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On Eve of Finance Committee Action Neurosurgeons Announce Senator Baucus' Healthcare Bill Seriously Misses the Mark

The Nation's Brain and Spine Surgeons Also Express Disappointment in the Process

(Washington, DC) –The [American Association of Neurological Surgeons](#) (AANS) and [Congress of Neurological Surgeons](#) (CNS) announced their opposition to the “[America's Healthy Future Act of 2009](#),” recently released by [Senate Finance Committee Chairman Max Baucus](#). Additionally, while Senator Baucus pushes ahead to finalize sweeping healthcare legislation extending coverage to the uninsured and controlling increasing healthcare costs, the AANS and CNS cannot ignore several key issues which are vital to any overhaul plan and are missing from this bill including: concrete options for **proven medical liability reform** and protections to ensure **patient choice of physician**, including **the right of patients to privately contract with their physicians** (which allows for greater access to physicians and budget certainty for the government).

Troy M. Tippett, MD, President of the AANS, states, “There is a real urgency to have our voice heard. The Senate Finance Committee will begin voting on this bill this week and as it is now drafted, the bill is extremely detrimental for physicians and our patients. As surgeons, we are especially concerned that this bill fails to recognize or address the looming **workforce shortages in surgery and specialty care** which will greatly impact the next generation of Americans. In the year 2025, we'll need 41,000 surgeons who simply just won't be there.”

“We are pleased that this bill does not include a **public option**, but remain concerned that the alternative co-op proposal may likewise lead to a government-run plan, which we believe will ultimately reduce insurance options and eliminate personal choice,” comments **P. David Adelson, MD**, President of the CNS.

“Unfortunately, this bill fails patients and doctors because it imposes new agencies and more bureaucracy and government than currently exists, which will ultimately interfere with the doctor-patient relationship.”

The AANS and CNS find the following provisions to be particularly alarming:

- 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.
- The bill is devoid of proven **medical liability reforms** and merely includes a “Sense of the Senate” encouraging states to develop and test alternatives to the current civil litigation system as a way of addressing the medical liability problem. It is well established that medical liability reform will improve patient access to care and reduce defensive medicine costs, which have been estimated at \$210 billion per year and could help finance expanded health coverage.
- The bill inappropriately expands the government's involvement in determining the **quality** of medical care and resource use. Doctors are mandated to participate in the Physician Quality Reporting Initiative (PQRI) -- which does not effectively measure quality – or their fees will be cut by 2%. Physicians who fail to comply with national resource use benchmarks faces cuts of 5%.
- The temporary one-year SGR “patch” to replace the 21.5% payment cut in 2010 with a 0.5% payment increase does little to address the serious underlying problems with the current Medicare physician payment system and compounds the accumulated **SGR debt**, causing a payment cut of approximately 28% in 2011. The Congressional Budget Office (CBO) has confirmed that a “significant reduction in physicians' participation in Medicare would reduce beneficiaries' access to services.”

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- Unchecked by Congress or the courts, the Secretary of the Department of Health and Human Services would have unprecedented authority through, among other things, the new CMS Innovation Center and the new Independent Medicare Commission to make significant **changes to the Medicare** program, which permits the government to arbitrarily reduce reimbursement for valuable, life-saving specialty care for elderly patients, thereby threatening treatment options.
- Patient-centered healthcare is threatened by provisions curtailing the development of **physician-owned specialty hospitals** and changes to **office-based imaging**.

Furthermore, AANS and CNS leaders are disappointed in the process leading to the development of this bill. “Over the last several months, at the invitation of Senator Baucus, we, along with other medical professional organizations, have provided valuable input -- as a strong voice from the ‘front lines’ -- to help shape the future face of healthcare in America,” added Dr. Tippett. “And while we were thankful for this collaborative opportunity during this monumental reform process, we are very disappointed that virtually none of our recommended changes are reflected in this bill, calling into question the value of this process.”

“We applaud lawmakers and [the president](#) in their dedicated efforts to provide affordable healthcare for all Americans and we wholeheartedly agree that healthcare reform measures are needed at this time. However, the [AANS](#) and [CNS](#) support a carefully targeted set of reforms, which improve the broken aspects of our present system. We stand firm that dismantling our current framework or creating a huge government bureaucracy is not necessary to achieve meaningful healthcare reform,” concluded Dr. Adelson.

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The American Association of Neurological Surgeons (AANS), founded in 1931, and the Congress of Neurological Surgeons (CNS), founded in 1951, are the two largest scientific and educational associations for neurosurgical professionals in the world. These groups represent approximately 7,600 neurosurgeons worldwide. Neurological surgery is the medical specialty concerned with the prevention, diagnosis, treatment and rehabilitation of disorders that affect the entire nervous system, including the spinal column, spinal cord, brain and peripheral nerves.