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July 27, 2007

The Honorable John D. Dingell
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Dingell,

I am writing on behalf of the Infectious Diseases Society of America (IDSA) to express the Society's qualified support for H.R. 3162, entitled the Children's Health and Medicare Protection (CHAMP) Act of 2007." IDSA represents more than 8,000 infectious diseases physicians and scientists devoted to patient care, education, research, and public health planning. The Society's members focus on the epidemiology, prevention, diagnosis, investigation, and treatment of infectious diseases in the U.S. and abroad.

If enacted, the CHAMP Act will expand health insurance coverage to low income children through reauthorization of the State Children's Health Insurance Program (SCHIP). Since the SCHIP was enacted in 1997, it has been praised by conservatives and liberals alike for providing health insurance coverage to millions of uninsured and underinsured children. IDSA strongly supports the CHAMP Act provisions that would reauthorize and enhance SCHIP by expanding coverage for millions more children from lower-income families.

IDSA has long called for legislation that would reform the broken physician payment formula, the Sustainable Growth Rate (SGR). The CHAMP Act includes several provisions that, taken together, would pave the way for long-term reform of the physician payment formula while also stabilizing physician payments in 2008 and 2009. These provisions include:

- Replacing negative payment cuts in 2008 and 2009 with positive updates which will protect seniors' access to medical care over the short-term.
- Repealing the SGR over the long-term in favor of smaller spending targets that group similar physician services together in six new mini-SGRs.
- Removing the cost of Part B drugs and biologicals from the new spending target calculations.
- Extending the 1.0 floor on the Medicare physician work Geographic Practice Cost Indices through 2008 and 2009.
- Reducing unfair overpayments to Medicare Advantage plans and using the savings to ensure health care access to children and seniors.

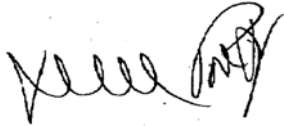
While the IDSA strongly supports these first steps towards a more equitable and stable physician payment system, we urge the Congress to use caution in

replacing the SGR with new, albeit smaller spending targets. Most specifically, we are wary of dividing evaluation and management (E&M) services into so called 1) preventive or primary care services and 2) other E&M services, including initial inpatient consultations and subsequent hospital visits.

E&M services are practiced across all specialties and are not “owned” by any particular specialty. Creating a separate spending target for primary care E&M services could further erode the ability of many cognitive subspecialties, including infectious diseases, to attract and retain physicians to their field. This may lead to future access problems to subspecialty care for Medicare beneficiaries, including those with serious infections.

IDSA looks forward to working with you and your colleagues in the coming weeks as the CHAMP Act is considered by the Congress. If you have any questions regarding our comments, please feel free to contact Jason A. Scull, IDSA’s Program Officer for Clinical Affairs, at 703/299-0200.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald Poretz', with a stylized flourish at the end.

Donald Poretz, MD, FIDSA
IDSA President-Elect