

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



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

TROY M. TIPPETT, MD
Pensacola, Florida

President

P. DAVID ADELSON, MD
Phoenix, Arizona

August 7, 2009

L.D. Britt, MD, Chair
Board of Regents
American College of Surgeons
633 N. Saint Clair Street
Chicago, IL 60611-3211

Dear Dr. Britt,

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 American College of Surgeons 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 surgery's longstanding principles and policies, the ACS 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.

The AANS and CNS also seriously question the ACS'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 ACS therefore need not have taken the extreme action of supporting this bill *in toto* -- particularly before a final version was developed. Rather, the ACS could have pursued a more measured course by delineating its position on specific provisions contained in the legislation.

Finally, the AANS and CNS are disappointed with the process that the ACS undertook to make this important decision. As you know, we have been actively participating in the ACS-led surgical coalition. Through this affiliation, we have supported "Operation Patient Access"; our staffs have been meeting regularly; we have collaborated on letters to Congress and other lobbying activities; we have coordinating grassroots messages; and our leadership has attended several in-person meetings and conference calls. Despite all this activity, the AANS and CNS and other surgical specialty societies were given no opportunity to provide meaningful input into the discussions and decision making process. Indeed, as we understand it, this decision was not even made by the full Board of Regents, but only by the Executive Committee, and therefore neurosurgery's own representative on the Board was not consulted as well.

Dr. Britt, going forward we hope to continue the collaborative spirit in which we had been working. To that end, and to avoid being at odds with one another in the future, we want to make sure that you fully understand our position on healthcare reform. 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.

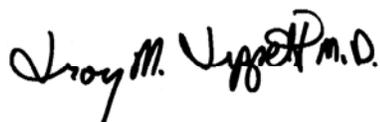
The ACS now has a chance to redirect its efforts and take a firm stand on what should and should not be included in healthcare reform legislation, and we believe that ACS must pursue a path that allows patients and physicians to take a more direct role in their healthcare decisions, and insist on a patient-centered 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.

Now is the time for the ACS to take a stand on all of the critical healthcare reform issues facing surgeons and their patients. 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 ACS has a fresh opportunity to publicly weigh-in on these important subjects. We certainly encourage the ACS 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 surgeons from across the country to contact Congress (via personal in-district meetings, letters, emails and phone calls) on **all the important healthcare reform issues**, rather than only focusing grassroots efforts on the SGR and the Super-MedPAC/IMAC issue. The AANS and CNS stand ready to help make all this happen.

Thank you for considering our thoughts and recommendations.

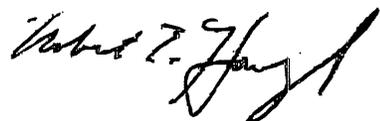
Sincerely,



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: Martin B. Camins, MD
Thomas R. Russell, MD
AANS Board of Directors
CNS Executive Committee
AANS/CNS Washington Committee
ACS Advisory Council for Neurosurgery

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