

The Honorable Larry Bucshon, M.D.
1005 Longworth House Office Building
Washington, DC 20515

The Honorable Raul Ruiz, M.D.
1319 Longworth House Office Building
Washington, DC 20515

The Honorable Kenny Marchant
2369 Rayburn House Office Building
Washington, DC 20515

The Honorable Ron Kind
1502 Longworth House Office Building
Washington, DC 20515

November 1, 2017

Dear Representatives Bucshon, Ruiz, Marchant and Kind:

We are writing to convey our strong support for H.R. 4206, “The Medicare Care Coordination Improvement Act of 2017.” Your legislation would substantially improve care coordination for patients, improve health outcomes and restrain costs by allowing physicians to participate and succeed in alternative payment models.

The bill would modernize the “Stark” self-referral law that was enacted nearly 30 years ago and pose barriers to care coordination. The Stark Law prohibits payment arrangements that consider the volume or value of referrals or other business generated by the parties. These prohibitions stifle care delivery innovation by inhibiting practices from incentivizing their physicians to deliver patient care more effectively and efficiently because the practices cannot use resources from designated health services in rewarding or penalizing adherence to clinical guidelines and treatment pathways.

Congress recognized the Stark Law was a barrier to care coordination long ago when it authorized the Secretary at the Department of Health and Human Services (HHS) to waive the self-referral and anti-kickback prohibitions for Accountable Care Organizations. MACRA’s full potential can only be achieved by modernizing this law for physician-led APMs as well.

“The Medicare Care Coordination Improvement Act of 2017” will provide CMS with the regulatory authority to create exceptions under the Stark Law for alternative payment models and to remove barriers in the current law to the development and operation of such arrangements. Specifically, the bill would

1. Provide HHS the same authority to waive the prohibitions in the Stark Law and associated fraud and abuse laws for physicians seeking to develop and operate APMs as was provided to Accountable Care Organizations in the Affordable Care Act;

2. Remove the “volume or value” prohibition in the Stark Law so that physician practices can incentivize physicians to abide by best practices and succeed in the new value-based alternative payment models. This protection would apply to physician practices that are developing or operating an alternative payment model (including, Advanced APMs, APMs approved by the Physician-Focused Payment Model Technical Advisory Committee, MIPS APMs and other APMs specified by the Secretary).
3. Ensure that CMS’s use of its current administrative authority promotes care coordination, quality improvement and resource conservation.

We are at the dawn of a new delivery paradigm that can deliver improved patient outcomes and control costs. But that vision can only be achieved if antiquated laws based on dated treatment delivery schemes are modernized and physicians are allowed to succeed for their patients. Your legislation would do much to advance that vision into reality.

Sincerely,

American Academy of Neurology
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Gastroenterology
American College of Rheumatology
American Gastroenterological Association
American Medical Association
AMGA
American Society for Gastrointestinal Endoscopy
American Society of Mohs Surgery (ASMS)
American Society of Nuclear Cardiology
American Society of Neuroimaging
American Urological Association
Cardiology Advocacy Alliance
Congress of Neurological Surgeons
Digestive Health Physicians Association
LUGPA
Medical Group Management Association
National Association of Spine Specialists
Society for Cardiovascular Angiography and Interventions
Society for Vascular Surgery
The OrthoForum