

CMS-1385-P-8454

**Submitter :** Dr. Brian Claytor

**Date:** 08/27/2007

**Organization :** University Orthopaedic Clinic, P.C.

**Category :** Physician

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

Please see comments in letter regarding CMS-1385-P.

CMS-1385-P-8454-Attach-1.DOC

# 8454.

# UOC

## University Orthopaedic Clinic & Spine Center

August 27, 2007

Via Electronic Submittal to CMS  
Centers for Medicare & Medicaid Services  
Department of Health & Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

RE: CMS 1385-P  
In Office Ancillary Services Exemption

Dear Sir or Madam:

Thank you for the opportunity to comment regarding whether changes are necessary pertaining to the Physician self-referral rules.

I am an orthopaedic surgeon practicing in a group with eight other physicians. We added physical therapy services within our group practice several years ago in compliance with the In Office Ancillary Services Exemption under the "Stark" regulations. Physical therapy is only provided to our own patients as part of a comprehensive treatment program with continuous physician oversight for better, more cost effective care. Patients are given a choice regarding where they want to have their services provided. Many patients prefer the convenience of having their physical therapy in the same location as their orthopaedic surgeon.

We have an exceptional group of 6 registered physical therapists who have chosen to practice in this environment because of superior patient outcomes due to close communication with the physicians and access to all patient medical records. Many times patients are able to begin physical therapy on the same day they are seen by the physician when physical therapy is prescribed.

H. CHESTER BOSTON, JR., M.D. ★ ▲ □  
Spinal Disorders  
Surgery of the Spine ▲

JOHN P. BUCKLEY, M.D. ★ ▲ □ □  
Arthroscopic &  
Orthopaedic Surgery  
Surgery of the Hand &  
Upper Extremity ▲

STEPHEN T. WARD, M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Total Joint Replacement ▲

DONALD S. SCOTT, M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Work Related Injuries

L. SCOTT ATKINS, JR., M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Knee & Shoulder Surgery

JAMES T. BARNETT, JR., M.D. ■  
Physical Medicine &  
Rehabilitation

WILLIAM C. STANDERFER, JR., M.D. ● □  
Arthroscopic &  
Orthopaedic Surgery  
Sports Medicine ▲

FREDERICK S. GRAHAM, M.D. ■  
Physical Medicine &  
Rehabilitation  
Interventional Spine Procedures ▲

SIEMAN S. CLAYTOR, M.D.  
Spinal Disorders  
Surgery of the Spine ▲

DOMINA E. WOOD  
Chief Executive Officer

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Tuscaloosa, AL 35403

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Tuscaloosa, Alabama 35401

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2702 Hospital Dr., Suite 101  
Northport, Alabama 35476

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(800) 218-4UOC (48622)  
Tuscaloosa Fax: (205) 346-7341  
Northport Fax: (205) 333-9936

www.univorthoclinic.com  
Email: uoc@cditech.net

OTHER LOCATIONS  
Bibb Medical Associates  
Centreville, Alabama

Fayette Medical Associates  
Fayette, Alabama

- ▲ CERTIFIED AMERICAN BOARD OF SPINE SURGERY
- DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY (A.B.O.S.)
- FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
- ▲ POST RESIDENCY FELLOWSHIP TRAINING

- ★ FELLOW OF THE AMERICAN COLLEGE OF SURGEONS
- MEMBER AMERICAN SOCIETY FOR SURGERY OF THE HAND
- DIPLOMATE OF THE AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

The views expressed by a national letter-writing campaign promoted by the Alabama Physical Therapy Association are not representative of the opinions of the majority of physical therapists. They represent the opinion of a group of private practice physical therapists who want to eliminate competition from physician-employed physical therapists for the sole purpose of financial gain. Eliminating physician-owned physical therapy services would result in less competition and reduced access to care for patients with an increase in treatment delays. Removing physicians from the process will not reduce any potential conflicts of interest since physical therapists already formulate the Plan of Care and determine the number of visits and modalities to be performed.

For convenience of patients and better access to treatment, please preserve the centralized building provision that currently exists. With the advent of electronic health records, services can be provided in another location just as it would be within the same building where physician services are provided.

Your request for comments is very much appreciated.

Sincerely,

A handwritten signature in black ink, reading "Brian S. Claytor". The signature is written in a cursive style with a large, stylized initial "B".

Brian S. Claytor, M.D.

**Submitter :** Dr. David Brouhard  
**Organization :** Wilmington Anesthesiologists, PLLC  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Mr. Kevin Kunkel  
**Organization :** The Flagler Institute for Rehabilitation  
**Category :** Physical Therapist

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

To: Mr. Kerry N. Weems  
Administrator - Designate  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018.

