements to the regards of 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 physicial 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. At our hospital alone, there are 15 such positions that need to be filled, most offering large referral bonuses. It is irresposible 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 CMS to consider the recommendations of those professionals who 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,

Laura Ross MS, ATC

Submitter : Laura Decoster **Date:** 08/28/2007

Organization : Apple Therapy Services

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

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 certified athletic trainer who has provided, and supervised the provision, of sports medical health care at local high schools for nearly 20 years. Because city budgets across the country don't allow many municipalities to provide basic care for their athletes, clinics have taken on this task. In my case, my employer donates approximately $100,000 of sports medicine services to city schools at no cost to the city which annually fights to keep teachers employed. He counts on us to generate some revenue from provision of physical medicine & rehab services to clinic patients to write off some of the cost of providing this needed service to our community.

We are able to contribute as part of the rehab team not least because of the the shortage of therapy professionals. 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.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which 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 medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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,

Laura C. Decoster, ATC

Submitter : **Dr. samuel talsma** **Date: 08/28/2007**

Organization : **Dr. samuel talsma**

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:

Although I have used a template for my comments, I cannot stress to you how important this matter is to me, my colleagues, and most importantly, my patients! Thanks for your time.

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.

Samuel Talsma MD
2110 Dorset Rd
Ann Arbor MI 48104

Submitter : **Dr. Sondra Shields** **Date: 08/28/2007**

Organization : **Sondra Shields MD PLC**

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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Thank you for your consideration of this serious matter.

Sincerely,

Sondra Shields, M.D.

Submitter : **Date: 08/28/2007**

Organization :

Category : Physical Therapist

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 August 23rd 2007

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

I wish to comment on the July 12th proposed 2008 physician fee schedule rule, specifically the issue surrounding physician self-referral and the in-office ancillary services exception. I am a physical therapist that has been in practice for 26 years in partnership with another physical therapist. We receive referral from a wide array of physicians. One Orthopedic practice in town has had their own physical therapy dept. for many years and we have received little to no referrals from that practice except by someone knowing us and choosing to come to us on their own. A second Orthopedic practice of 5 doctors referred to us for many years and was a major source of our referrals. Several years ago the two Orthopedic practices joined and our major source of referral decreased significantly. Two years ago the two practices built a big building which included Physical Therapy and both practices moved into this building. Since that time our referrals basically ended from this practice except for past patients and people sent to us due to insurance requirements. 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 they could overutilize those services for financial reasons. It does create the potential for fraud and abuse to exist 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. By eliminating physical therapy as a designated health service furnished under the in-office ancillary services exception, CMS would enhance the patient freedom to choose their physical therapy experience and the quality of patient care.

Thank you for consideration of my comments.
Sincerely

Submitter : Dr. Ignacio Cardenas **Date:** 08/28/2007

Organization : United Anesthesia, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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. Kent Biggerstaff** **Date: 08/28/2007**

Organization : **PGA Golf Tour**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Kent Biggerstaff and I have been an athletic trainer working in the professional and clinical settings for over 40 years. I worked in professional baseball and professional golf for the past 40 years as well as doing clinical work in my off seasons. I can assure you that my athletes and clinical people have received the very best health care possible during that time. I am a college graduate as well as a certified athletic trainer.

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,

Kent Biggerstaff, ATC

Submitter : **Mr. Matthew Guth** **Date: 08/28/2007**

Organization : **Prospect High School**

Category : **Academic**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Matthew J. Guth. I am a Certified and Licensed Athletic Trainer in the State of Illinois. I am also a certified teacher, with advanced degrees including educational administration. I am beginning my 28th year as the Head Athletic Trainer and Modified Physical Education teacher at Prospect High School, part of High School District 214 in Northwest Suburban Cook County.

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,

Matthew J. Guth, MS, MA, ATC

Submitter : **Mr. Robert LaBelle** **Date: 08/28/2007**

Organization : **Hospital of The University of Pennsylvania**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Certified Athletic Trainer licensed in the Commonwealth of Pennsylvania. I have been certified by the National Athletic Trainers' Association since 1985. I have practiced in secondary schools, colleges, clinics and with professional athletes. I have even traveled to Burma (Myanmar) with the United Stated Information Service (USIS) to lecture the Burmese Sports and Physical Education Department. I have also taught at various universities and colleges in both Athletic Training and Physical Therapy programs. I feel that this qualifies me to speak about the relevance of Athletic Trainers providing physical medicine services.

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,
Robert J. LaBelle, MBA, ATC

Submitter : **Dr. Samuel Guenthner** **Date: 08/28/2007**

Organization : **Johnson County Anesthesiologists**

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. Justin Black** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

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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Thank you for your consideration of this serious matter.

Sincerely,

Justin Black, MD
Department of Anesthesia and Critical Care
The University of Chicago
5841 S. Maryland Ave, MC 4028, Chicago IL 60637
773-702-6700

Submitter : **Mr. Jeff McKibbin** **Date: 08/28/2007**

Organization : **University of Central Oklahoma**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:
My name is Jeff McKibbin. I am currently the Program Director for our Athletic Training Masters Degree program at the University of Central Oklahoma. I have over 30 years experience in the health care business and have experienced many changes.

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,
Jeff McKibbin,MEd,ATC,LAT

Submitter : **Dr. Karen Bramblett** **Date: 08/28/2007**

Organization : **ASA**

Category : **Physician**

Issue Areas/Comments

GENERAL

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Dear Ms. Norwalk:
I am writing to express my strongest support for the proposal to increase anesthesia payment 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 recently recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : **Mrs. Melissa Campbell** **Date: 08/28/2007**

Organization : **OrthoIndy**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello. I am a Licensed Athletic Trainer in the state of Indiana. I have worked providing physical medicine and rehabilitational services in an orthopaedic physician's practice and at the junior high and high school level through a hospital clinic. I have my undergraduate degree in Sports Medicine from DePauw University and my Masters of Science in Athletic Training from Indiana State University. Even with a Bachelors Degree, Masters Degree, National Certification Exam and State Licensure with new changes proposed my education and years of study could be rendered useless. Your proposed legislation could possibly affect the jobs of thousands of qualified health care providers with adequate education and credentials because CMS has the power to propose legislation and affect a large population of Americans limiting their access to qualified health care professionals in hospital clinics and their services to thouseands of high school and junior high school children.

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 patients.

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Sincerely,

Melissa A. Campbell, MS, L/ATC

Submitter : Ms. Deborah Corbatto **Date:** 08/28/2007

Organization : Ms. Deborah Corbatto

Category : Other Health Care Professional

Issue Areas/Comments

Impact

Impact

August 28, 2007
Dear Sir or Madam:
I am a Certified Athletic Trainer working in a collegiate setting. I am certified by the National Athletic Trainer s Association and am licensed by the Medical Board of Virginia as an Athletic Trainer. I have a master s degree in Exercise, Fitness and Health Promotion with a concentration in Sports Medicine. It is my responsibility to care for over a hundred student athletes competing at the NCAA Division I level. We work with these athletes from the moment they walk into their pre-participation physical to the moment they graduate. This includes injury evaluation, rehabilitation (post-injury and post-surgical), safety (fields, equipmcnt, environmental) and injury prevcntion (strcngthening, nutrition, etc.)
I am writing today to voicc 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,
Deborah B Corbatto, MS, ATC

Submitter : **Dr. Heather Dozier** **Date: 08/28/2007**

Organization : **Dr. Heather Dozier**

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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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. Not to mention, the reductions in reimbursement for academic anesthesiologists working with residents which further worsens the situation.

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,
Heather Dozier M.D.
Emory University Anesthesiology

Submitter : **Joseph Walker** **Date: 08/28/2007**

Organization : **Joseph Walker**

Category : **Individual**

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 : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a physical therapist with 23 of experience. I own/have owned physical therapy (PT) clinics in 3 States and some of my direct competitors are/were physician-owned PT practices. I am writing to encourage the closing of the loophole that allows physicians to unethically own PT practices under the designated health service (DHS) aspect of the in-office ancillary exception.

When physicians are able to refer Medicare beneficiaries to entities in which they have a financial interest, the potential for fraud and abuse exists, especially in the case of physician-owned PT services. Physicians who own and have invested in practices that provide PT services have an inherent financial incentive to refer their patients to themselves and to overutilize those services for financial reasons. By eliminating PT as a designated health service (DHS) furnished under the in-office ancillary services exception, CMS would reduce a significant amount of programmatic abuse, overutlization of PT services under the Medicare program, and enhance the quality of patient care.

This is an area that needs to be addressed to ensure that referrals to PT are based on the need for treatment and to the highest quality provider. By having a financial interest in the referral, the referral is likely to be made for less than optimal reasons. If an MD wrote drug prescriptions based on a medication that they had a financial interest in, versus the best option for the patient, it would clearly be a conflict of interest. That is precisely the decision every physician faces when deciding where to refer a patient to PT do they refer so that their business profits versus to an independent physical therapist?

When we inform patients that the physician(s) own the clinic they were referred to, many respond by asking us if that isn't a conflict of interest - it is obvious to the average consumer. Physicians in the same community have also commented that it appears to be unethical from their perspective.

The physicians primary argument is that having the clinic in-house, the quality is improved because they can more readily communicate with the PT and the patient during their episode of care. In all my years of practice I have never had a physician complain of this nor do I get calls from an MD regarding a patient without our office initiating the call. Ongoing communication with the physician is a very small component of delivering quality care - knowing and applying the latest best practices is. Most physicians are not aware of that research as it is specific to our profession.

I have/had clinics that are/were in direct competition with physician owned PT clinics. Patients have reported to us that they had no idea the physicians owned the clinic - in many States not declaring this to a patient is a violation of law. We have had physicians tell patients that they had to go their PT clinic even though the senior citizen had to travel 15 miles further than if they received care at our clinic. Another trend we have noticed is that referrals, in some areas, appear to be based on the insurance the patient has. They refer out Medicaid, Medicare that has no/poor secondary insurance, and poor paying private insurers. This selective referral pattern flies in the face of the reasons given by physicians for establishing their clinics.

I have had to close 2 clinics due to local physicians opening their own clinics and referring almost exclusively to themselves. One physician group was unwilling to meet with us to discuss options we had for their patients that they did not offer. This meant that Medicare beneficiaries we being denied options because of the financial incentive to the physicians.

I appreciate the opportunity to comment on this important issue on behalf of my colleagues and the millions of Medicare beneficiaries negatively affected by this loophole. I designate these comments for your consideration.

Submitter : **Mr. Robert Golden** **Date: 08/28/2007**

Organization : **Campbell Clinic**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Robert Golden. I am a certified athletic trainer working in the secondary school and clinical setting. I spend twenty hours a week in a clinic and twenty hours a week with a local high school. I graduated from Delta State University with a BSGS in HPER. I then recieved my master's of science degree in physical education with an emphasis on strength and conditioning from Mississippi State University. I have been a certified athletic trainer since the summer of 2004. I have also recieved certification to teach first aid and CPR.

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,

Robert O. Golden, MS, ATC

Submitter : **Mr. Paul Westerberg** **Date: 08/28/2007**

Organization : **Alexandria Orthopaedic Associates**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Paul Westerberg, and I am a certified athletic trainer and orthopedic technologist working in rural Minnesota. I am employed by a 5 physician orthopedic group to assist with physician care, setting up rehabilitation programs, cast and wound care, as well as outreaching to the local high school where I am in charge of keeping over 600 athletes healthy during the 10 month sports season. I earned my bachelors degree in Exercise Science and Athletic Training from St. Cloud State University, and I went on to earn a Masters degree while working at the University of Nebraska at Omaha.

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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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,

Paul Westerberg, MA, ATC, OTC

Submitter : Everett Thompson **Date:** 08/28/2007

Organization : Everett Thompson

Category : Pharmacist

Issue Areas/Comments

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Proposed Elimination of Exemption for Computer-Generated Facsimiles

CMS:
Pharmacy has been working diligently for years to inprove the effientency and accuracy of prescription communications. One of best options available currently is computer generated faxes for requesting refill authorizations, new prescription orders and prescription order clarifications. It is vital that CMS, or others, not regulate away this extremely valuable tool. Pharmacy is an industry of people and product. The whole point of it is to get the right product to the right people for proper use to result in improved health. Communication is the key which unlocks the door, and starts the engine to get on the road to improved health. Modern cars use electronic keys to open doors and start engines. Pharmacy should have that or better capabilities available also.
Please do not regulate us back to an era of 'lost keys' that keeps pharmacy from getting on the road to improved health.
Thank you for your thoughtfulness.

Submitter : Dr. Edward A. Kent **Date:** 08/28/2007

Organization : American Society of Anesthesiology

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attacment

CMS-1385-P-9375-Attach-1.DOC

CMS-1385-P-9375-Attach-2.TXT

CMS-1385-P-9375-Attach-3.DOC

CMS-1385-P-9375-Attach-4.TXT

93.75

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. Lee Knox **Date:** 08/28/2007

Organization : Corpus Christi ISD

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am Lee H. Knox MS,ATC,LAT Head Athletic Trainer for the Corpus Christi ISD and I do not wish for you to make the changes that you are proposing.

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,

Lee H. Knox MS,ATC,LAT

Submitter : **Ms. Kimberly Calvert** **Date: 08/28/2007**

Organization : **Alfred University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer currently working in a university setting. However, I spent 6 years working in an outpatient rehabilitation clinic with outreach to high schools, colleges, community sporting events (youth soccer), and professional sports. I have seen first hand the benefits to patients who are treated by Certified Athletic Trainers. I have also seen a shortage of skilled professionals available to treat high school athletes, particularly in rural New York. A popular method of supplying these silled professionals to high school athletes is through outpatient rehabilitation clinics. As you will read below, the proposed changes will directly conflict with opportunities to provide quality health care.

