

**AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS**

THOMAS A. MARSHALL, *Executive Director*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org



President
TROY M. TIPPETT, MD
Pensacola, Florida



**CONGRESS OF
NEUROLOGICAL SURGEONS**

LAURIE BEHNCKE, *Executive Director*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@1CNS.org

President
P. DAVID ADELSON, MD
Phoenix, Arizona

August 7, 2009

Rebecca J. Patchin, MD, Chair
Board of Trustees
American Medical Association
515 N. State Street
Chicago, IL 60654

Dear Dr. Patchin,

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), we are writing to express our profound disappointment that the AMA provided an unqualified endorsement of H.R. 3200, the America's Affordable Health Choices Act. America's neurosurgeons strongly support improving our nation's healthcare system. The AANS and CNS firmly believe, however, that as currently constructed, this bill goes far beyond what is necessary to fix what is broken with our healthcare system. Rather than pursuing a carefully targeted set of reforms that are based on AMA's longstanding principles and policies, the AMA has backed a bill that is riddled with provisions that are detrimental to physicians and patients and, if enacted, this legislation could amount to a complete government takeover of healthcare.

Furthermore, this bill is at odds with the AMA's own stated vision of health system reform:

AMA Reform Provision	H.R. 3200	AANS/CNS Comment
Protects the sacred relationship between patients and their physicians, without interference by insurance companies or the government		The bill imposes new agencies and more bureaucracy and government involvement than currently exists, which will ultimately interfere with the doctor-patient relationship
Provides affordable health insurance for all through a choice of plans		The inclusion of the public plan option will likely lead to more and more people being covered by this government run plan; thus eliminating choice.
Eliminates denials for pre-existing conditions		
Promotes quality, prevention and wellness initiatives		However, new quality requirements heavily involve the government in determining what constitutes quality medical care.
Repeals the Medicare physician payment system that harms seniors' access to care		Eliminates the current SGR debt and creates 2 new spending targets, but essential elements of the current SGR formula remain in place.
Eases the crushing weight of medical liability and insurance company bureaucracy		There is not a single proven medical liability reform provision in the bill.

Finally, the AANS and CNS seriously question the AMA's strategy to provide a blanket endorsement in exchange for a "seat at the table" and for some commitment by House leaders and the President to ensure that the SGR reforms included in this bill are adopted in the final healthcare reform legislation. Congress is not going to let these SGR cuts go into effect and the AMA therefore need not have taken the extreme action of supporting this bill *in toto* -- particularly before a final version was developed. Rather, the AMA could have pursued a more measured course by delineating its position on specific provisions contained in the legislation.

We did not believe that a false promise of SGR reform was worth the long term detrimental effects of this legislation and therefore the AANS and CNS opposed H.R. 3200. The following underscores some of the reasons why we chose this course of action:

- No effective medical liability reforms are included in the bill.
- The government will determine standards of medical care by identifying, developing, evaluating, disseminating, and implementing best practices in the delivery of health care services.
- Ultimately, the public health insurance option will lead to a single-payer, government run healthcare system.
- Under the public health insurance option, the government is empowered to implement rules that would restrict patients' choice of physician and limit timely access to quality specialty care.
- The bill fails to recognize the looming workforce shortages in surgery by requiring that all unused medical residency training slots be allocated to primary care and by placing the emphasis on national workforce policy on primary care, to the exclusion of surgical and other specialty care.
- The bill inappropriately expands the government's involvement in determining the quality of medical care and residency training programs.
- The bill permits the government to arbitrarily reduce reimbursement for valuable, life-saving specialty care for elderly patients, threatening treatment options.
- Patient-centered healthcare is threatened by provisions related to comparative effectiveness research, changes to office-based imaging and curtailing the development of physician-owned specialty hospitals.
- The bill potentially stifles medical innovation and valuable continuing medical education programs.

