

February 26, 2013

The Honorable Dave Camp  
Chairman  
Committee on Ways & Means  
U.S. House of Representatives  
1102 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Sander Levin  
Ranking Member  
Committee on Ways & Means  
U.S. House of Representatives  
1106 Longworth House Office Building  
Washington, D.C. 20515

Dear Chairman Camp and Ranking Member Levin:

The undersigned organizations urge you to preserve the in-office ancillary services exception (IOASE) to the “Stark” law. There is widespread agreement that improving the U.S. healthcare system will require more care coordination, not less. The IOASE recognizes that referral within a group practice promotes continuity of care in a setting that is lower cost and more convenient to the patient.

Ancillary services are essential tools used on a daily basis by practices seeking to provide comprehensive services to their patients. Limiting the IOASE would force patients to receive ancillary services in a new and unfamiliar setting, increase inefficiencies, present significant barriers to appropriate screenings and treatments, and make health care less accessible. In its June 2011 Report to Congress, MedPAC recommended against limiting the Stark law exception for ancillary services, citing potential “unintended consequences, such as inhibiting the development of organizations that integrate and coordinate care within a physician practice.” Limiting the IOASE also would result in care being shifted into more expensive settings, raising costs to Medicare beneficiaries and the program substantially.

The medical profession has taken significant steps to ensure that only medically necessary and appropriate ancillary services are performed. These steps include the development and implementation of training guidance, appropriate use criteria, practice guidelines, and decision support tools which assist physicians in delivering the most appropriate care. Congress and the Department of Health and Human Services have heavily regulated the provision of such services, through the Stark law and elsewhere. Physicians and group practices relying on this exception must meet complex billing, supervision, and location requirements.

Our organizations seek to protect Medicare beneficiaries and taxpayers alike by providing high quality, ethical care in a setting that benefits the patient and facilitates care coordination. We therefore urge you to preserve the IOASE contained in the “Stark” law.

Sincerely,

American Academy of Neurology  
American Academy of Ophthalmology  
American Association of Neurological Surgeons  
American Association of Neuromuscular & Electrodiagnostic Medicine  
American Association of Orthopaedic Surgeons  
American College of Cardiology  
American College of Gastroenterology  
American College of Surgeons  
American Gastroenterological Association  
American Medical Group Association  
American Society for Gastrointestinal Endoscopy  
American Society of Echocardiography  
American Society of Neuroimaging  
American Society of Nuclear Cardiology  
American Urological Association  
Association of Black Cardiologists  
Cardiology Advocacy Alliance  
Congress of Neurological Surgeons  
Large Urology Group Practice Association  
Medical Group Management Association  
Society for Vascular Surgery  
Society for Cardiovascular Angiography and Interventions

cc: House Ways & Means Committee members