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,

Kimberly Calvert, MS, ATC, PES

Submitter : **Dr. William Hand** **Date: 08/28/2007**

Organization : **Medical Univ. of South Carolina**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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

Dear Representative:

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 R. Hand, MD

Submitter : Mr. Allen Brodnick **Date:** 08/28/2007

Organization : Bethesda Physical Therapy

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

I am writting to support to remove physical therapy form the in-office ancillary services that are an exception to the Stark law. I believe that the exception inhibits frec trade practices and lesscns the overall quality of services available to a community. Years ago the brothcr of a University of Maryland football coach owned a sports store and all of the University's atheletic equipment for all of the teams were bough through this store. This was determmined to be a conflict of interest for obvious reasons, and I think that the original Stark law was written to prohibit such activities. Independently owned PT practices provide free market trade and allows the most skilled providers to be rewarded for thier skills and not for their affiliation or joint ventures. The quality of services at these private practices also tends to be a higher level because of thc focus on providing high quality care as they must depend on their abilities to provide these services for the community and not an affiliation to insure them patients.

Submitter : Dr. Kirk Brown **Date:** 08/28/2007

Organization : University of North Carolina Wilmington

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9380-Attach-1.PDF

#93

University of North Carolina Wilmington

Dear Sir or Madam:

My name is Kirk Brown and I am the Athletic Training Education Program Director at the University of North Carolina Wilmington.

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.

Professionally,

Kirk W. Brown Ph.D., LAT, ATC

Kirk W. Brown, PhD, LAT, ATC
Athletic Training Education Program Director
Assistant Professor

601 South College Road
Department of Health and Applied Human Sciences
Phone: (910) 962-7184 Fax: (910) 962-7073
Email: brownk@uncw.edu
Wilmington, NC 28403

Submitter : **Mr. Thomas Bertoncino** **Date: 08/28/2007**

Organization : **Park University**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I, Tom Bertoncino, a certified athletic trainer who teaches at a university for students wanting to become a certified athletic trainer, 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,

Thomas K. Bertoncino MS, ATC (and/or other credentials)

Submitter : Dr. Alice McLaine **Date:** 08/28/2007

Organization : Winthrop University

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer (ATC) and a professor. I am the director of the Athletic Training Education Program (ATEP) at Winthrop University in Rock Hill, SC. In this role, I can speak well to the preparation athletic trainers have to perform therapeutic treatment and rehabilitation. I have been an ATC for 26 years and completed my PhD in 1997. I worked as the head athletic trainer for women's sports and an NCAA Division I institution for ten years and have been an ATEP program director since 1991. Athletic trainers are educated in a rigorous program which prepares them to provide quality treatment and rehabilitation for the patients under their care.

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,

Alice J. McLaine, PhD, ATC
Director, Athletic Training Education Program
Winthrop University
Rock Hill, SC 29733

Submitter : **Dr. Gerald Bell** **Date: 08/28/2007**

Organization : **Consult Sports Med/Athletic Training/Physical Ther**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am currently self-employed contractural sports medicine/athletic training/physical therapist in an out-patient hospital associated clinic. Prior to my current contract I worked at an ambulatory clinic at the University of Illinois at Urbana-Champaign providing similar services 9 months out of the year to university students, staff and faculty. Much of my current work is in the evenings providing services to local school districts.

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,

Dr. Gerald W. Bell: EdD, ATC, LAT, PT (Contract PRN Consultant Sara Bush Lincoln Health Center PMR and Sports Medicine)

Submitter : **Dr. Benjamin Krog** **Date: 08/28/2007**

Organization : **U. Texas Medical Branch**

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.

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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.

Benjamin Krog MD

Submitter : **Dr. min zhao** **Date: 08/28/2007**

Organization : **anesthesia consultants of Indianapolis,LLC**

Category : **Physician**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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.

Submitter : **Miss. Shannon Fooks** **Date: 08/28/2007**

Organization : **Miss. Shannon Fooks**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am the Head Athletic Trainer, at Sidwell Friends School, 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,

Shannon Fooks MS,ATC, CSCS
Head Certified Athletic Trainer
Sidwell Friends School
3825 Wisconsin Ave NW
Washington, DC 20016
202-537-2464 office
202-641-0820 cell
202-537-8191 fax
fookss@sidwell.edu

Submitter : Mrs. Dawn Morgan **Date:** 08/28/2007

Organization : Weisman Childrens' Rehab Center

Category : Physical Therapist

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Dawn Morgan. I am the senior physical therapist at Weisman Children's Rehab Center in Pennsauken, NJ. I am also a certified athletic trainer.

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.

Roles of a physical therapist adn atheltic trainer are separte, though similar. My primary role that I have chosen is as a physical therapist. 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,

Dawn Morgan PT, DPT, ATC, CSCS

Submitter : Mrs. Dana Bates **Date:** 08/28/2007

Organization : Nebraska Wesleyan University

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

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 teaching our future certified athletic trainers at my current institution and am concerned of these proposed changes.

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.

Submitter : **Dr. Steven Hall** **Date: 08/28/2007**

Organization : **Dr. Steven Hall**

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.

Steven C. Hall, MD

Submitter : Dr. Beverly Pearce-Smith **Date:** 08/28/2007

Organization : UPMC

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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

CMS-1385-P-9390-Attach-1.DOC

9390

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

August 28, 2007

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.

Beverly Pearce-Smith, MD
Clinical Assistant Professor
Department of Anesthesiology
University of Pittsburgh School of Medicine
UPMC-McKeesport Hospital
1500 Fifth Ave
McKeesport, PA 15132

Submitter : Dr. steve fischer **Date:** 08/28/2007

Organization : Dr. steve fischer

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

As an anesthesiologist i fully support the proposed increase in medicare reimbursement as anesthesia services have been severely undervalued. as a practitioner looking to relocate my practice the percent of medicare that makes up any practice is a significant factor as i look for a new position. in many positions unless the hospital provides a large stipend to make up for the shortfall from the high percentage of medicare cases the practice is not financially sustainable. This increase will go a long way in helping to rectify what is otherwise and unsustainable situation. thank you for your time.

Submitter : Dr. Joseph Cassady **Date:** 08/28/2007

Organization : Dr. Joseph Cassady

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 strongly encourage CMS to adopt the current proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am pleased the Agency is finally taking remedial steps to address this matter.

For the last fifteen years, anesthesia services have been unfairly and counterintuitively undervalued. When the Resource-Based Relative Value Scale (RBRVS) was originally conceived, it created a severe disparity in reimbursement for anesthesia care, largely due to an illogical undervaluation of anesthesia work compared to other physician services.

Currently, Medicare pays only $16.19 per unit for anesthesia services. This is only about 40% of the commercial reimbursement rate (compared to 80%, or more, for all other medical and surgical specialties). This level of reimbursement does not even cover all of the operational business costs of caring for our nation s seniors. This paradox has created an unsustainable system, in which anesthesiologists are being strongly disincented from providing such services and, indeed, forced away from geographic markets with disproportionately high Medicare populations.

In order to rectify this untenable scenario, the RUC has recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation. This adjustment would result in an increase of nearly $4.00 per anesthesia unit, and would make significant progress in correcting the long-standing undervaluation of anesthesia services.

I am pleased that the Agency accepted this recommendation in its proposed rule, and I urge full implementation of the RUC s recommendation.

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

Thank you in advance for your consideration of this vital issue.

Sincerely,
Joseph F. Cassady, Jr., MD
President-elect
Iowa Society of Anesthesiologists

Suite #400
1215 Pleasant Street
Des Moines, IA 50309

Submitter : **Dr. Jonathan House** **Date: 08/28/2007**

Organization : **University Hospitals of Cleveland**

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. Tryg Odney **Date:** 08/28/2007

Organization : Sanford USD Medical Center

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Tryg Odney. I am a nationally certified and state licensed athletic trainer in South Dakota. I am employed by a hospital and manage seventeen certified athletic trainers working in a variety of settings including clinical, high school, collegiate, and professional.
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,

Tryg Odney, MA, ATC

Submitter : **Dr. Jacob Chacko** **Date: 08/28/2007**

Organization : **Anesthesia Assoc of Augusta**

Category : **Health Care Professional or Association**

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.

Yours, Jacob Chacko MD

Submitter : **Mr. Steven Johnson** **Date: 08/28/2007**

Organization : **Mr. Steven Johnson**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

Hello, my name is Steven Johnson and I am a graduate student in athletic training at the University of Arkansas.

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,

Steven Johnson
Graduate Student, Athletic Training

Submitter : **Dr. Carsten Boysen** **Date: 08/28/2007**

Organization : **Anesthesia Associates of Muskegon**

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. Richard Williams** **Date: 08/28/2007**

Organization : **Dr. Richard Williams**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

To whom it may concern:

I want to begin by introducing myself. My name is Richard Williams and I am a Certified Athletic Trainer. I am the Executive Associate Director of the School of Health, Physical Education, and Leisure Services. For the past 10 years I have created, and oversaw, three athletic training curricula and have educated hundreds of athletic trainers.

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 the patients of my former students.

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, and the patients of my former students, receive quality health care. State law and hospital medical professionals have deemed me, and my former students, 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 seems irresponsible for CMS, which prides themselves with being 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,

Richard B. Williams Ph.D., ATC
Executive Associate Director
School of Health, Physical Education, and Leisure Services
University of Northern Iowa

Submitter : Mr. Kevin Bresnahan **Date:** 08/28/2007

Organization : NovaCare Rehabilitation

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-9399-Attach-1.DOC

#9399

Dear Sir or Madam:

My name is Kevin Bresnahan and I am a Certified Athletic Trainer in Illinois. I am also certified as a Strength and Conditioning Specialist (CSCS) through the National Strength and Conditioning Association (NSCA). I received a Bachelor of Science degree in Kinesiology with an emphasis in athletic training from the University of Illinois at Chicago. I currently work for NovaCare Rehabilitation (formerly Healthsouth) in an outpatient orthopedic clinic. In my 10 years with the company I have served in various roles, such as clinic manager, sportsmedicine coordinator and currently work program coordinator for the work hardening/conditioning programs at my facility. In my current role, I develop, and supervise work hardening programs in an effort to safely return our patients to their previous level of function at their job.

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,

Kevin P. Bresnahan, ATC, CSCS

Submitter : Ms. Katie Davis **Date:** 08/28/2007

Organization : Pro Therapy

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer, servicing Banks County School System in Georgia. My position is contracted through Pro Therapy Clinic, which services NorthEast Georgia. Before working in a clinic/highschool setting, I recieved my Master's Degree in Kinesiology from Louisiana State University. After completing my secondary degree, I worked in a Division I Collegiate Athletic Setting, before moving back to Georgia.

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,

Katie L. Davis, MS, ATC

Submitter : **Miss. Sara Peatross** **Date: 08/28/2007**

Organization : **Maryville College**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer in a collegiate setting, in my first year of practice out of Graduate School. However, I have worked previously in clinical settings in private practice physican office, where these laws in medicare/medicaid directly effected me personally. Now it will effect my perfession and those perfessionals who are still employed in said settings.

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,

Sara A. Peatross, ATC, MS

Submitter : **Dr. James Rankin** **Date: 08/28/2007**

Organization : **University of Toledo**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is James M. Rankin. I have a Doctor of Philosophy degree in exercise science from Michigan State University and I am the Program Director of the CAATE-accredited Athletic Training Education Program at the University of Toledo. I have been teaching athletic training for 23 years and have been a Certified Athletic Trainer since 1975. I have been a licensed athletic trainer in the State of Ohio since 1991 and have been a Board of Certification Certified Athletic Trainer since 1975.

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, national certification exam and state license in Ohio 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,

James M. Rankin, Ph.D., ATC, LAT
University of Toledo

Submitter : **Donald Corenman** **Date: 08/28/2007**

Organization : **Donald Corenman**

Category : **Chiropractor**

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

I am a surgeon and a chiropractor. I think it is poor judgement to prevent chiropractors from obtaining x rays from radiologists. Many times there is a contraindication to manipulation that will only be seen by a radiologist. To prevent this association is promoting poor medicine and dangerous to the patient.

Submitter : **Mr. Brandon Rayne** **Date: 08/28/2007**

Organization : **University of Alabma**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a newly certified athletic trainer, and i just recently took on earning my masters degree from the University of Alabama. Also i am working as a athletic trainer for the University's Swimming and Diving team. 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.
Please do not take jobs away from other athletic trainers. We need as much work as possible.

Sincerely,

Brandon Rayne, ATC

Submitter : **Dr. Rand Fishleder** **Date: 08/28/2007**

Organization : **Linn County Anesthesiologists**

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. John Patroff **Date:** 08/28/2007

Organization : Associated Anesthesiologists, S.C.

Category : Health Care Professional or Association

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear Ms. Norwalk:

I am writing to express my support of the approval of CMS-1385-P. I appreciate the Centers for Medicare and Medicaid Services consideration to increase the anesthesia payments under the 2008 Physician Fee Schedule.

As an administrator for an anesthesia physician-owned practice, I have recognized the undervaluation of our services compared with other physician groups. The Medicare payments for anesthesia are only at $16.19 per unit. This rate does not cover the cost of caring for this population of patients and is a factor when physicians decide where to practice. A continued undervaluation will unfortunately cause some of our physicians to move away from populations that have a high percentage of Medicare patients. This economic choice will have a dramatic effect on this population s medical care.

I believe this proposed increase is a great place to start with addressing the undervaluation and I applaud your organization s attempt to promote fairness.

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.

Sincerely,

John Patroff

Submitter : Dr. Samir Abdo **Date:** 08/28/2007

Organization : University of Michigan Health System

Category : Physician

Issue Areas/Comments

TRHCA--Section 108: CAP

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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 : **Date: 08/28/2007**

Organization : **UW-Madison**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an certified athletic trainer and a current graduate student at UW-Madison where I am furthering my education as a health care professional.