Subject: Medicare Program; Proposed Revisions to Payment Policies under the Physician Fee Schedule, and Other Part B Payment Policies for CY 2008;  
Proposed Rule

Physician Self-Referral Issues.

I wish to comment on the July 12 proposed 2008 physician fee schedule rule, specifically the issue surrounding physician self-referral and the in-office ancillary services exception.

My Name is Kevin Kunkel and I am a physical therapist trying to provide care to patients in an area of Florida in which a significant number of physicians utilize incident to care for physical therapy.

I opened a practice in order to deliver unique care in a community of tremendous need. I am often sent patients who have been seen at their physician's office for physical therapy and then sent to my office. The patients state that their benefits were exhausted at the physician's office.

When I begin to treat the patient, I often hear phrases like "They never did this at the doctor's office or all I got was hot packs, electrical stimulation and then I got on equipment. I receive these patients because the physician knows the care that I deliver, so why wouldn't the patient come to my facility in the first place?"

To be short, while there may be ethical and appropriate care in physicians' offices for physical therapy, it has not been my experience that the care that I was taught and today teach to my students is delivered in many of those settings. Excuses such as "I can supervise the patient's better" or "communication is quicker and easier" has long since been the mainstay of rationale for these type of settings. Those excuses fall by the wayside with advances in student education and information technology systems.

Thank You

Kevin Kunkel

Submitter : Mr. Michael Carter

Date: 08/27/2007

Organization : Wheaton Franciscan Healthcare - All Saints

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

I am a licensed athletic trainer working in the clinical and outreach setting at Wheaton Franciscan Healthcare - All Saints located in Racine, WI. I have been working in the field of athletic training for over 11 years with experience in the clinical, outreach and industrial settings. I am currently a site supervisor over four outpatient rehabilitation clinics, a CARF accredited work hardening program and the athletic training program.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Michael Carter, MSM, LAT/ATC

**Submitter :** Dr. Anita Honkanen  
**Organization :** Stanford University  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Coding-- Additional Codes From  
5-Year Review**

**Coding-- Additional Codes From 5-Year Review**

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am relieved that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system. Every day I work training residents in anesthesia, hoping to send out young physicians that will be able to assist our nation's needful patients gain the expert care that they deserve. Our most vulnerable citizens, those dependent on Medicare, are at risk of losing that expertise because anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I wholeheartedly support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,

Anita Honkanen, MD  
Clinical Associate Professor of Anesthesia  
Stanford University  
Stanford, California 94305

**Submitter :** Dr. Robert Marlow  
**Organization :** Dr. Robert Marlow  
**Category :** Hospital

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.



**Submitter :** Mrs. Cheryl Cundy  
**Organization :** Mrs. Cheryl Cundy  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

I am a Master's prepared certified athletic trainer working in a hospital in Columbia, Missouri. I have been certified for 16 years and have worked in various settings including a high school, university, and physical therapy center. I currently work for 5 orthopedic surgeons who prefer sending their athletic patients to certified athletic trainers to get them back to their sports.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Cheryl J. Cundy, ATC, MS

CMS-1385-P-8461

Submitter : Dr. Steven SHulman

Date: 08/27/2007

Organization : Dr. Steven SHulman

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Sanyogeeta Sawant  
**Organization :** Sanyogeeta Sawant  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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Thank you for your consideration of this serious matter.

**Submitter :** Mr. Jeff Williams  
**Organization :** East Central University  
**Category :** Academic

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

My name is Jeff Williams and I am a concerned citizen, as well as a Certified Athletic Trainer. I serve as the director of the Athletic Training Education Program at East Central University, which prepares the next generation of certified athletic trainers for the diverse nature of America's health care system. It is my intention to communicate the quality of health care ATCs provide to Americans through their training and preparation via quality educational programs in American higher education. Furthermore, I find it my duty to voice my opinion on behalf of the students I am preparing for the work force, as your actions may jeopardize their future.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Jeff Williams, ATC

Submitter : Dr. RICHA WARDHAN  
Organization : YNHH-Yale New Haven Hospital  
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,  
Richa Wardhan  
Yale New Haven Hospital  
New Haven

**Submitter :** Dr. Robert Ringering  
**Organization :** Norwich Anesthesia Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
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Thank you for your consideration of this serious matter.

Robert Ringering, D.O.