Looking forward, the AMA now has a chance to redirect its efforts and take a firm stand on what should and should not be included in healthcare reform legislation. Clearly the AMA should continue to advocate for the principles contained in its health system reform vision statement. In addition, the AMA must also pursue a path that allows patients and physicians to take a more direct role in their healthcare decisions, and insist on a patient-centered healthcare system that includes the following principles:

- **Choice of Health Plan.** Every person in the United States should have the ability to choose his or her health insurance plan. This goal is realistic and achievable by restructuring the tax code. Patients should not be required to enroll in any particular health plan and physicians should not be required to participate in any particular health plan.
- **Choice of Physician.** Every person in the United States should have the ability to choose his or her physician.
- **The Right to Privately Contract.** The right to privately contract is a touchstone of American freedom and liberty. Patients should have the right to choose their doctor and to enter into agreements as to the fees for those services. By allowing patients to privately contract with their physicians, patients will have greater access to physicians and the government will have budget certainty.
- **Determination of Quality Care.** The determination of quality medical care must be made by the profession of medicine, not by the government. Standards of care are currently developed, adopted and implemented by physicians through their specialty medical societies. Legislation that would allow the government or other third party payers to make determinations of what constitutes quality medical care are rooted in cost containment. Provisions such as those that relate to Comparative Effectiveness Research that can be tied to payment or coverage determinations (i.e. payment for the most “effective” care) interfere in the patient-physician relationship and are not in the patient’s best interest.

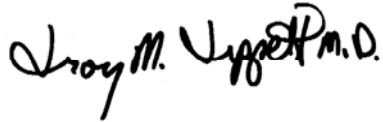
It is equally important that the AMA stand up to Congress and the President and **vocally and publicly object** to those elements of reform that are not in the best interests of physicians and patients. In addition to the list of concerns about H.R. 3200 that we cited above, there are several other problematic provisions under consideration that the AMA must outright oppose. These include proposals calling for a super-MedPAC, Independent Medicare Advisory Council (IMAC) or other similar concepts (e.g., the proposal directing the IOM to make recommendations on ways to address geographic payment disparities and incorporate a value index in Medicare reimbursement systems) that would take Medicare payment policy out of the hands of Congress and place it under the control of unelected policymakers. Furthermore, the AMA has strong policy against such things as mandatory/punitive pay-for-performance and budget neutral increases in primary care reimbursement. While these items have not yet found their way into the current House healthcare reform legislation, we anticipate that they will materialize in future bills and so the AMA needs to draw a line-in-the-sand and vigorously oppose these concepts before they gain traction.

Now is the time for the AMA to take a stand on all of these topics. Congress is in recess for the next 4 weeks and new healthcare reform legislation – in the House and Senate -- will continue to take shape during this period. Therefore, the AMA has a fresh opportunity to publicly weigh-in on these important subjects. We certainly encourage the AMA to pursue a multi-pronged strategy for getting the word out. These efforts should include, among other things, placing op-eds in national and local newspapers; paid and earned media; organizational sign-on letters to Congress; and – perhaps most importantly – ramping up grassroots activities by calling on all physicians from across the country to contact Congress (via personal in-district meetings, letters, emails and phone calls) on **all these critical issues**, rather than what we understand to be the AMA’s plan to only focus grassroots efforts on the SGR.

This is a strategy that America’s physicians can get behind.

Thank you for considering our thoughts and recommendations.

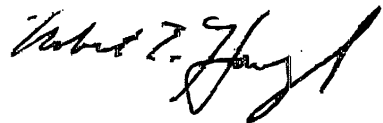
Sincerely,



Troy M. Tippet, MD, President
American Association of Neurological Surgeons



P. David Adelson, MD, President
Congress of Neurological Surgeons



Robert E. Harbaugh, MD, Chairman
AANS/CNS Washington Committee

cc: AMA Board of Trustees
AANS Board of Directors
CNS Executive Committee
AANS/CNS Washington Committee
AANS/CNS Delegates to the AMA

Staff Contact:

Katie O. Orrico, Director
AANS/CNS Washington Office
725 15th Street, NW
Suite 500
Washington, DC 20005
Direct Dial: 202-446-2024
Facsimile: 202-628-5264
E-mail: korrico@neurosurgery.org