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,

D. Hornik, ATC

Submitter : **Dr. min zhao** **Date: 08/28/2007**

Organization : **anesthesia consultants of Indianapolis,LLC**

Category : **Physician**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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. Natalie Randazzo **Date:** 08/28/2007

Organization : South Charlotte Chiropractic

Category : Chiropractor

Issue Areas/Comments

Coding--Reduction In TC For Imaging Services

Coding--Reduction In TC For Imaging Services

I can't believe CMS wants to take even more away from many retirees that have helped to cultivate and provide for the initiation of CMS by paying their dues in the past. Chiropractors are not the culprit spending CMS' money, look for the real source.

Submitter : Mr. Gregory Penczek **Date:** 08/28/2007

Organization : Villa Julie College

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Gregory A. Penczek. I have been a Certified Athletic Trainer since 2001, completing my Bachelor's degree at Salisbury University, and obtaining my Master's degree from Louisiana State University. Currently, I am the Head Athletic Trainer at Villa Julie College in Baltimore, Maryland. My responsibilities include the prevention, treatment, and rehabilitation for approximately 320 student-athletes, participating in 19 intercollegiate sports.

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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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,

Gregory A. Penczek, MS, ATC

Submitter : **Mr. Shannon Peel** **Date: 08/28/2007**

Organization : **Iowa State University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Shannon Peel I am an assitant director of atheltic training at Iowa 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.

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.

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,

Shannon Peel, MA, ATC, LAT

Submitter : Mr. Brian Dallas **Date:** 08/28/2007

Organization : NC State University Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Brian Dallas, and I am a certified athletic trainer working at North Carolina State University. I graduated from the curriculum program at California State University, Fresno in December of 2002. After which I obtained my masters degree in Health Professions Education from North Carolina 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.
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,

Brian P. Dallas, M.Ed., LAT-ATC

Submitter : **Dr. Paul Zanaboni** **Date: 08/28/2007**

Organization : **Western Anesthesiology Assoc.**

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

August 28, 2007
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.

Sincerely

Paul B. Zanaboni, MD, PhD
Western Anesthesiology Assoc.
6253 Murdoch Ave.
St. Louis, MO 63109

Submitter : Dr. Miguel de la Garza **Date:** 08/28/2007

Organization : Comprehensive Pain Management Partners

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
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Thank you for your consideration of this serious matter.

Miguel de la Garza, MD
Comprehensive Pain Management Partners
2044 Trinity Oaks Blvd
New Port Richey, Fl 34655

Submitter : Mr. Eugene Schafer **Date:** 08/28/2007

Organization : ARC Athletics

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I'm a certified athletic trainer (ATC) that employs other ATC's. Our facility works with healthy and injured individuals to allow them a more fit life. My personal education at Purdue University and a Masters degree from Columbia University have helped to give me a great respect for the allied healthcare profession and its patients and clients.

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,

Eugene Schafer, MA, ATC, CSCS

Submitter : **Dr. min zhao** **Date: 08/28/2007**

Organization : **anesthesia consultants of indianapolis,LLC**

Category : **Physician**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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 : Mr. Brent Millikin **Date:** 08/28/2007

Organization : Sports and Orthopaedic Specialists, PA

Category : Other Health Care Provider

Issue Areas/Comments

GENERAL

GENERAL

Professionally I am a certified athletic trainer. During my career I have had the tremendous opportunity to provide health care to athletes at various colleges including the University of Minnesota. Currently I am the Director of Sports Medicine Services with an orthopaedic physician group. We work with patients of all ages regardless if they are an athlete or not.

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.

Athletic trainers, historically, have provided excellent health care to the various populations. This includes injury recognition, injury management, rehabilitation and possibly most importantly, injury prevention. We have done so efficiently and at a time of continuing escalating health eare eosts, with cost effectiveness.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is of great concern 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.

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Our education has allowed us to be an excellent resource to provide health care and to allow us to share our knowledge with patients of all ages with musculoskeletal problems.

If I can answer any further questions that you may have regarding our proposed legislative changes and the athletic trainer's role in health care in general please feel free to contact me at 952-914-8586 or by email at brentm@sportsandortho.com.

Sincerely,

Brent B. Millikin
Director of Sports Medicine Services

Submitter : Dr. jane boozalis **Date:** 08/28/2007

Organization : greater houston 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

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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.

Respectfully,
Jane E. Boozalis M.D.

Submitter :

Date: 08/28/2007

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9420-Attach-1.TXT

#9420

Dear Sir or Madam:

My name is Kendra Sakamoto and I am a Certified Athletic Trainer. Currently I work with athletes at St. Joseph's College in Patchogue, NY. My previous experience includes work in a physical therapy clinic as well as work in the secondary school 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,

Kendra Sakamoto, MS, ATC
Associate Athletic Trainer
St. Joseph's College
155 W. Roe Blvd.
Patchogue, NY 11772

Submitter : **Dr. Riad laham** **Date: 08/28/2007**

Organization : **Cleveland Clinic Health System**

Category : **Physician**

Issue Areas/Comments

Resource-Based PE RVUs

Resource-Based PE RVUs

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

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Thank you for your consideration of this serious matter.

Riad Laham, M.D.
Cleveland Clinic Health System

Submitter : **Dr. THomas Kenjarski** **Date: 08/28/2007**

Organization : **Metropolitan Anesthesia Consultants**

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

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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.

Sincerely,

Thomas P Kenjarski, MD

Submitter : Mr. Eric Knudson **Date:** 08/28/2007

Organization : Bettendorf High School Sports Medicine

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer and Health Education Teacher from Bettendorf, Iowa. Besides being a teacher and the head of the Bettendorf Sports Medicine Department at one of the largest and most successful academic and athletic schools in the state of Iowa, I am also on the Executive Committee for the Iowa Athletic Trainers Society. Many of my colleagues and friends are concerned about the proposals in 1385-P. These changes and recommendations could greatly affect our jobs and families. Not to mention the health and safety of thousands of student athletes, and clinical patients across the United States.

So today, I am writing 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,

Eric Knudson, ATC, LAT
Bettendorf High School
3333 18th Street
Bettendorf, IA 52722 (and/or other credentials)

Submitter : Mr. Troy Hoehn **Date:** 08/28/2007

Organization : Orthopaedic and Fracture Clinic

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Troy Hoehn and I am the Head Athletic Trainer at the Orthopaedic and Fracture Clinic in Mankato, MN. I have been practicing in a physician owned clinic for the past 8 years, and I have been a Certified Athletic Trainer for 9 years. Over this time the work that I have done with patients lead me to believe that this CMS decision would be harmful for patients and health care professionals alike.

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,

Troy Hoehn, ATC, ATR, CSCS

Submitter : **Dr. MAHA WASEF** **Date: 08/28/2007**

Organization : **Dr. MAHA WASEF**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Maha Wasef,M.D.
Director of Anesthesiology Department
Northwest Regional Medical Center
Clarksdale,MS 38614

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.

CMS-1385-P-9428

Submitter : Tom Bowman **Date:** 08/28/2007

Organization : Lynchburg College

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Tom Bowman and I am a certified athletic trainer working in the collegiate 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.

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,

Thomas G. Bowman, MEd, ATC

Submitter : **Mrs. Leigh Ann Zuzula** **Date: 08/28/2007**

Organization : **Bay Regional Menical Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Leigh Ann Zuzula I have been working at a local high school as a certified athletic trainer for the past 2 years. I achieved my BS in Athletic Training from Central Mighigan University in 2003.

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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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,

Leigh Ann Zuzula, ATC

Submitter : Tracy Law **Date:** 08/28/2007

Organization : Tracy Law

Category : Physical Therapist

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a physical therapist who co-owns a private physical therapy practice In Americus, GA. We have had a direct impact to our business by physicians owning their own PT clinics. We have had several reports of patients who requested to come to our facility, but were persuaded by their MD's to go to the therapy clinic that they have a direct interest in. These patients did what their doctor's requested not knowing that they indeed had a choice, and went to the MD owned PT clinic. I am sure that this happens more than we know and we have only heard about a few of the actual accounts. I'm sure that numerous patients just follow their doctors advice and go where they send them rather than giving them a choice. I don't think that MD's can tell their patients which pharmacy to go to to get their prescriptions filled, so why should they be able to demand their patients go get their therapy prescriptions filled any differently. Where does this stop. MD's already have hurt the local hospitals by trying to own their own MRI's, CT scans, Surgical Centers, etc. Now they are trying to put every therapist that is not under their control out of business. I guess the pharmacists should get worried, because if we don't stop this pattern of MD exceptions then private pharmacy's will be the next to go!!! I strongly urge you to take Physical Therapy out of the in-office ancillary services exception! Thank You for your time and consideration of this matter. Tracy Law, MPT 205 E Lamar St. Americus,GA 31709 229-924-9595

Submitter : Ms. Pauline Dishler **Date:** 08/28/2007

Organization : AANA

Category : Health Care Professional or Association

Issue Areas/Comments

Medicare Economic Index (MEI)

Medicare Economic Index (MEI)

I believe this is the revision that affects reimbursement for anesthesia services which , of course, Medicare wants to reduce. I rewrequest that this does not happen. I understand rising costs of health care but one has to realize the amount of education, practice and care that goes into taking a patient's life into an anesthesia provider's hands. This is not an area to make cuts.

Submitter : **Ms. Katie Dastych** **Date: 08/28/2007**

Organization : **Ms. Katie Dastych**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an athletic training student preparig to graduate in just a few months. Upon receiving my diploma and my certification, I plan to work in the allied health field. I am concerned that this proposal will harm not only that opportunity, but the opportunities my future patients and the future patients of other athletic trainers but restricting them from our services.

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,

Katie Dastych, ATS

Submitter : **Dr. Mahmoud Aliouche** **Date: 08/28/2007**

Organization : **CMAA-**

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 : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

I am a physical therapist working in a physician owned practice. I wanted to express what a great asset this setting if for the patient. We control cost secondary to actually treating patients for fewer visits still attaining great outcomes. Also the communication with the physician is easy and efficient for helping get immediate care in the case of a problem. In addtion many times it saves the patient time and money because they do not have to make an additional appointment and pay additional co-pays. I have worked in many settings and feel that within the physician's office offers the best service to the patient.

Submitter : Ms. Shannon Wyatt **Date:** 08/28/2007

Organization : AthletiCo LTD

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Shannon Wyatt and I am a certified athletic trainer employed by AthletiCo, LTD and contracted with Oak Park River Forest High School. I am one of the head athletic trainers and am very involved in the company and the high school. I have a B.S. in Athletic Training from Taylor University and graduated in 2003. I am a member of the National Athletic Trainers' Association and the Illinois Athletic Trainers' Association.

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,

Shannon D. Wyatt, ATC

Submitter : **Dewayne Manning** **Date: 08/28/2007**

Organization : **Huntsville Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am the Sports medicine Director for Huntsville Hospital and a Certified Athletic Trainer with a state and National certification as an athletic trainer. Certified Athletic Trainers are a huge asset to an organization such as a hospital. The hospitals have a hard time trying to find physical therapist because most of the PT's work for physician owned clinics. While ATC's can work for hospitals and help in the clinic and cover athletic events in the community. This allows the hospitals to contunie to provide great community services to the people who trust them with their healthcare.

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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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,

Dewayne Manning, ATC
Sports Medicine Director
Huntsville Hospital

Submitter : **Ms. Iris Berry** **Date: 08/28/2007**

Organization : **Ms. Iris Berry**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

As a Licensed and Certified Athletic Trainer as well as a licensed Physical Therapist Assistant I have had the opportunity to work in the clinical and high school settings to provide care for individuals who have incurred an injury. To accomplish the above mentioned licenses, I have added to my Bachelor of Science in Physical Education by completing an Associate Degree in Physical Therapist and completing academic as well as internship requirements for Athletic Training. Licensure for PTA required the passing of a state exam. Certification for ATC required the passing of a national exam. Since receiving certification for ATC, I have served as an examiner for the National Certification Exam for athletic trainers and been a clinical supervisor for athletic training students.

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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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,

Iris Berry, PTA, ATC, MsT

Submitter : Mr. Steven Halstead **Date:** 08/28/2007

Organization : CAPT USPHS (retired)

Category : Pharmacist

Issue Areas/Comments

Proposed Elimination of Exemption for Computer-Generated Facsimiles

Proposed Elimination of Exemption for Computer-Generated Facsimiles

When I was on active duty I sat in on a planning session to determine how to implement a new law. The first question asked was, "how are we going to break this law, because it cannot possibly be complied with in the time-frame given?"

How can we be stuck in the same rut? Why have we not learned some truths about how real-life works? Considering all the ramifications and necessary action required to comply with such a law (and I agree that it is appropriate and necessary), a reasonable person would allow at least a 6 month period for everyone to get set up for compliance. Anything less than this timeperiod makes the law a joke. Who will police it or who will go without essential services if prescriptions are not allowed?

Please reconsider this ill-advised time-table for implementation.

Submitter : **Mrs. Heather Leggett** **Date: 08/28/2007**

Organization : **Mrs. Heather Leggett**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Heather Leggett, and I hold a certification in athletic training through the Board of Certification associated with the National Athletic Trainers Association. Certified Athletic Trainers are allied health professionals recognized by the American Medical Association. I obtained my bachelors degree in Health and Human Performance from Iowa State University in Ames, IA in 2006.

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,
Heather Leggett, ATC

Submitter : Mr. Bret Wood **Date:** 08/28/2007

Organization : The Univ. of North Carolina at Charlotte

Category : Academic

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer licensed to practice in the state of North Carolina. I am also an instructor who teaches rehabilitation based courses at the University of North Carolina at Charlotte.

