

2011 ASA Legislative Conference

Colorado had a strong presence at the annual ASA Legislative Conference this year. Drs. Dan Janik, Leslie Jameson, Randy Clark, and Jordan Sankel made a return visit to Washington. Drs. Kathleen Daetwyler (CA-1) and Kristin Woodward attended the conference for the first time. For all, a highlight was spending time with Dr. Daetwyler. It was refreshing spending time with a bright and enthusiastic resident physician who cares deeply about the future of our profession.

The Budget Deficit drove the discussion on most issues. However, we were able to present three pieces of legislation that are basically budget neutral. We also presented legislation supported by both Democrats and Republicans.

The ASA focused on four pieces of legislation.

- 1.) Expand Access to Anesthesiology Medical Care: Medicare normally reimburses anesthesiologists using Medicare Part B funds. Low Part B payment rates and a limited number of cases make retention of anesthesiologists in rural hospitals difficult. In the 1980s Congress approved a rural provider incentive. This allowed certain rural hospitals to pass the actual costs for anesthesia services through to the federal government under the Medicare Part A system normally used by hospitals. However, this law only pertains to non-physician anesthesia providers. H.R. 1044, the “Medicare Access to Rural Anesthesiology Act,” would broaden the policy and allow rural hospitals to use the already available “pass-through” funds to employ or contract with anesthesiologists as well as nurse anesthetists and anesthesia assistants. We asked Congressman Cory Gardner to co-sponsor the bill. He currently represents 7 of the 11 critical access hospitals in Colorado.
- 2.) Empower Patients- More Information for Smarter Health Care Choices: Currently there is little “transparency” of the various health care providers that interface with patients. There is evidence supporting the fact that most patients are confused about the many providers they encounter in both the outpatient and inpatient setting. H.R. 451, the “Healthcare Truth and Transparency Act,” would improve transparency in the identification of health care providers and in health care-related advertisements and marketing.
- 3.) Help Ease Drug Shortages: We have seen a significant increase in the number of drugs that are either limited or in significant shortage over the past year. Supplies of drugs we use every day, propofol, succinylcholine, neostigmine, and epinephrine, to name a few, are in extreme short supply. Obviously, patient safety may be jeopardized. We support S. 296, the “Preserving Access to Life-Saving Medications Act.”
- 4.) Prevent Medicare Service and Payment Cuts and Hold Anesthesiology Harmless. Of course we oppose SGR cuts and we would like to be held harmless. Anesthesiologists are the leaders in patient safety however, are paid at the lowest rate among all health

professionals. The new Medicare Independent Payment Advisory Board (IPAB) created by the federal health care reform legislation is likely to make our situation worse. We support H.R. 452, "Medicare Decisions Accountability Act, and S. 668, "Health Care Bureaucrats Elimination Act." (IPAB repeal bills.)

We hope to have a follow-up on some of this legislation at our annual CSA meeting, September 10-11.