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July 19, 2013

The Honorable John Larson
U.S. House of Representatives
1501 Longworth House Office Building
Washington, DC 20515

Dear Representative Larson:

On behalf of the 12,000 members of the American Society for Gastrointestinal Endoscopy (ASGE), thank you for sponsoring the “Ambulatory Surgical Center Quality and Access Act,” (H.R. 2500). I am pleased to offer ASGE’s endorsement of the legislation.

The ambulatory surgical center (ASC) is an important site of service for the practice of gastroenterology, providing a safe, patient friendly and cost effective environment for services such as colonoscopy. The majority of ASCs in which gastroenterologists practice are single specialty centers. It is estimated that of the more than 5,000 ASCs in the United States, about a quarter specialize in just gastroenterology procedures.

The ASGE is disappointed that the Centers for Medicare and Medicaid Services (CMS) is again proposing to use the consumer price index for all urban consumers (CPI-U) for updating 2014 Medicare ASC payments. CMS projects CPI-U to be 1.4 percent. When reduced, as required by the Affordable Care Act, by a productivity adjustment (estimated at 0.5 percent), the result is a 0.9 percent update for ASCs. Comparatively, the 2014 proposed hospital outpatient department (HOPD) update using the hospital market basket index is 1.8 percent. Because CMS has not exercised its discretionary authority to update ASC payments with a more appropriate update factor, legislative action is needed. Thank you for including language in H.R. 2500 that would replace CPI-U with the hospital market basket index for updating ASC payments.

Additionally, the ASGE supports the establishment of a value-based purchasing (VBP) system for ASCs in H.R. 2500. An ASC VBP system will reward ASCs for their cost-effectiveness when high-quality care is provided, while also generating additional savings to the Medicare program. CMS cannot implement an ASC VBP program without congressional action granting it such authority. We believe that in granting CMS such authority, it is critical that Congress establish program parameters. We believe that the VBP proposal in your bill sets reasonable parameters and will achieve the desired objectives of cost savings and better patient care.

The ASGE looks forward to working with you to advance this important legislation in the 113th Congress. Should you have any questions or require additional information, please contact Camille Bonta, ASGE’s Washington representative at (202) 320-3658 or cbonta@summithealthconsulting.com.

Sincerely,

Kenneth K. Wang, MD, FASGE
President
American Society for Gastrointestinal Endoscopy