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 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,

Bret A. Wood, LAT, ATC

Submitter : **Dr. Daniel Dodson** **Date: 08/28/2007**

Organization : **Oklahoma Sports Science and Orthopedics**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am an Athletic Trainer and Director of Research and Education for Dr. Calvin Johnson. I have a doctorate in Health and Human Performance. We are striving to always give our patients the bets quality of care.

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,

Daniel L. Dodson PhD, ATC

Submitter : **Mrs. Laura Taylor** **Date: 08/28/2007**

Organization : **self employed**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Certified Athletic Trainer who is presently self employed. I have worked for many rehab clinics, hospitals and physician owned rehab clinics. I have received a top notched education from North GA College and State University where I received a Bachelors of Science in Athletic Training. In our program we studied not only injury evaluation, prevention and rehab techniques but also general medicine and pharmacology. Adding to that we do internships with general medicine physicians, orthopedists, dentists, psychologists, opthalmologists and spend 120 hours doing EMS ride alongs and becoming First Responder Certified. After graduation an athletic trainer must then take our national certification, NATABOC, exam and pass to be eligible to work as a Certified Athletic Trainer.

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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On a more personal note, the last CMS ruling that restricted Medicare patients to treatment by physical therapists alone cost me a job that I dearly loved, losing over half of my patients to that ruling - who's right was it to say that once you reach 65 you are no longer active and can no longer be treated by an athletic trainer - and I would truly hate to see any more of my colleagues have to lose their jobs because of another such ruling. Of course, then you must think of the patients who would be losing the practitioner they have come to trust with their care. 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,

Laura H. Taylor, ATC

Submitter : Mrs. Char Kintz **Date:** 08/28/2007

Organization : Akron General Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a certified athletic trainer, working in a hospital based outpatient orthopedic clinic. I have a bachelor's degree from an accredited college and am certified by the National Athletic Trainer's Association. I have been doing outpatient rehabilitation for 13 years and find myself much better qualified to do physical therapy than the new grads from doctorate programs. 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,

Char Kintz, ATC

Submitter : **Dr. Richard Bedger** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

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.

Respectfully,

Richard C. Bedger, Jr. DMD MD

Submitter : **Dr. John Eisenach** **Date: 08/28/2007**

Organization : **Mayo Clinic**

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.

Submitter : Tyler Yeates **Date:** 08/28/2007

Organization : University of Utah

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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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 : Julia Sledz **Date:** 08/28/2007

Organization : Rehabilitation Associates, Inc.

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Julia Sledz and I am a Certified Athletic Trainer maintaining both national and state certification. I am currently employed by an out patient physical therapy provider, Rehabilitation Associates, Inc, where my job title is clinical out reach. My main job site is a local high school where I am responsible for the care, prevention, and management of the injuries sustained by the athletes during the school year. I attended Norwich University and graduated with high honors earning a Bachelor of Science degree in Sports Medicine with a concentration of athletic training.

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,

Julia Sledz, ATC, LAT

Submitter : Dr. paul steinberg **Date:** 08/28/2007

Organization : asa

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

medicare fee for anesthesiologists must be increased

Submitter : **Mr. Shawn Moran** **Date: 08/28/2007**

Organization : **ForTec Medical, Inc.**

Category : **Private Industry**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

August 25, 2007

Donald H. Romano
Centers for Medicare & Medicaid Services
Center for Medicare Management
C4-25-02
7500 Security Blvd.
Baltimore, MD 21244

Dear Mr. Romano:

I am writing on behalf of ForTec Medicals Southwest Region who has been adversely affected by the market trends created by the advent of physician owned equipment companies. ForTec Medical wholly supports the proposed CMS regulations published on July 2, 2007 that potentially will put an end to self-referral of physician owned surgical equipment companies, and companies that provide financial incentive to physicians for using their equipment on a per click basis.

I believe that a competitive, level playing field will greatly affect the Medicare healthcare system in a positive way. As a Sales Representative for ForTec Medical, I often found that my pricing structure and business model were made available for review by my physician-owned equipment company competitors. I firmly believe that in many instances, O.R. administration was pressured by physicians to use their company, even if my service had a greater financial benefit to the hospital.

A competitive, level playing field will create lower case pricing for hospitals, treatment options for patients, and an overall reduction in our governments healthcare costs. Most importantly, patients will benefit from CMS s proposed regulations as it will open-up treatment options formerly unavailable because the physician-owned companies only offer only the modality that they happen to own. Companies like ForTec Medical give surgeons the option to choose the best treatment choice for the patient, unaffected by financial motive or gain.

Clinical efficacy will be the determining factor in patient care, not financial incentive, if these proposed regulations are made final. The newly proposed regulations will reinstate competition, promote competitive pricing, assure a level playing field, and help reduce healthcare costs.

Sincerely,

Shawn Moran
Southwest Regional Manager
ForTec Medical, Inc.

Submitter : **Clint Thompson** **Date: 08/28/2007**

Organization : **Independent AT, INC**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a semi retired Certified Athletic Trainer with 43 years of clinical experience and 28 years of teaching at the collegiate level.

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,

Clint Thompson, MA, ATC

Submitter : Kelley Henderson **Date:** 08/28/2007

Organization : Texas Christian University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer and am currently employed at Texas Christian University. Although I work as a clinical assistant professor, I utilize the services of other certified athletic trainers who are employed at hospitals or physical theray clinics. These people are vital in the education of our students.

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.

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Sincerely,

Kelley Henderson, ATC, LAT

Submitter : Ms. Christina Otto **Date:** 08/28/2007

Organization : Ms. Christina Otto

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Christina Otto. I am an athletic trainer in Illinois and have 7 years experience in this field. I work in a physical therapy clinic and a high school. I have a bachelor's degree and have attended many continuing education seminars. The rehabilitation aspect of my training is useful in both of my work settings. I can benefit my patients with more of a functional emphasis to help them return to their daily activities at a faster rate than on their own.

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,
Christina Otto, ATC

Submitter : **Mr. Brandon Henrichs** **Date: 08/28/2007**

Organization : **Florida Orthopaedic Institute**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Brandon Henrichs, I am a certified and licensed athletic trainer in Tampa, FL and I work for the Florida Orthopaedic Institute. I am work in the rehabilitation centers that provide care to all ages orthopaedic patients, both surgical and nonsurgical. I hold a bachelors of science in health sciences with a concentration in athletic training.

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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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,

Brandon A Henrichs, ATC, LAT

Submitter : **Date: 08/28/2007**

Organization :

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer. I work in a clinic and a high school taking care of and preventing injuries. I have completed six years of college and hold a Bachelor of Science and Master of Science, both in athletic training. I also had to pass a rigorous national board exam to become certified in what I do. I am extremely proud of what I do and completely qualified to continue to treat these patients.

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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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,

H. Walter, MS,ATC

Submitter : **Mr. John Gabriel** **Date: 08/28/2007**

Organization : **Ellsworth MUnicipal Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
I am a board certified athletic trainer, employed in the hospital setting. My clinical practice setting has been to provide medical coverage for local colleges and schools. This has been possible only because the hospital can employ my services in both the outpatient and outreach role.

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. Private earriers already have used the CMS proposed rule changes to eliminate licensed athletic trainers from providing services to all types of patients, not just Medicare recipients. This adversely affects the young and physically active populations that ATC\L treat. This has already happened in states such as Michigan where scores of ATC\L were dismissed due to proposed CMS rules. This left dozens of schools that relied on medical coverage by ATC\L from hospitals and clinics without coverage, exacerbating an already acute national crisis of adequate health care for children and young adults.
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 a licensed and nationally certified 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.

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Sincerely,
A. John Gabriel, MA, ATC

Submitter : Mr. Vince Dicriscio **Date:** 08/28/2007

Organization : Castleton State College

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Vince Dicriscio. I am a certified Athletic Trainer that works at the collegiate level. I have a Master's Degree in Sports Medicine. I also possess the extra credentials of Certified Strength and Conditioning Specialist, and Performance Enhancement 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.

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,

Vincent J. Dieriscio, MS, ATC, LAT, CSCS, NASM-PES

Submitter : Mr. Gary Hepner **Date:** 08/28/2007

Organization : St. Joseph Medical Center

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

I am a certified athletic trainer for St. Joseph Medical Center and they contract out to a high school for my services there. I am against any and all regulations put forth by the government against this positon. I do not work with medicare patients, only the athletes at school. I do not charge for my services since I am employed by the medical center. Most high schools can not afford to have a certified athletic trainer on staff so they contract out to hospitals, etc. for their services.

Submitter : Dr. Marc Pilato **Date:** 08/28/2007

Organization : East Carolina Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

This increase in Medicare reimbursement is necessary to be able to deliver care in our underserved area. Our costs are higher, we take care of patients that are more acutely sick, and more complicated surgeries are being performed.

Submitter : **Dr. Michael Levin** **Date: 08/28/2007**

Organization : **Greenwich Hospital 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 Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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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.

Sincererly,

Michael Levin

Submitter : Mr. Thomas Asuma **Date:** 08/28/2007

Organization : AthletiCo LTD

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Tom Asuma and I am a Certified Athletic Trainer that has been working in the Secondary School and Clinic-Outreach setting for the past five years. My Athletic Training education began at Grand Valley State University where I gained valuable clinical experiences through a variety of rotations, while working towards my Bachelors degree. Upon graduation and my board certification my passion for Athletic Training and improving myself as a quality Health Care Professional has continued at High Schools and clinics across the nation and into my most recent position with AthletiCo LTD and as the Head Athletic Trainer at Driscoll Catholic High School.

Throughout this time I have had the opportunity to work with a large number of active individuals in a variety of different capacities. Through these patient interactions and rehabilitation sessions I have seen first hand, the progress and success that Certified Athletic Trainers can facilitate by way of the health care services we have been educated and licensed to perform. Certified Athletic Trainers are an essential part of the Sports Medicine team and serve an integral role in our Nation's Healthcare System as a whole.

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,

Thomas S. Asuma, ATC, NASM-PES

Submitter : Ms. Cynthia Streich **Date:** 08/28/2007

Organization : University of Wisconsin Hospital

Category : Other Practitioner

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a licensed athletic trainer working for the University of Wisconsin Hospital & Clinics. I see a variety of patients in our Sports Medicine Clinic. Not only do I see patients with sports injuries, I see many older patients whose desire is to remain active.
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 many patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation service. Rehabilitation services is not the same as physical therapy; as I licensed athletic trainer, I perform rehabilitation services. My education (Bachelor of Science in Athletic Training & Masters in Nutritional Science), clinical experience (20+ years), national certification exam, and state (Wisconsin)licensure 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 some rehabilitaton services 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. Excluding athletic trainers from the Therapy Standards & Requirements will create greater challenges for access to quality health care. The current flexible 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. I especially encourage you to look at the listing of health care professionals recognized in the Therapy Standards & Requirements. Athletic Trainers need to be included in this list of practioners.

Sincerely,

Cynthia Streich,MS,ATC, LAT, RD

Submitter : **Mr. Larry Huff** **Date: 08/28/2007**

Organization : **Pembroke Hill Schools**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Larry Huff and I am a Certified Athletic Trainer for Pembroke Hill Schools.

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,

Larry M. Huff, ATC

Submitter : **Date: 08/28/2007**

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)

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.

Sincerely,

Corwyn Fortner, MD

Submitter : **Miss. Gini Fite** **Date: 08/28/2007**

Organization : **Sports Rehabilitation and Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Gini Fite. I am a Certified Athletic Trainer and a Physical Therapist Assistant. I have been practicing for over 8 years as a PTA. I began working toward becoming an athletic trainer even in high school. Although I did not become officially certified until 2002. Currently, I work in an outpatient physical therapy clinic where I serve as our Daily Operations Coordinator. At my clinic, we employ both Physical Therapists and Asssistants as well as Certified Athletic Trainers. We recognize and value the importance that ATC's can bring not only to the care they give in the clinic but to those they treat in our high schools we serve.

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,
Gini A. Fite, PTA/ATC
Daily Operations Coordinator
Sports Rehabilitation and Physical Therapy
Overland Park, KS

Submitter : Dr. Burdett Dunbar **Date:** 08/28/2007

Organization : Dr. Burdett Dunbar

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9468-Attach-1.DOC

9468

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 write to express my strongest support for the proposed increases for anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS is taking steps to address this complex issue, recognizing the gross undervaluation of anesthesia services.

Although I care for children in my completely pediatric anesthesia practice, I am a senior who will become a Medicare covered patient in the near future. Under cost payments concern me, therefore, both as a practitioner and a prospective patient, who may be unable to find the quality of care I would wish for future anesthesia services.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care. There was then, and remains today, ten years later, significant undervaluation of anesthesia work compared to other physician services. Current 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 has created an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

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.

Burdett S. Dunbar, M.D.

Submitter : Dr. Joanne Klossner **Date:** 08/28/2007

Organization : Indiana University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer and a Clinical Assistant Professor at Indiana University. Specifically I am the Coordinator of Clinical Education in charge of placing undergraduate and graduate students into clincial education placements. Such clinical experiences involve a variety of settings including hospitals and clinics. These experiences often lead to future job opportunities as our students graduate, pass the national Board of Certification Examination and work as certified athletic trainers in such settings.