**Submitter :** Dr. Paul R. Geisler  
**Organization :** Ithaca College  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

I am a certified athletic trainer with over 20 years of clinical experience, 7 of them working in outpatient physical therapy clinics (one hospital based) amongst physical therapists and orthopedic surgeons. Currently, I am the educational program director in athletic training at Ithaca College, in Ithaca, NY.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Paul R. Geisler, EdD, ATC  
Assistant Professor  
Ithaca College, Ithaca, NY

**Submitter :** Ms. Julie Campbell  
**Organization :** University of Denver Sports Medicine  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Julie Campbell. I am a Certified Athletic Trainer in the state of Colorado and the Director of Sports Medicine at the University of Denver.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

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Sincerely,

Julie Campbell, M.Ed., ATC



**Submitter :** Dr. Robert Blood  
**Organization :** Dr. Robert Blood  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Coding-- Additional Codes From  
5-Year Review**

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Mrs. Gaye Beckman  
**Organization :** Physiotherapy Associates  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a Certified Athletic Trainer with over 10 years of experience in my profession. I have worked in many settings, including outpatient rehabilitation facilities. I have a master's degree and extensive experience as an allied medical professional.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Gaye Beckman, MEd, ATC

Submitter : Dr. Megan Way

Date: 08/27/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Megan Way, MD

Submitter : Dr. Sandra Wilcox  
Organization : UCSD  
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Respectfully,  
Sandra L. Wilcox M.D., MPH  
Clinical Professor  
Dept. of Anesthesiology  
UC San Diego

**Submitter :** Miss. Tammi Sheppard  
**Organization :** Miss. Tammi Sheppard  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a certified athletic trainer who is now attending physical therapy school at the University of St. Augustine for Health Sciences.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,  
Tammi Sheppard, ATC

Submitter : Mrs. Nicole Henneke

Date: 08/27/2007

Organization : Corpus Christi Independent School District

Category : Other Health Care Professional

Issue Areas/Comments

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a nationally certified and Texas State licensed Athletic Trainer working in Corpus Christi, Texas. I graduated with honors from Texas State University in San Marcos, Texas where I majored in Athletic Training, and received my teaching certificate. I currently practice at Richard King High School in Corpus Christi.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Nicole Henneke, ATC, LAT

**Submitter :** Mr. Paul Manwaring  
**Organization :** Central Connecticut State University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Paul Manwaring and I am a Certified Athletic Trainer at Central Connecticut State University. I am licensed as an athletic trainer by the state of Connecticut. I have over ten years of experience and 6 years of higher education. It amazes me that with my education and experience, CMS continues to disregard and disrespect the qualifications of the Certified Athletic Trainer.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Paul Manwaring, ATC/LAT (and/or other credentials)

**Submitter :** Chad Edminsten  
**Organization :** OSSO  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

My name is Chad Edminsten. I am a Certified Athletic Trainer in the Clinic/ High School setting in Oklahoma City. I have a Masters Degree from the University of Oklahoma and 9 years experience in my field. I have worked 3 years at the college level and 6 at the high school level.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Chad Edminsten, MHR, ATC, LAT



**Submitter :** Mr. John Parsons  
**Organization :** AT Still University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is John Parsons. I'm a certified athletic trainer with 13 years of experience. I'm currently a professor of interdisciplinary health sciences at A.T. Still University in Mca, Arizona.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

John T. Parsons, MS, ATC, AT/L

**Submitter :** Dr. Deidre Leaver-Dunn  
**Organization :** The University of Alabama  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

I am a Certified Athletic Trainer (ATC) and the Director of the Athletic Training Education Program at The University of Alabama. I have practiced clinically as an ATC for 18 years in the collegiate and high school settings. I have also worked as an ATC in both hospital-based and private outpatient physical therapy clinics.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Deidre Leaver-Dunn, PhD, LAT, ATC

CMS-1385-P-8478

**Submitter :** Mr. Brian Mullins  
**Organization :** Mr. Brian Mullins  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

I am an outreach coordinator for a small Orthopedic Clinic in Amarillo, Texas. My primary job is to provide care for coaches and athletes in the panhandle of Texas. I am responsible for 47 schools in the area. None of the schools outside of Amarillo, Texas have the ability to hire an Athletic Trainer of their own so they use our service.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

CMS-1385-P-8479

Submitter : Dr. Thomas May  
Organization : Dr. Thomas May  
Category : Physician

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Sincerely,  
Thomas J. May, D.O.

