

AMBULATORY SURGICAL CENTER ACCESS ACT OF 2009 (H.R. 2049)

TALKING POINTS

Current Medicare Policies Threaten Access to ASCs.

- As recently as 2003, Medicare paid ASCs 86 percent, on average, of what hospital outpatient departments (HOPDs) were paid for performing identical services. However, a multi-year payment freeze and further cuts have reduced ASC payments in relation to HOPD payments to 59 percent in 2009.
- Just as troubling, future payments to ASCs would diverge even further from hospital payments and could fall as low as 52 percent within five years.
- Medicare's payment methodology results in the further ratcheting down of ASC payments as compared to hospitals in 2009 and beyond. For example, different payment updates are used for ASCs and HOPDs even though ASCs confront the same inflationary challenges as hospitals in hiring and retaining nurses and purchasing medical supplies. ASC payment updates are based on the CPI-U—an index representing inflation in items consumers purchase—while hospital payment updates are based on a hospital market basket, representing the costs of goods and services purchased by hospitals.
- By setting rates this low, CMS is threatening the ability of ASCs to provide care for Medicare beneficiaries.
 - This means Medicare beneficiaries may have to delay needed outpatient surgery if a hospital cannot schedule the surgery in a timely manner.
 - Second, beneficiaries and Medicare would have to spend substantially more money for identical procedures in the hospital setting. For example, the beneficiary saves 57 percent when they have a colonoscopy at an ASC.
- In addition, CMS may provide different quality information on identical procedures provided in ASCs and outpatient hospital departments.

To address these problems, you should cosponsor the Ambulatory Surgical Center Access Act of 2009 (H.R. 2049).

Explain that:

- The bill would halt further payment cuts to ASCs by tying payments to HOPD rates, paying ASCs 59 percent of HOPD rates for performing the identical services as hospitals. This means beneficiaries and Medicare will always save money when a patient chooses an ASC.
- The legislation would better align the ASC and HOPD systems in a manner that is more transparent for consumers and maintain access to critical ASC services.
- The bill also requires Medicare to provide beneficiaries with more useful quality information on outpatient surgical care at ASCs and hospitals.
- The legislation would also assure patient access to same-day services at an ASC by allowing ASCs the opportunity to give a patient notifications, required by Medicare, on the day of the procedure if it is not feasible to provide the notifications further in advance.