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March 10, 2010

The Honorable Nancy Pelosi
Speaker of the House
U.S. Capitol
Washington, DC 20515

The Honorable Harry Reid
Majority Leader, U.S. Senate
U.S. Capitol
Washington, DC 20510

Dear Speaker Pelosi and Majority Leader Reid:

On behalf of the more than 7,500 physical medicine and rehabilitation physicians (also known as physiatrists) serving the needs of people with disabilities and chronic conditions, a distinctly vulnerable part of the patient population in our current health care system, the American Academy of Physical Medicine and Rehabilitation (AAPM&R) offers our recommendations on a number of proposals in the House and Senate bills as you work towards a final agreement on health care reform legislation.

Physiatrists focus on restoring function in patients with problems ranging from physical mobility issues to complex cognitive problems by using a wide variety of interventions and as a result, the patients we treat are among the most vulnerable. Our members diagnose and treat adults and children with a range of conditions, including acute and chronic pain, persons who have experienced catastrophic events, resulting in paraplegia, quadriplegia, or traumatic brain injury, rheumatologic conditions, musculoskeletal injuries, and individuals with neurologic disorders such as stroke, multiple sclerosis, polio, amyotrophic lateral sclerosis (ALS) or any other disease process that results in impairment and/or disability. Medicare patients constitute a very large portion of the patients of this specialty and services are furnished in rehabilitation hospitals, skilled nursing facilities, outpatient facilities, and in the physicians' offices.

AAPM&R commends your efforts thus far and, as physiatrists perform a pivotal role in overseeing and providing quality patient care to those with, or at risk for, temporary or permanent disabilities, we make the following recommendations as you reconcile the differences between your two bills:

First and foremost, we must insist that any health reform bill: 1) fixes the impending 21 percent cut in FY 2010 by repealing the Medicare Sustainable Growth Rate (SGR) formula, and 2) either completely repeal the current therapy caps policy or permanently extend the related exceptions process. Both are temporary policies that must be resolved once and for all so that we can guarantee access to quality care for seniors and people with disabilities.

In addition, we support the following critical aspects of healthcare reform in any final health reform bill to ensure that healthcare reform truly meets the individual needs of person with disabilities and chronic conditions:

Insurance Market Reforms:

Health reform must, amongst other priorities, 1) eliminate pre-existing condition exclusions, 2) eliminate discrimination based on health status or disability in determining insurability or premium levels, 3) prohibit the increase in premium rates and denial of coverage based on health status or disability, and 4) ensure that health benefits in all plans cover inpatient and outpatient rehabilitation and habilitation services in other settings of post acute care, including: pain care services, pain management, as well as assistive and adaptive devices such as orthotics, prosthetics, power wheelchairs, and other devices that improve function in patients with medical diagnoses.

Investment in Research and Related Reforms:

Health reform must 1) increase support for Comparative Effectiveness Research (CER) and other similar investments in research to improve the quality and decrease the costs for individuals with disabilities and those at risk for disabling conditions, and 2) underlying all of our priorities in this letter is a core principal for our members, namely, incorporating measurements of function and functional improvements into the health care system that will provide the tools to evaluate interventions, including physiatry services and care, and their impact on patient outcomes and cost-effectiveness.

Medicare Reforms:

Health reform must 1) protect seniors and patients with disabilities from unintended consequences of “bundled” payments, 2) avoid empowering any independent commission or other entity to mandate payment cuts for physicians and other providers subject to expenditure targets and other potential payment reductions as a result of payment formulas, 3) refrain from wasting federal resources to again research the cost effectiveness of allowing physical therapists to evaluate and treat Medicare patients without a requirement for a physician referral, and 4) maintain patient choice and access to the most appropriate power mobility device by maintaining the first month purchase option.

We look forward to passage of health reform legislation so that our members can continue to deliver high quality medical services to all patients including the disabled and those with chronic conditions. Please contact Suzanne Butler (sbutler@aapmr.org) if the Academy can be of any assistance. Thank you for your continuing leadership on behalf of patients and providers.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Elizabeth Sandel".

M. Elizabeth Sandel, M.D.
President