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,

Joanne Klossner, PhD, LAT, ATC
Indiana University

Submitter : Dr. karen wallis **Date:** 08/28/2007

Organization : Dr. karen wallis

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

CMS PROPOSAL TO REPEAL CHIROPRACTIC X-RAY REIMBURSEMENT.
MY QUESTION, WHAT IS THE THE PURPOSE OF SUCH A REPEAL? HOW WILL IT BENEFIT THE MEDICARE PATIENT WHO HAS LONG SEEN THE BENEFITS OF MOBIIZATION OF JOINTS. THE GOVERNMENT CURRENTLY DOES NOT PAY THE CHIROPRACTOR FOR X-RAYS, WHICH IS IN ITSELF INCREDIBLE. TAKING THIS TOOL OF DIAGNOSIS FROM THE CHIROPRACTOR WILL BE ASKING US TO PRACTICE W/OUT A FUNFDAMENTAL REASON FOR TREATMENT. AS A CHIROPRACTOR, I NOT ONLY X-RAY EACH PATIENT, I SEND MANY OF MY PATIENTS X-RAYS TO A RADIOLOGIST. JUST AS THE MAINSTREAM OF MD'S I RELY ON THIS FOR A MORE ACCURATE DIAGNOSIS AND THUS A MORE ACCURATE TREATMENT PLAN. HOW COULD THIS POSSIBLY BENEFIT ANYONE PATIENT/MD/DC? EARLY IN MY LIFE I SACRIFICED TIME AND MONEY TO GO TO SCHOOL TO BE A PART OF THIS PROFESSION, AND LATER IN MY LIFE, I HAVE SEEN THE BENEFITS AND EXPERIENCED THE GRATIFICATION OF A HEALING ART THAT IS UNMATCHED IN MANY AREAS OF HEALING. PERSONALLY; I BELIEVE TAKIING A DIAGNOSITIC TOOL FROM THIS FIELD ONLY LENDS TO MORE ERRORS, POOR QUALITY OF TREATMEMT, SURELY THAT IS NOT WHAT WE ARE AFTER HERE. I URGE OUR LEADERS TO RECONSIDER THIS RULING, TO LOOK UPON CHIROPRACTIC AS A COMPLIMENT TO THE MEDICAL PROFESSION, NOT ANTAGONIST; THEREBY ALLOWING THIS PROFESSION TO PRACTICE W/ THE TOOLS NEEDED.

Submitter : **Ian Magonigal** **Date: 08/28/2007**

Organization : **University of South Alabama College of Medicine**

Category : **Other Health Care Professional**

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. Angele Thompson** **Date: 08/28/2007**

Organization : **Dr. Angele Thompson**

Category : **Individual**

Issue Areas/Comments

GENERAL

GENERAL

Dear Mr Weems:

Please stop the cuts in reimbursement for DXA (77080) screening. Do not include DXA as an imaging service. Diagnosis is based on a score not just the image.

I facilitate a support group for people concerned about osteoporosis. most of the people in my group are over 65 and thus eligible for Medicare. All of them have had DXA screening. One woman who had vertebral fractures didn't think much of it until she had her DXA done. Then she realized the gravity of her situation. She has been able to take control of her own health and despite severe OP, she has not broken a hip nor had more vertebral fractures. The DXA was absolutely critical to her decision. She is retired and without the reimbursement she couldn't have had the DXA. Without the DXA she probably would have required much more serious medical care for fractures by now, which would have cost Medicare much more money.

Decreasing the reimbursement will decrease access which in turn will increase fracture rates and ultimately lead to more expenditures and much lower quality of life.

STOP the cuts. Freeze the reimbursement rates at the 2006 levels.

Sincerely,
Angele Thompson, Ph.D.
45 Laurel Dr.
New Providence, NJ 07974

Submitter : Ms. Lisa Klein **Date:** 08/28/2007

Organization : Barrington Orthopedic Specialists

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Lisa Klein and I've been an Athletic Trainer for 12 years. I've worked in the clinical orthopedic setting for the past 12 years. I currently work for Barrington Orthopedic Specialist which is a physician owned therapy clinic in IL. I have a BS degree in Athletic Training from IL State University and a post-graduate degree from Rush 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.

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,

Lisa Klein, ATC
Athletic Trainer

Submitter : **Dr. Keith Carter** **Date: 08/28/2007**

Organization : **Dr. Keith Carter**

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. James Gallo** **Date: 08/28/2007**

Organization : **Chesapeake Anesthsesiologists, Inc.**

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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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.

James Gallo, M.D.

Submitter : Mr. Brian Locke **Date:** 08/28/2007

Organization : MidMichigan Health

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

I am a board Certified Athletic trainer with eight years experience in the rehabilitation setting. I am also certified as a strength and conditioning specialist and able to work with all populations in that regard. I work hand in hand with physical therapists and physicians who trust my expertise and judgement regarding patient care.

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,

Brian H. Locke, ATC,CSCS

Submitter : **Dr. Chris Emerson** **Date: 08/28/2007**

Organization : **Oklahoma Society of Anesthesiologists**

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.

Chris Emerson, MD

Submitter : **shailesh gandhi** **Date: 08/28/2007**

Organization : **shailesh gandhi**

Category : **Physician**

Issue Areas/Comments

Payment For Procedures And Services Provided In ASCs

Payment For Procedures And Services Provided In ASCs

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 : Amy Chamberlain **Date:** 08/28/2007

Organization : Orthopaedic Rehab Specialists

Category : Comprehensive Outpatient Rehabilitation Facility

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer from Jackson, Michigan. I received my undergraduate degree from Central Michigan University and my master's degree from the University of Oregon. I have been certified for 15 years. I work as the Sports Medicine Director at Orthopaedic Rehab Specialists, an outpatient, private clinic. Part of my duties include direct patient care in the form of rehab.

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. Our clinic has spent thousands of dollars over the last three years trying to recruit physical therapists. We have worked short-staffed that entire time and continue to do so. 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,

Amy Chamberlain, MS, ATC

Submitter : **Mr. Wendell Mount** **Date: 08/28/2007**

Organization : **Jane Phillips Medical Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am W. Alan Mount and I am a practicing Certified Athletic Trainer for Jane Phillips Medical Center in Bartlesville, Oklahoma. I work in both the clinical and secondary school setting. I have held uninterrupted Certification for more than 20 years, and been licensed to practice in three states. I also hold a Master's Degree from the University of Florida.

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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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,

W. Alan Mount, L/ATC, MS

Submitter : Dr. Steven Andeweg **Date:** 08/28/2007

Organization : Dartmouth-Hitchcock Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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 : **Date: 08/28/2007**

Organization : **ASA**

Category : **Federal Government**

Issue Areas/Comments

GENERAL

GENERAL

Please support Medicare reimbursement increases for Anesthesiologists. We are much behind other specialties and in desperate need of help

Submitter : **Dr. Jean Harrington** **Date: 08/28/2007**

Organization : **Jean Harrington M.D., LLC**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Anesthesia Services reimbursement is long overdue in this era of expanding health services to seniors. Please note my endorsement of the letter below.

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.

Jean F. Harrington, M.D. , LLC

Submitter : **Dr. Abhinava Madamangalam** **Date: 08/28/2007**

Organization : **University of Oklahoma Health Sciences 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 : **Dr. C A Cintron** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

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 Attorney Norwalk:

By these means I would like to express my strong support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. As it stands right now, Medicare payment for anesthesia services does not cover the cost of caring for our nation s seniors. Without this increase anesthesiologists will be forced away from areas with disproportionately high Medicare populations. I believe that up until this proposal anesthesia services had been greatly undervalued, and I am thankful that the Agency is taking steps to address this complicated issue.

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.

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.

Sincerely,

C A Cintron, MD
5527 Ocean Dr
Corpus Christi, TX 78412
3612448059

Submitter : Dr. Reagan Baber **Date:** 08/28/2007

Organization : UAMS

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.

Dr. Reagan Baber

Submitter : **Date: 08/28/2007**

Organization :

Category : **Physical Therapist**

Issue Areas/Comments

Physician Self-Referral Provisions

Physician Self-Referral Provisions

I am a physical therapist working in an outpatient clinic. We see many Medicare clients. Many patients choose us because of our high quality of care and positive outcomes. Physicians who own PT clinics have a financial incentive to refer patients to their clinic, thereby restricting the patient's right to choose their health care provider. It also promotes overutilization of services and overcharging of already scarce health care resources.

Submitter : **Mrs. Tracye Rawls-Martin** **Date: 08/28/2007**

Organization : **Long Island University**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Tracye Rawls-Martin, I am the Director of the Athletic Training Education Programs at Long Island University, Brooklyn Campus. As the Program Director,it is my responsibility to prepare students for a variety of job opportunities in the field of athletic training. Several of those job opportunities include colleges, secondary schools, hospitals and other rehabilitation facilities.

Therefore, 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 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 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,

Tracye Rawls-Martin MS ATC
Director, ATEP
Long Island University, Brooklyn Campus
Brooklyn, NY 11201

Submitter : **Dr. sameet syed** **Date: 08/28/2007**

Organization : **Baylor College of Medicine**

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.

Sameet Syed MD.

Submitter : **Mr. Dave Rauch** **Date: 08/28/2007**

Organization : **Parma Community General Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Dave Rauch, I am employed at Parma Community General Hospital and offer Athletic Training services to a local high school. I have been a Certified Athletic Trainer for 11 years. Athletic Trainer's are extremly qualified health care professionals.

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,

Dave Rauch, MS, ATC, LAT

Submitter : **Carol George** **Date: 08/28/2007**

Organization : **Hardin Memorial Hospital**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a nationally certified athletic trainer working in Elizabethtown, Kentucky. I am hired by a regional non-profit hospital, Hardin Memorial Hospital, and serve on a staff of four certified athletic trainers who all provide sports medicine coverage for seven area high school.

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,

Carol George, ATC

Submitter : **Dr. Thomas Weidner** **Date: 08/28/2007**

Organization : **Ball State University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

As the Director of the Athcltic Training Education Program and Director of the Athletic Training Rescarch and Education Laboratory at Ball State University, I possess a strong belief in our profession and the practitioners who practice on its behalf.

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,
Thomas G. Weidner, PhD, ATC, LAT

Submitter : Mary Long **Date:** 08/28/2007

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)

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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 : Gary Hackmann **Date:** 08/28/2007

Organization : Quincy Medical Group

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Gary Hackmann and I am an athletic trainer at Quincy Medical Group. I do physical therapy in the clinic and provide outreach services to some local high schools. I have my degree from a CAAHEP accredited athletic training program at Southeast Missouri State University. I have been a certified athletic trainer for six and a half years and have been employed at Quincy Medical Group for the past 5 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,
Gary Hackmann, ATC

Submitter : Mr. Albert Fregosi **Date:** 08/28/2007

Organization : AAAA

Category : Physician Assistant

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERIVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS

Please note: We did not receive the attachment that was cited in this comment. We are not able to receive attachments that have been prepared in excel or zip files. Also, the commenter must click the yellow "Attach File" button to forward the attachment.

Please direct your questions or comments to 1 800 743-3951.

Submitter : Mr. Thomas Maystadt **Date:** 08/28/2007

Organization : Physiotherapy Associates

Category : Other Practitioner

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Tom Maystadt and I currently work for Physiotherapy Associates in Tempe, AZ. I am a graduate of Iowa State University and currently work as a licensed Certified Athletic Trainer and Physical Therapy Assistant.

I am writing today to voice my opposition to the therapy standards and requirements inwhat you do, education, 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,

Thomas Maystadt, ATC/PTA

Submitter : **Ms. Jaren Gebhard** **Date: 08/28/2007**

Organization : **Mid Michigan Health Park Mt Pleasant**

Category : **Physical Therapist**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Jaren Gebhard, and I am a physical therapist that works very closely with a very qualified certified athletic trainer in my clinic. He is an expert in his knowledge base and clinical skills. We are a clinic that treats a variety of outpatient orthopedic injuries to individuals of various functional abilities and ages. I have been a physical therapist for 4 years, and have found my working relationship with our athletic trainer to be a very valuable one.

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 and the patients that we treat at our facility.

Our clinic's certified athletic trainer is qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. His education, clinical experience, and national certification exam ensure that his patients receive quality health eare. State law and hospital medical professionals have deemed him 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,

Jaren Gebhard, M.S.P.T.

Submitter : Dr. Lloyd Tani **Date:** 08/28/2007

Organization : University of Utah School of Medicine

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear CMS:

I am writing regarding the proposed change to eliminate CPT 93325 (Doppler Color Flow Mapping) and bundle this code into other echocardiography CPT codes. As a cardiac specialist caring for patients with congenital heart disease, this is of particular concern to me for a number of reasons.

I do not believe the appropriate process has been followed with respect to this proposed change. After significant interaction and research between the Relative Value Scale Update Committee (RUC) and the appropriate specialty societies (ACC and ASE), the CPT editorial panel has recommended that a new code be established that would bundle the 93325 with the 93307 to be implemented on January 1, 2009. The RUC is scheduled to evaluate the recommended relevant work and practice expense for the new code at its upcoming meeting. The CPT editorial panel did not recommend that other echo codes be bundled as well with the 93325. Because the actions of CMS are contrary to the normal process for such changes and the resultant compressed timeframe, the specialty societies have not been able to effectively work with their membership to evaluate the proposed change in a reasoned, methodical manner (something that is in the interests of all parties).

Importantly, there is no proposed change to the RVUs of the codes with which 93325 will be bundled. The proposal would simply eliminate reimbursement for CPT 93325, yet the amount of work performed and time spent by the physician for this service will remain the same.

