

ACC Statement on Health Care Reform

Washington, D.C. – The American College of Cardiology’s (ACC) President, Alfred A. Bove, M.D., today made the following statement on health care reform:

“No matter what path the President and Congress choose to move legislation forward, health care reform is critically needed to increase patient access, improve quality outcomes, and reduce unnecessary health spending, much of which is administrative waste.

“By working with physicians, nurses, and professional societies like the American College of Cardiology, Congress and the Administration can get this done in a cost-effective manner. Cardiologists support many of the important provisions in both bills, but we have major concerns about other provisions that should be addressed in the proposed health care reform legislation.

“To achieve true health care reform, we believe that any legislation should do the following:

- Eliminate the sustainable growth rate (SGR) and replace with a formula that protects practice viability, promotes quality and improves outcomes
- Eliminate the polarizing Independent Payment Advisory Board (IPAB) and seek cost-containment strategies that focus on the entire delivery system and protect the patient-physician relationship
- Eliminate the divisive public option
- Include resources for payment and delivery system reform experimentation and pilots
- Eliminate the ban on specialty hospitals
- Include reasonable tort reform measures to reduce defensive medicine

“We believe that by eliminating the SGR, we can take the political gamesmanship out of health care and ensure that patients once and for all don’t need to rely on Congress every other year to make sure they have access to their doctor. Meaningful tort reform means physicians can practice medicine based on what’s best for the patients rather than out of fear of litigation. And, by eliminating the IPAB, decisions about physician services and patient care will rightfully remain under the oversight of Congress rather than an unaccountable group of political appointees.

“Lastly, when it comes to sustaining the viability of thousands of cardiology practices nationwide, we can reverse the flawed physician-fee schedule that took effect on January 1st of this year that cuts Medicare reimbursements for cardiology services by up to 40 percent. Cardiologists are adapting by closing their private practices to become employees of hospitals, but patients will now pay three to four time higher co-pays and costs of hospital-based services for the same tests and care. This is a health care disaster.

“Nonetheless, ACC will continue to pursue every available regulatory and legislative arena available to the College to address this inappropriate public policy. Congress can start by passing and the President can sign, H.R. 4731, a bill that restores Medicare reimbursements for cardiology related services back to the 2009 levels.

“We remain committed to coming to the table with interested parties so that we can continue to protect patient access, promote the quality of care, reduce unnecessary costs, and ensure that the thousands of cardiology practices around the country remain viable.”

“This is still a time of opportunity for real health reform. Let's get beyond partisan rancor and back-door insider deals and pursue real health reform that covers all Americans, puts patients and quality first, cuts waste, and protects the patient physician relationship. This is our ethical challenge, and our economic imperative.

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