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Joint Select Committee on Deficit Reduction

Dear Joint Committee member:

On behalf of the 15000 members of the American Thoracic Society (ATS), I would like to share with the Joint Select Committee on Deficit Reduction our thoughts on key priorities that the committee should consider. The ATS recognizes the challenging work faced by the committee and we wish the committee success in achieving its important mission. The mission of the ATS is to prevent, diagnose and cure respiratory illness, critical care illness and sleep related disorders through research, education, clinical care and advocacy.

We encourage the committee to consider the following issues:

Research is essential to the economic well being of the U.S.

There is bipartisan agreement that the fastest and most likely successful pathway to fiscal health is for the U.S. economy to grow. While many factors are required to support economic growth, continued innovation through biomedical research is an essential prerequisite ingredient. Biomedical research employs people, it solves problems that create costs, and it stimulates the development of new products and new markets for American industry. To this end, we urge the Committee to support federal research programs including the National Institutes of Health, Centers for Disease Control and Prevention, VA Medical and Prosthetic Research Program and EPA Research programs. Continued investment in each of these programs will support renewed growth in the U.S. economy and continue vital research into diseases affecting millions of Americans such as lung cancer and COPD.

Health reform is essential to addressing the budget deficit

There is also bipartisan agreement that the federal deficit cannot be successfully addressed without slowing down the growth in US health care expenditures. That is why we urge the Committee to preserve the essential elements of the Affordable Care Act (ACA). The leadership of the ATS believes that a just health system must cover all U.S. citizens. Achieving universal coverage will end the cost shifting that plagues our current system and will allow the currently uninsured to receive the basic and preventative services they currently lack. Both these lend to reduced total health care spending. The Committee should not take any steps that would impede or undermine implementation of this historic law.

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We urge the committee to be sensitive to the needs of the most vulnerable citizens of the U.S, in particular children in Medicaid and SCHIP. Medicaid enrolls the highest proportion of children with chronic illnesses like asthma, supporting the care of millions of at-risk infants and children. Reduced funding of Medicaid and the Children's Health Insurance Program will severely impact prevention and treatment programs for these vulnerable children, and will lead to increased health care costs.

We urge the committee to preserve the essential elements of these programs.

Disease Prevention and Education Are Critical to Reducing Health Care Costs

In addition to expanding health insurance and reforming the private market, we believe an important component for reducing health care expenditures is investing in prevention. Research has shown that public and patient education and prevention reduce the incidence and exacerbations of chronic diseases such as asthma, thereby reducing health system expenditures. CDC is our nation's lead agency for implementing these important disease prevention interventions and for emergency response and control of infectious diseases including influenza and tuberculosis. We urge the committee to ensure that CDC has the resources it needs to carry out its mission to promote prevention and protect public health.

A permanent SGR fix is essential to preserving the Medicare system

For years, physicians and other part B providers have dealt with the persistent uncertainty of the sustainable growth rate factor's (SGR) impact on Medicare payments. Physicians have dealt with the frustration of not knowing actual Medicare reimbursement rates until well into a calendar year, having to hold or resubmit payments after the fact to collect retroactive payments, constantly petitioning Congress for relief that both parties say they want to provide, but just cannot figure out how to do. In addition to the uncertainty physicians face, CMS has had to go to extreme lengths and logical difficulties to reprocess claims, change computer payment systems multiple times a year, costing the agency much valuable time and resources.

It is time Congress permanently fixed this problem. As the Joint Selection Committee on Deficit Reduction considers changes to federal entitlement programs like Medicare to find cost savings, we strongly urge you to use the opportunity to fix the SGR.

Maintaining Adequate Physician Supply

As the U.S. population ages, the demand for pulmonary and critical care physicians is increasing. Yet, studies by HRSA and the Committee on Manpower for Pulmonary and Critical Care Societies (COMPACCS) and others have confirmed that there is a worsening shortage of these specialists. Shortages across other specialties have also been projected by the American Medical Association. Medical Graduate Medical Education (GME) funding through Medicare provides the financing necessary to support the training of all physicians. We urge the Committee not to exacerbate existing physician shortages by reducing GME funding.

Refrain from extraneous policy riders

The American Thoracic Society strongly urges the committee to refrain from considering any extraneous policy riders. We note the important work of the appropriations process has been significantly delayed by the insistence of some members of Congress to include policy riders, particularly in the areas of environmental and occupational safety. We urge the committee to not jeopardize its important work by including policy riders.

Maintaining Global Health Leadership

Finally, the ATS urges the committee to preserve the U.S.'s continued leadership on global health. The work of the U.S. Agency for International Development is vital to the control and elimination of disease such as tuberculosis, the world's second leading infectious killer.

We hope these comments are useful as the Joint Select Committee on Deficit Reduction proceeds with its important work.

Sincerely,



Nicholas S. Hill, M.D.
President
American Thoracic Society