Color Doppler is typically performed in conjunction with 2D echo to define structural and dynamic abnormalities as a clue to flow aberrations and to provide internal anatomic landmarks necessary for positioning the Doppler cursor to record cardiovascular blood flow velocities. The performance of echo in patients with congenital anomalies is unique in that it is frequently necessary to use color Doppler (93325) for diagnostic purposes and it forms the basis for subsequent clinical management decisions. CPT Assistant in 1997 references the uniqueness of the 93325 code for the pediatric population stating that color Doppler is "& even more critical in the neonatal period when rapid changes in pressure in the pulmonary circuit can cause significant blood flow changes, reversals of fetal shunts and delayed adaptation to neonatal life." There are many other complex anatomic and physiologic issues that we as cardiac specialists face on a daily basis when performing echos on patients with complex heart disease. Color Doppler imaging is a critically important part of many of these studies, requiring additional time and expertise from both the sonographer and the cardiologist interpreting the study. Bundling 93325 with other echo codes does not take into account this additional time, effort, and expertise. I am concerned that this change would adversely impact access to care for cardiology patients with congenital cardiac malformations. Programs caring for this select patient population do so not only for those with the resources to afford private insurance, but also, to a large extent, to patients covered by Medicaid or with no coverage at all. Because a key impact of this change will be to reduce reimbursement for congenital cardiac services across all payor groups, the resources available today that allow us to support programs that provide this much-needed care to our patients will not be sufficient to continue to do so should the proposed bundling of 93325 with other echo codes be implemented.

I strongly urge CMS to withdraw the proposed change with respect to bundling 93325 with other cardiology echo codes until such time as an appropriate review of all related issues can be performed, working within the prescribed process and timeframe, in order to achieve the most appropriate solution.

Sincerely,

Lloyd Y. Tani, MD

Professor of Pediatrics

University of Utah School of Medicine

Submitter : **Mr. Shusaku Hayashi** **Date: 08/28/2007**

Organization : **Central Arkansas Sports Medicine**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

August 28, 2007

Dear Sir or Madam:

I am a Certified Athletic Trainer currently working for a physical therapy clinic in Arkansas. As the Athletic Trainer, my primary duties include providing athletic training services to a local high school. I also assist our physical therapists with patient care in the clinic as I am educated and qualified to treat and rehabilitate injuries.

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. It is my personal opinion that the certified athletic trainers are one of the few health care professionals that are most underestimated and wrongly recognized by organizations like CMS. The profession of the Athletic Training has been rapidly growing over the decades. The quality of education and training we receive is comparable to, if not more than, what other health care professionals like physical therapists receive. My education, clinical experience, and national certification exam ensure that my patients receive quality health care.

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,

Shusaku Hayashi, MS, ATC.

Submitter : **Mr. Kirk Armstrong** **Date: 08/28/2007**

Organization : **Ball State University**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

As a doctoral candiate ready to enter the academy, I have a strong belife in our profession and the value that our practitioners have on the their patients. Whether the athletic population or the workforce, certified athletic trainers are health care professionals that are making a positive impact in the lives of many with injury and/or illness.

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,
Kirk J. Armstrong, MS, ATC, LAT

Submitter : **Mrs. Laura Manning** **Date: 08/28/2007**

Organization : **Star Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:
My name is Laura Manning, and I am a Certified Athletic Trainer. I attended Ohio University, an NATA accredited university, and received a degree in Athletic Training in June 2006, I then passed a National Certification Exam, and the a licensure exam for the State of Ohio. I currently work in a physical therapy clinic in Tiffin, Ohio. I am also contracted with Lakota High School, where I provide athletic training services.

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,
Laura Manning, ATC/LAT

Submitter : **Dr. John Nachtigal** **Date: 08/28/2007**

Organization : **American Society of Anesthesiologists**

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. glenn miller **Date:** 08/28/2007

Organization : michigan chiropraCTOR

Category : Chiropractor

Issue Areas/Comments

Chiropractic Services Demonstration

Chiropractic Services Demonstration

THE RIGHTS OF THE PATIENT TO GET THE BEST CARE IS BEING DENIED BY THIS PROPOSED CMS-1385. CHIROPRACTIC IS ABOUT A PERSONS HEALTH AND HOW THE NERVOUS SYSTEM IMPACT THIS STATE. TO BE DENIED AS A CHIROPRACTOR ACCESS TO SERVICES WHICH THE INDIVIDUAL CHIROPRACTOR FEELS NEED IS ABSOLUTE INSANITY. WE ARE ON THE FRONT LINES GIVING HEALTH CARE TO A PERSON. ALL RESOURCES SHOULD BE AT OUR BECKONING IF I MAKE THE DECISOIN ON A PERSONS HEALTH. I HAVE THE RIGHT AND OBLIGATION TO GIVE THE BEST CARE OF MY ABILITY TO THE PATIENT. HOW WOULD YOU OR YOUR LOVED ONES WANT TO BE CARED FOR IN A HEALTH PROBLEM. WE DO HELP PEOPLE WITH HEALTH PROBLEMS BEYOND WHAT YOU CONCIEVE. HEART PROBLEMS, STOMACHE, CONSTIPATION, BREATHING, FEMALE PROBLEMS.

Submitter : **Dr. Rita M Patel** **Date: 08/28/2007**

Organization : **Dr. Rita M Patel**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

Submitter : **Dr. Ravi Venkataraman** **Date: 08/28/2007**

Organization : **St. Mary's Hospital Passaic NJ**

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
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Thank you for your consideration of this serious matter.

Ravi Venkataraman MD

Submitter : **Jacqueline Prusinski** **Date: 08/28/2007**

Organization : **AthletiCo LTD**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a head athletic trainer contracted to Ridgewood High School in Norridge, IL, by AthletiCo LTD. I earned my bachelor's degree in Kinesiology with an emphasis on Athletic Training at Northern Illinois University. I became a certified athletic trainer in December of 2006. I care for over 200 athletes per season at Ridgewood High School as their Head Athletic Trainer.

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,

Jacqueline M. Prusinski, ATC

Submitter : **Date: 08/28/2007**

Organization : **Worthington Kilbourne High School**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9507-Attach-1.DOC

#9507.

Dear Sir or Madam:

My name is Francheska Sanford. I am currently employed as an Assistant Athletic Trainer at Worthington Kilbourne High School in Columbus, OH. I graduated from The Ohio State University in 2006 with a Bachelor of Science in Allied Medical Professions, majoring in Athletic Training. I have been a Certified and Licensed Athletic Trainer since June and July 2006, respectively.

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,

Francheska Sanford, ATC

Submitter : Dr. Melanie Everitt **Date:** 08/28/2007

Organization : University of Utah, Primary Children's Med Ctr

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear CMS:

I am writing regarding the proposed change to eliminate CPT 93325 (Doppler Color Flow Mapping) and bundle this code into other echocardiography CPT codes. As a cardiac specialist caring for patients with congenital heart disease, this is of particular concern to me for a number of reasons.

I do not believe the appropriate process has been followed with respect to this proposed change. After significant interaction and research between the Relative Value Scale Update Committee (RUC) and the appropriate specialty societies (ACC and ASE), the CPT editorial panel has recommended that a new code be established that would bundle the 93325 with the 93307 to be implemented on January 1, 2009. The RUC is scheduled to evaluate the recommended relevant work and practice expense for the new code at its upcoming meeting. The CPT editorial panel did not recommend that other echo codes be bundled as well with the 93325. Because the actions of CMS are contrary to the normal process for such changes and the resultant compressed timeframe, the specialty societies have not been able to effectively work with their membership to evaluate the proposed change in a reasoned, methodical manner (something that is in the interests of all parties).

Importantly, there is no proposed change to the RVUs of the codes with which 93325 will be bundled. The proposal would simply eliminate reimbursement for CPT 93325, yet the amount of work performed and time spent by the physician for this service will remain the same.

Color Doppler is typically performed in conjunction with 2D echo to define structural and dynamic abnormalities as a clue to flow aberrations and to provide internal anatomic landmarks necessary for positioning the Doppler cursor to record cardiovascular blood flow velocities. The performance of echo in patients with congenital anomalies is unique in that it is frequently necessary to use color Doppler (93325) for diagnostic purposes and it forms the basis for subsequent clinical management decisions. CPT Assistant in 1997 references the uniqueness of the 93325 code for the pediatric population stating that color Doppler is "& even more critical in the neonatal period when rapid changes in pressure in the pulmonary circuit can cause significant blood flow changes, reversals of fetal shunts and delayed adaptation to neonatal life." There are many other complex anatomic and physiologic issues that we as cardiac specialists face on a daily basis when performing echos on patients with complex heart disease. Color Doppler imaging is a critically important part of many of these studies, requiring additional time and expertise from both the sonographer and the cardiologist interpreting the study. Bundling 93325 with other echo codes does not take into account this additional time, effort, and expertise. I am concerned that this change would adversely impact access to care for cardiology patients with congenital cardiac malformations. Programs caring for this select patient population do so not only for those with the resources to afford private insurance, but also, to a large extent, to patients covered by Medicaid or with no coverage at all. Because a key impact of this change will be to reduce reimbursement for congenital cardiac services across all payor groups, the resources available today that allow us to support programs that provide this much-needed care to our patients will not be sufficient to continue to do so should the proposed bundling of 93325 with other echo codes be implemented.

I strongly urge CMS to withdraw the proposed change with respect to bundling 93325 with other cardiology echo codes until such time as an appropriate review of all related issues can be performed, working within the prescribed process and timeframe, in order to achieve the most appropriate solution.

Sincerely,

Melanie Everitt, MD

Submitter : **Dr. Aaron Cates** **Date: 08/28/2007**

Organization : **Dr. Aaron Cates**

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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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. Dorina Leibu** **Date: 08/28/2007**

Organization : **J.J.Peters VA Medical Center,Bronx,NY**

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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Thank you for your consideration of this serious matter.

Submitter : Dr. Richard E Park, MD **Date:** 08/28/2007

Organization : American Society of Anesthesiologists

Category : Physician

Issue Areas/Comments

Impact

Impact

As a Practicing Anesthesiologist in a mostly Rural State, I can attest to the availability of Qualified Anesthesiologists in under- served areas of the State because of poor reimbursement of a heavily Medicare population. An increase in the Unit Value of Anesthesia Services would be an incentive for more Anesthesiologists to practice in these underserved areas. Thus, the level of care is improved for these Medicare Recipients.

Submitter : **Date: 08/28/2007**

Organization :

Category : **Individual**

Issue Areas/Comments

Impact

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

Submitter : Mr. Forrest Pecha **Date:** 08/28/2007

Organization : Emory Sports Medicine Center

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

28, Aug 2007

CMS-1385-P-9513-Attach-1.DOC

9513

EMORY HEALTHCARE

EMORY SPORTS MEDICINE CENTER

59 Executive Park South, suite 1000
Atlanta, Georgia 30329
Phone 404.778.7176
Fax 404.778.7266

Dear Sir or Madam:

Hello, my name is Forrest Pecha I am currently the program and clinic manager at Emory Sports Medicine Center. We are a Sports Medicine Physician based clinic in Atlanta Georgia. We have six (6) orthopaedic sports medicine, fellowship trained, physicians and five (5) full time athletic trainers working in the clinic, as orthopaedic athletic trainers/physician extenders, directly with our physicians and patients. We also have an athletic training fellowship with four (4) AT graduates each year. I completed my undergraduate degree at University of Wisconsin – LaCrosse and my graduate studies at Illinois State University and have been a Certified Athletic Trainer (ATC) for ten (10) years now.

I have worked in a variety of settings as an ATC, including biomechanics research at the world renowned Steadman-Hawkins Research Foundation, I was also the Head ATC for the United States Men's Alpine Ski Team and accompanied them to the 2002 Olympic Games in Salt Lake City. Currently, I am working in a physician setting at Emory University and Hospital and since coming here have obtained my orthopaedic Technologist Certification (OTC through the NBCOT). All of our clinical ATC's and ATC Fellows have also obtained their OTC for multi-credentialing purposes.

In our practice, our physicians feel that ATC's are the ideal physician liaison in the clinic setting to see patients. Who better to see musculoskeletal patients than musculoskeletal specialist? Certified Athletic Trainers have the education and knowledge to perform all skills necessary, and are some of the most qualified, to use their skills in physical medicine, patient evaluation, and rehabilitation.

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,

Forrest Pecha MS, ATC/L, CSCS, OTC
Program Manager Sports Medicine and Athletic Training Services
Emory Sports Medicine Center
59 Executive Park South, suite 1000
Atlanta GA. 30329
ph: 404.778.7176
fx: 404.778.7266
forrest.pecha@emoryhealthcare.org

Feel Free to contact me with any questions or concerns

Submitter : Dr. Jonathan Waters **Date:** 08/28/2007

Organization : University of Pittsburgh Medical Center

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

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,
Jonathan H. Waters, M.D.

Submitter : **Dr. Steven Edstrom** **Date: 08/28/2007**

Organization : **Dr. Steven Edstrom**

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

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Thank you for your consideration of this serious matter

Submitter : Mr. David Tranchita **Date:** 08/28/2007

Organization : PROCare Physical Therapy, SC

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

See Attachment RE: Stark Referral for Profit/Physician Self-Referral

CMS-1385-P-9516-Attach-1.DOC

CMS-1385-P-9516-Attach-2.DOC

#9516

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

RE: Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY2008; Proposed Rule; Physician Self-Referral Issues.

O8/27/07

Dear Mr. Weems;

I am a self-employed physical therapist who owns a small private practice in Greenfield, Wisconsin. I made the decision four years ago to start my own practice so I could provide a better service of care to my community in the means of rehabilitation. Over the past few years I have seen more Physician-Owned Physical Therapy Services (POPTS) open their doors taking business away from private practitioners by keeping patients in-office.

The potential for fraud and abuse exits, and I have seen this first hand. Whenever physicians are able to refer Medicare beneficiaries to entities in which they have a financial interest, especially in the case of POPTS. 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 over utilize those services for financial reasons.

I am very concerned about the July 12 proposed 2008 physician fee schedule rule, specifically the issues surrounding physician self-referral and the "in-office ancillary services" exception. As in the past, I foresee an even more abusive use of Medicare dollars under this ruling. There has been many loopholes in the Stark physician self-referral law resulting in the expansion of physician-owned arrangements that provide physical therapy services and because of Medicare referral requirements, physicians have a captive referral base of physical therapy patients in their offices.

The "in-office ancillary services" exception is defined so broadly in the regulations that it facilitates the creation of a thriving environment for fraud and abusive referral arrangements. Physician direct supervision is not needed to administer physical therapy services. In fact, an increasing number of physician-owned physical therapy clinics are using the reassignment of benefits laws to collect payment in order to circumvent "incident-to" requirements. We all know

Medicare is in need of further reform to keep the program solvent and by changing these laws it will be a major step in helping save Medicare and to protect physical therapy services as Congress had originally intended.

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, over utilization of physical therapy services under the Medicare program, and enhance the quality of patient care to all Medicare beneficiaries.

Please consider my comments on this urgent subject matter and I thank you for your time.

Sincerely,

David Tranchita MA,PT,OCS,CSCS
CEO/President of PROCare Physical Therapy

Submitter : Mr. Ryan Shockey **Date:** 08/28/2007

Organization : Orthopeadics NorthEast

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

As an athletie trainer who has worked hard for my degree and to continually educated my self in the medical and related fields it is disappointing to continually hear about laws and regulations that continue to try and limit our scope of practice. There are more that 25,000 certified athletic trainers accross the nation who all have proven time and time again that we are fit to do our jobs. I suggest that you read the comments from the following website to help educate yourself on the roles and education of my fellow athetlic trainers and I. http://www.nata.org/consumer/docs/Factsaboutathletictrainers.pdf
thanks for your time
Ryan Shockey ATC, LAT

Submitter : **Dr. Daniel Bonham** **Date: 08/28/2007**

Organization : **Dr. Daniel Bonham**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

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Acting Administrator
Centers for Medicare and Medicaid Services
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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.

Daniel R. Bonham, M.D.

Submitter : **Dr. Ravindar Pruthi** **Date: 08/28/2007**

Organization : **Dr. Ravindar Pruthi**

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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Thank you for your consideration of this serious matter

Submitter : Mr. Andrew Nicholson **Date:** 08/28/2007

Organization : Wooster High School

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic training.

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,

Andrew Nicholson MS, ATC

Submitter : Dr. Amanda Andrews **Date:** 08/28/2007

Organization : Troy University

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-1385-P-9521-Attach-1.DOC

CMS-1385-P-9521-Attach-2.TXT

#9521

August 28, 2007

Dear Sir or Madam:

My name is Amanda Andrews and I am a certified athletic trainer and Assistant Professor at Troy University in Alabama. I have been a certified athletic trainer for over seven years and I have been teaching since 2003. I have worked in various settings including colleges, high schools and clinics. As a teacher, many of my students desire to work in rehabilitation settings in both hospitals and clinics. For this reason, 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,

Amanda Andrews, PhD, ATC

Submitter : **Dr. Mark Goodman** **Date: 08/28/2007**

Organization : **Providence Anesthesiologists**

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.

Dr. Mark Goodman

Submitter : Mr. Brian Maddox **Date:** 08/28/2007

Organization : Albany River Rats

Category : Other Health Care Professional

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Brian Maddox and I am a Certified Athletic Trainer who is well qualified to provide therapy to the professional athletes that I treat. I possess a Bachelor s and Master s degree from two of the finest institutions in the country, Binghamton University and Villanova University. I currently serve as the Athletic Trainer for the Albany River Rats who are the American Hockey League affiliate of the 2006 Stanley Cup Champion Carolina Hurricanes.
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,
Brian Maddox

Submitter : Dr. Christopher Altman **Date:** 08/28/2007

Organization : Pediatric Anesthesia P.A. (Mpls. Children's Hosp.)

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. Ben Chang** **Date: 08/28/2007**

Organization : **Washington University School of Medicine**

Category : **Physician**

Issue Areas/Comments

GENERAL

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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

Submitter : **Mr. Nicholas Kilpatrick** **Date: 08/28/2007**

Organization : **Susquehanna Health Sports Medicine Center**

Category : **Health Care Professional or Association**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Nicholas Kilpatrick and I am an outreach athletic trainer at Muncy High School in Pennsylvania through Susquchanna Health Sports Medicine Center. I have a Bachelor's degree from Lock Haven University in Health Sciences and a Master's degree from The Ohio University in Recreation and Sport Sciences. I have been a certified athletic trainer now for 5 years in the high school 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.

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,

Nicholas Kilpatrick, MS, ATC

Submitter : **Dr. Matthew OBrien** **Date: 08/28/2007**

Organization : **OBrien Chiropractic Center**

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

Technical Corrections

While x-ray does not always demonstrate subluxation, this condition is what chiropractors treat and diagnose, it is vital to the patient to have x-ray to determine the safety of the proecdures done by chiropractors. Especially in the elderly population where underlying conditions can causes contraindication to the chiropractic adjustment. I strongly urge you to table this proposal. These x-rays, if needed, are integral to the overall treatment plan of Medicare patients and it is ultimately the patient that will suffer should this proposal become standing regulation.

Sincerely,
Matthew OBrien, DC
OBrien Chiropractic Center

Submitter : **Dr. Rodney Helton** **Date: 08/28/2007**

Organization : **Dr. Rodney Helton**

Category : **Physician**

Issue Areas/Comments

GENERAL

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

Submitter : Dr. Valerie Rosenthal **Date:** 08/28/2007

Organization : Anesthesia Specialists of Albuquerque

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am writing to support the increase in anesthesia reimbursements by CMS. I live in a poor state where our reimbursementsa are less than those from wealthier states. Doctors are leaving our state because of poor revenue and high living costs. Please consider this!

Submitter : **Dr. Heidi Boehm** **Date: 08/28/2007**

Organization : **Boehm and Hybza Chiropractic**

Category : **Chiropractor**

Issue Areas/Comments

Technical Corrections

Technical Corrections

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 MD or DO and used by a Doctor of Chiropractic to determine a subluxation, 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 an X-ray the cost to the Medicare patient will go up significantly due to the necessity of a referral to an orthopedist or rheumatologist for evaluation prior to referral to the radiologist as it is now. With fixed incomes and limited resources, Medicare patients 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,

Heidi Boehm Ware, DC

Submitter : **Dr. Larry Shirley** **Date: 08/28/2007**

Organization : **Dr. Larry Shirley**

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

Submitter : **Larry Scott** **Date: 08/28/2007**

Organization : **Anesthesia Consultants of Dallas**

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
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Thank you for your consideration of this serious matter.

Larry B. Scott, MD
Dallas, TX

Submitter : Mr. ethan kreiswirth **Date:** 08/28/2007

Organization : CSUDH

Category : Other Technician

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Ethan Kreiswirth. I am an Athletic Trainer (ATC) for a NCAA division II university, California State University, Dominguez Hills. I am very concerned about proposed changes by CMS and want to voice my thoughts.

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,

Ethan M. Kreiswirth, MA, ATC
CSUDH Athletics

Submitter : **Dr. Diane Goebel** **Date: 08/28/2007**

Organization : **University of Washington**

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
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Thank you for your consideration of this serious matter.

Submitter : Dr. Brent Young **Date:** 08/28/2007

Organization : Greater Boston Anesthesia Associates

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

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Thank you for your consideration of this serious matter.

Brent Young, M.D.
790 Boylston St. Apt 4K
Boston, MA 02199-7904
(617)450-0235

Submitter : **Ms. Stephanie Horton** **Date: 08/28/2007**

Organization : **Iowa State University**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer working full time at Iowa State University. I have been a certified athletic trainer for eight years and have a Bachelor of Science Degree in Athletic Training and a Master of Education Degree with an emphasis in Sports Management. I am also a Licensed Athletic Trainer in the state of Iowa. I maintain my certification and licensure by receiving continuing education credits at meetings and conferences. In the past two years, I have also received certification from the National Academy of Sports Medicine as a Corrective Exercises Specialist and am certified to provide Active Release Techniques for the Lower Extremity.

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,
Stephanie Horton, MEd, ATC, LAT, NASM-CES

Submitter : **Ms. Lynn Bigelow** **Date: 08/28/2007**

Organization : **AthletiCo LTD**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Lynn Bigelow and I have been a licensed athletic trainer since 1994 and have had the privilege of caring for patients in numerous settings (high school, collegiate, clinic) as well have taught injury prevention classes in the collegiate setting. I am currently Regional Manager and partner in a rehabilitation company in Chicago and oversee 4 physical therapy clinics. I would like to expound on my background and thoughts regarding the implications of 1385-P.

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,

Lynn Bigelow, MS, ATC

Submitter : Dr. Michael Puchalski **Date:** 08/28/2007

Organization : University of Utah

Category : Physician

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Dear CMS:

I am writing regarding the proposed change to eliminate CPT 93325 (Doppler Color Flow Mapping) and bundle this code into other echocardiography CPT codes. As a cardiac specialist caring for patients with congenital heart disease, this is of particular concern to me for a number of reasons.

I do not believe the appropriate process has been followed with respect to this proposed change. After significant interaction and research between the Relative Value Scale Update Committee (RUC) and the appropriate specialty societies (ACC and ASE), the CPT editorial panel has recommended that a new code be established that would bundle the 93325 with the 93307 to be implemented on January 1, 2009. The RUC is scheduled to evaluate the recommended relevant work and practice expense for the new code at its upcoming meeting. The CPT editorial panel did not recommend that other echo codes be bundled as well with the 93325. Because the actions of CMS are contrary to the normal process for such changes and the resultant compressed timeframe, the specialty societies have not been able to effectively work with their membership to evaluate the proposed change in a reasoned, methodical manner (something that is in the interests of all parties).

Importantly, there is no proposed change to the RVUs of the codes with which 93325 will be bundled. The proposal would simply eliminate reimbursement for CPT 93325, yet the amount of work performed and time spent by the physician for this service will remain the same.

Color Doppler is typically performed in conjunction with 2D echo to define structural and dynamic abnormalities as a clue to flow aberrations and to provide internal anatomic landmarks necessary for positioning the Doppler cursor to record cardiovascular blood flow velocities. The performance of echo in patients with congenital anomalies is unique in that it is frequently necessary to use color Doppler (93325) for diagnostic purposes and it forms the basis for subsequent clinical management decisions. CPT Assistant in 1997 references the uniqueness of the 93325 code for the pediatric population stating that color Doppler is "& even more critical in the neonatal period when rapid changes in pressure in the pulmonary circuit can cause significant blood flow changes, reversals of fetal shunts and delayed adaptation to neonatal life." There are many other complex anatomic and physiologic issues that we as cardiac specialists face on a daily basis when performing echos on patients with complex heart disease. Color Doppler imaging is a critically important part of many of these studies, requiring additional time and expertise from both the sonographer and the cardiologist interpreting the study. Bundling 93325 with other echo codes does not take into account this additional time, effort, and expertise. I am concerned that this change would adversely impact access to care for cardiology patients with congenital cardiac malformations. Programs caring for this select patient population do so not only for those with the resources to afford private insurance, but also, to a large extent, to patients covered by Medicaid or with no coverage at all. Because a key impact of this change will be to reduce reimbursement for congenital cardiac services across all payor groups, the resources available today that allow us to support programs that provide this much-needed care to our patients will not be sufficient to continue to do so should the proposed bundling of 93325 with other echo codes be implemented.

I strongly urge CMS to withdraw the proposed change with respect to bundling 93325 with other cardiology echo codes until such time as an appropriate review of all related issues can be performed, working within the prescribed process and timeframe, in order to achieve the most appropriate solution.

Sincerely,

Michael Puchalski,MD

Submitter : **Dr. Numair Mohammed** **Date: 08/28/2007**

Organization : **Vista 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.

Submitter : **Dr. Jason Mann** **Date: 08/28/2007**

Organization : **Rush 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
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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. Nicholas DiGaetano** **Date: 08/28/2007**

Organization : **Benchmark Physical Therapy**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Nicholas DiGactano and I am an athletic trainer in the Cherokee County School District. I have my bacholors degree in physical education and athletic training, a masters degree in health studies, and a educational specialist in administration.

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,
Nicholas DiGaetano, ATC (EDS)

Submitter : **Mr. Bradley Nash** **Date: 08/28/2007**

Organization : **Alpena Regional Medical Center**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bradley Nash and I am employed at Alpena Regional Medical Center as a Certified Athletic Trainer where I am sub-contracted out to a local high school and a Jr. A hockey team. I have been NATA certified since 1988 and have worked in the clinical/high school realm since 1990. I feel I am a very valuable asset to our facility in both clinical treatment of patients and outreach to the community.

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,

Bradley Nash ATC

Submitter : Dr. Ashish Sinha **Date:** 08/28/2007

Organization : University of Pennsylvania School of Medicine

Category : Academic

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. Christopher Ray** **Date: 08/28/2007**

Organization : **University of Texas at Arlington/Dallas VAMC**

Category : **Academic**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

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.

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Sincerely,

Christopher T. Ray Ph.D, ATC, CSCS
Assistant Professor, Department of Kinesiology
The University of Texas at Arlington
Department of Kinesiology
801 Greek Row Drive
Research Health Scientist, Dallas VA Medical Center (151)
VA North Texas Health Care System
4500 South Lancaster Road
Email: crayuga@aol.com
TEL: 817-272-3288
FAX: 817-272-3233

Submitter : **Mr. Joshua Knott** **Date: 08/28/2007**

Organization : **Mr. Joshua Knott**

Category : **Other Health Care Professional**

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Joshua Knott and I am a Certified Athletic Trainer working in the clinical setting in southeastern Ohio. I have my B.A. from Anderson University in athletic training and my M.A from Western Michigan University in sports medicine.

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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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,

Joshua D. Knott, MA, ATC

Submitter : Mr. David Romero **Date:** 08/28/2007

Organization : Mr. David Romero

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

8/28/2007

Dear Sir or Madam:
My name is David Romero and I am a certified athletic trainer. I graduated from Fort Lewis College in Durango, CO with a Bachelors degree in Exercise Science with the Athletic Training concentration. I currently am employed by two companies, one that happens to be a secondary school; the other a physical therapy clinic. I am, at this time, not treating patients not because of lack of knowledge, but rather lack of support and reimbursement from insurance companies such as Medicare and Medicaid.

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 J Romero, Jr., ATC

Submitter : Dr. J Emery Swenson **Date:** 08/28/2007

Organization : Dr. J Emery Swenson

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Currently the Medicare reimbursement for anesthesia services does not cover the cost of caring for these patients. In order to rectify this issue an increase of approx. $4.00 per anesthesia unit has been proposed by the RUC. This increase would help ensure the ability of anesthiologists to continue to provide quality care for our aging population.

To maintain the level of care Medicare patients deserve in the OR, GI lab, invasive radiolology, and other areas of the hospital, I strongly urge CMS to implement the proposed increase in the anesthesia conversion factor.

Thank you.
J Emery Swenson, M.D.

Submitter : **Mr. Thaddeus Alexander** **Date: 08/28/2007**

Organization : **Cardiovascular Imaging**

Category : **Other Technician**

Issue Areas/Comments

Coding-- Additional Codes From 5-Year Review

Coding-- Additional Codes From 5-Year Review

Re: CMS 1385 P; Proposed Physician Fee Schedule and other Part B Payment Policies for CY 2008. CODING --ADDITIONAL CODES FROM 5-YEAR REVIEW.

Dear Mr. Kuhn:

I am sure that you have read plenty of the form letters from the American Society of Echoeardiography, and I agree completely with their arguments. I do not use color doppler on every exam. Color Doppler is very time eonsuming and labor intensive for the reading physician and us.

The point I would like you to consider is this; Medicare is now recommending an ejection fraction of every CHF patient with a change in status or hospital admission. Echocardiographers are very scarce and it takes years to develop the skill to perform properly, not to mention the schooling. The last statistic I saw was that we only had fifty percent of the Echocardiographers needed across the nation. On top of that, only fifty percent were registered.

There is no way we can meet your quality guidelines now, at present strength. The Echocardiogram is still the cheapest way to get an accurate ejection fraction and the only one that is noninvasive and posses no risk to your patients. How do you plan on meeting your quality guidelines? If we keep taking money out of the safest way to image the heart, we will never have the Echocardiographers necessary to meet those guidelines. I beg you to reconsider.

Sincerely yours,

Thaddeus Alexander

Cardiovascular Imaging
12521 West Kenny
Wichita, KS 67235

316-721-5495

Submitter : Mrs. Kathleen Nachazel **Date:** 08/28/2007

Organization : UPMC Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer who provides physical medicine and rehabilitation services to the professional dancers at the Pittsburgh Ballet Theater. I am contracted to the Pittsburgh Ballet thru UPMC Sports Medicine in Pittsburgh, Pennsylvania. I have a bachelor s degree from Ohio University in Sports Science with an emphasis in Athletic Training.

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,

Kathleen Nachazel, ATC
Manager, Athletic Training and Development

Submitter : Mr. Myron Cullen **Date:** 08/28/2007

Organization : St. Alexius Medical Center

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a Certified Atheltic Trainer working in a clinical setting. I happen to be the Assistant Director of our outpatient facility that provides physical and occupational therapy services.

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,

Myron Cullen MS,ATC,CSCS

Submitter : **Date: 08/28/2007**

Organization :

Category : **Health Care Provider/Association**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Submitter : **Dr. Walter Weiss** **Date: 08/28/2007**

Organization : **Nassau Anesthesia Associates**

Category : **Physician**

Issue Areas/Comments

GENERAL

GENERAL

see attachment

Submitter : **Dr. William Goldstein** **Date: 08/28/2007**

Organization : **Haverford 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.

William Goldstein, M.D.

Haverford Anesthesia Associates

Submitter : **Dr. Renee Davis** **Date: 08/28/2007**

Organization : **University Anesthesia Associates - Cincinnati**

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 stress the long-standing need for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. Having heard about the history of our current reimbursement status since I finished residency in Anesthesiology in 1995, 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, especially in an academic center where we see the "sickest" patients with the most complex health issues 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 inequity. 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. Scott Rawlings **Date:** 08/28/2007

Organization : Crawford Memorial Hospital

Category : Individual

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Scott Rawlings, I am a certified athletic trainer employed by crawford memorial hospital. I have a Masters Degree in exercise science and a bachelors of science in kenisology with an emphasis in athletic training. I have been employed in this feild for 5 years and currently work as a physician extender in an orthapedic surgeons office and in the secondary school systems in our rural southeasetrn Illinois county. Through my career i have worked in industrial medicine settings treating work hardening patients and patients recovering from athletic injuries.

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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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,

Scott W. Rawlings,MS,ATC
Certified Athletic Trainer

Submitter : **Ms. Nicole Pinnock** **Date: 08/28/2007**

Organization : **Howard University**

Category : **Other Health Care Professional**

Issue Areas/Comments

Therapy Standards and Requirements

Therapy Standards and Requirements

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,

Nicole Pinnock MS, ATC

Submitter : **Mr. Brad Hall** **Date: 08/28/2007**

Organization : **ForTec Medical Inc**

Category : **Other Health Care Provider**

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-1385-P-9557-Attach-1.DOC

ForTec Medical Inc.®
Your Medical Laser Rental Company

#9557

August 27, 2007

Mr. Romano
Centers For Medicare & Medicaid Services
CMS-1385-P
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, Maryland 212244-1850

Dear Mr. Romano,

I am pleased that CMS has issued the proposed regulations published July 2, 2007 relating to the Physician Fee Schedule for 2008 which included further clarifications of the Stark regulations. It is clear that CMS/HHS has a good understanding of the questionable business ventures that plague the healthcare industry and if left unchecked by your authority, these self-referring entities stand to contribute greatly to the rising costs of medical care in the United States.

ForTec Medical pioneered the surgical laser outsource industry. For almost 20 years, we have been providing independent high quality surgical laser services to thousands of hospitals in cities and communities throughout the Eastern US. While mobile ESWL Lithotripsy has historically found "protection" from the Stark Laws, many of these same LLCs have most recently introduced other types of medical equipment into their business model including diagnostic devices, prostate cryotherapy, and surgical lasers for kidney stones and BPH.

Perhaps the motive of adding surgical lasers along side mobile ESWL Lithotripsy equipment can be best understood by reviewing attachment #1, which is the American Lithotripsy Society's *Membership Announcement* dated May 18, 2005. Along with a name change notice, you can read several mission-type statements like "protect the practicing urologist", "promoting the broader interests of the practicing urologist", "protecting your economic interest in new technologies".

ForTec has experienced a tremendous growth in unfair competition from physician owned laser companies who self-refer kidney stone and prostate lasers for patient treatment. Many of my sales team members can account instances where surgeons have applied "influence" with hospital administrators to use the company in which they have an investment. There are numerous occasions where my company's' contracts have been blatantly breached by facilities who felt they had no choice but to "do business" with Dr. "S"s' company. There are

the brave others, who have stood their ground and chosen to honor their existing contract only to find that Dr. "S" eventually steered his patients to a competiting hospital across town who was willing to welcome the new business from Dr. "S".

Since Dr. "S" has access to OR pricing, this valuable insight can be used to establish lucrative pricing points at which his company can charge. I know of scenarios where LLC pricing was established at well above market and would characterize this practice as being "abusive". Abusive in the sense that case costs were nearing double of what the market would normally bear.

The medical industry has historically benefited from competition that was free of physician ownership influence. Independent (non-physician owned) equipment companies have created a market that delivers new technology in abundance, efficiently, and at affordable costs to healthcare facilities everywhere. The phenomenon of physician LLC business ventures eliminates competition due to doctor influence. In many cases, LLC ventures charge higher than fair market costs to healthcare facilities. Finally, surgeon investment has and will place focus on what is owned by the physician (or his company) and not necessarily the treatment that is best for the patient.

Further insights can be revealed upon reading the front cover article (attachment #2) of a company newsletter published by a physician owned LLC who delivers mobile ESWL Lithotripsy, prostate (BPH) laser, and kidney stone laser services to its members. In the second paragraph, its CEO states that "its ventures have made over $250 million in distributions to its members". In a large part, those "distributions" were enabled via the profits from Medicare and private insurance reimbursements for services rendered. The vast majority of those revenues were born out of physician investment in equipment that was self referred for patient treatments.

As a prospective patient I want my surgeon to provide the treatment that is best for me and not just use the equipment in which he is invested. All treatments for kidney stones and prostate (BPH) vaporization are not created equal. Each treatment brand has its' unique degree of efficacy, costs, and reimbursement levels and some are clearly better than others.

Fair market pricing should prevail over LLC owner influence. Clinical efficacy (not financial gain) should be the determining factor in patient treatment choices. ForTec offers a multitude of different BPH and kidney stone treatments from which a surgeon can choose depending on what is most appropriate for the

patient...independent of physician ownership. If all BPH treatments were reimbursed at the same value, the most effective treatment of choice would stand alone.

Again, *thank you* for taking your position as represented in the proposed regulations. There is no doubt that if passed, the regulations will return focus on the patient and efficacy, rather than the financial advantages of owning (and the profits from) one technology over another.

Sincerely,

Bradford P. Hall
Director Sales and Marketing
ForTec Medical, Inc.

ATTACHMENT #1

Membership Announcement
May 18, 2005

Since 1987 the American Lithotripsy Society (ALS) has served a vital function for the urologic community: To promote the study and management of stone disease and to protect the economic interest of physician ***ownership in lithotripsy technology.***

As new technologies have emerged, urologists are now in the position to explore opportunities in ownership and utilization of new surgical and therapeutic technologies. In order to more fully encompass both **Lithotripsy** and other emerging procedures, the American Lithotripsy Society has expanded efforts to address and protect the practicing urologist(s).

The American Lithotripsy Society has evolved into the Urology Society of America (USA) in order to continue its support of lithotripsy, promote and serve the urologist's scientific and economic interest in future technologies, and address related urology practice issues. The Urology Society of America is not de-emphasizing ***lithotripsy***, but rather continuing to serve the lithotripsy community while expanding its role of promoting the broader interests of the practicing urologist.

Doctor, what does this mean to you??
By becoming a member of the Urology Society of America you will be joining an organization which is unique in its function to serve you, the practicing urologist, by reporting on emerging technologies and practice management issues, protecting your economic interest in new technologies while continuing to support lithotripsy technology and ownership as previously accomplished by the America Lithotripsy Society.

Allied, Clinical and Urology Practice personnel, what does this mean to you??
The Urology Society of America will continue to serve the needs of the allied members whose main focus and interest is lithotripsy. The Renal Certification Exam and re-certification for allied members will continue to be offered by USA. Certification of lithotripsy sites will continue through our partnership with the Accreditation Association of Ambulatory Health Care (AAAHC). We will continue to address lithotripsy-related subjects at meetings and allied forums. The Urology Society of America will continue to be your best resource and opportunity to network with other lithotripsy professionals. For practice managers, urology practice staff and health care administrators, the Urology Society of America will continue to provide information on subjects important to you: continuous quality improvement, practice management, billing, coding and medical records management, to name a few.

If you were a previous member of ALS, you will want to become a member of the successor organization, USA. If you have submitted your 2005 membership dues to the Urology Society of America, we thank you for your support and pledge to continue to serve your interests now and in the future. If you have not yet sent in your membership dues, we urge you to become a member today by returning in the enclosed dues invoice with your payment. We look forward to continuing to expand the mission of the practicing urologist and lithotripsy providers in the future. We are excited about the 2006 annual meeting in San Francisco, March16-19, 2006. If you have any questions please contact the USA office at 781-895-9078 or www.urologysocietyamerica.org

ATTACHMENT # 2

[redacted] is continuing to implement its much-anticipated ownership restructuring with a June 30 completion date. A comprehensive redemption program is the cornerstone of the restructuring effort and affords [redacted] members the "exit strategy" many have inquired about over the years.

Since its inception, [redacted] and its joint ventures have made over $250 million in distributions to its members – proving itself a reliable, high quality provider of medical services as well as a superior investment for [redacted] owners. However, the same investment model that has made [redacted] so successful over the years needs to be changed to assure [redacted] continued success and long-term viability.

"... the same investment model that has made [redacted] so successful over the years needs to be changed to assure [redacted] continued success and long-term viability."

After a year of deliberation, the [redacted] Board authorized the comprehensive redemption program for [redacted] members who no longer practice urology. The comprehensive redemption program offered a one-time, voluntary buyout for qualified [redacted] members. Approximately 15% of [redacted] units were redeemed, effective March 31, 2007, with a total of $7 million payout to those who opted for the buyout.

The comprehensive redemption program offers the long-term plan [redacted] has been seeking. "We're very pleased to have offered this program to the [redacted] physicians who have been so supportive over the years, while at the same time leaving the company in a much more competitive position for the future" said [redacted] Chairman of the Board and Chief Executive Officer [redacted]

The next step of the ownership restructuring is the sale of additional [redacted] units to actively practicing [redacted] members. Eligible members will have the opportunity to purchase additional units up to a pre-determined level. The goal of fairness was crucial in developing this offering. All actively practicing members will now have the opportunity to own the same number of units as all other members. This new offering will be completed by June 30 and all members purchasing additional units will be eligible for the second quarter 2007 distribution on the additional units.

Submitter : Mrs. Bridget Avery **Date:** 08/28/2007

Organization : Kishwaukee Community Hospital

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Bridget Avery and I am a certified athletic trainer in Sandwich, IL. I am nationally certified by the NATA-BOC and posess a master's degree in Exercise and Sport Science. I currently work in the secondary school 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.

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,

Bridget M. Avery, MS, ATC