CMS-1385-P-8480

**Submitter :** Ms. Jenna Street  
**Organization :** University of Wisconsin  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a certified, licensed athletic trainer currently in my second and final year of earning my Master's Degree in Higher Education Administration.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Jenna Street, ATC, LAT

**CMS-1385-P-8481**

**Submitter :** Mr. Richard Esche ATC  
**Organization :** Holy Family University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

My name is Richard Esche and I am the Assitant Athletic Trainer at Holy Family University in Philadelphia,PA. I have my Bachelor's of Science degree in Athletic Training. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day to day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Richard Esche. ATC

Submitter : Mr. Scott Tauferner

Date: 08/27/2007

Organization : Mr. Scott Tauferner

Category : Individual

Issue Areas/Comments

**Background**

Background

Dear Sir or Madam:

My name is Scott Tauferner and I a licensed athletic trainer currently attending graduate school for physical therapy. For two years after graduating with my degree in athletic training I worked in the outpatient rehabilitation setting as well as taking care of hundreds of high school students as their athletic trainer. After being completely under utilized in the clinic setting for all of the two years I decided to take a different track and return to school for physical therapy.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Scott P Tauferner, ATC, LAT

CMS-1385-P-8483

**Submitter :** Mr. William McDonald  
**Organization :** University of Alabama  
**Category :** Other Health Care Provider

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Please do not allow for reduction in allied health care professionals such as Certified Athletic Trainers. these professionals are highly qualified individuals that can provide appropriate care to injured individuals.



CMS-1385-P-8484

**Submitter :** Mr. Tom Abdenour  
**Organization :** Golden State Warriors Basketball Team  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

As the Head Athletic Trainer of the Golden State Warriors Basketball Team I am writing to oppose the rehabilitation provisions proposed in 1385-P. I am concerned that these proposed changes did not receive the usual and customary vetting and I am concerned about the rules that could create an additional lack of access to quality care for sports medicine patients.

As an athletic trainer for a professional basketball team, a portion of my responsibilities include participation in the rehabilitation of our players. It seems to me that I am qualified to work with highly skilled professional athletes but 1883-P may in some way preclude me from providing this care in a clinical facility should I opt to be employed in that setting. Frankly this confuses me.

I strongly encourage CMS to scrutinize the vetting process that was associated with this proposal. Additionally, I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital rehabilitation facility.

Sincerely,

Tom Abdenour, ATC PES CES  
Head Athletic Trainer  
Golden State Warriors  
TEAbdenour@gs-warriors.com  
510/986-2268

**Submitter :** Mr. Michael Catterson  
**Organization :** Southwestern Oklahoma State University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

My name is Michael Catterson. I am the Director for the Athletic Training Education Program here at Southwestern Oklahoma State University. I have been working as a certified athletic trainer for the past 8 years and now have taken a role of educating future athletic trainers.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Michael Catterson, MS, ATC, LAT  
Athletic Training Education Program Director  
Southwestern Oklahoma State University

**Submitter :** Dr. Matthew Comeau  
**Organization :** Arkansas State University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am currently employed in the educational setting as I am the Program Director of the Athletic Training Education program (ATEP) at ASU. I am very much aware of the stipulations made by other health care workers about the knowledge of certified athletic trainers in regards to providing services. Having taught in the ATEP at ASU for the last 9 years and having worked with the PT dept. on campus, I can assure you this concept of a lack of education is far from reality. Are students are very capable. All will have approximately 1200 hours or more of clinical experience by the time they graduate. I have worked in the collegiate setting, the high school setting, and at a physical therapy clinic prior to my current position. I have worked with some very competent therapists, but I have also worked with some who were lacking skills and just because they were a physical therapist, they were supposed to be better than I was at rehabilitation. Once again, I can assure you that this is a misconception.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Matthew J. Comeau, PhD, LAT, ATC, CSCS

**Submitter :** Mr. Brian Razak  
**Organization :** Fort Hays State University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

My name is Brian Razak. I am an athletic trainer employed by Fort Hays State University. I have been a certified athletic trainer through the National Athletic Trainer's Association Board of Certification for over 25 years.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Brian W. Razak, MS, LAT, ATC  
Fort Hays State University  
Hays, Kansas 67601

**Submitter :** Miss. jenna musgrove  
**Organization :** Miss. jenna musgrove  
**Category :** Health Care Professional or Association

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

BRIEF INTRO ABOUT SELF ie. Where you work, what you do, education, certification, etc.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Jenna Musgrove, ATC

CMS-1385-P-8489

**Submitter :** Ms. Devon Taylor

**Date:** 08/27/2007

**Organization :** National Athletic Trainers Ass.

**Category :** Comprehensive Outpatient Rehabilitation Facility

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

I belcive that athletic trainers are highly qualified to treat patients in a out patient clinic for rehabilitation services. Atheltic trainers trained to provide excellent rehabilitation services and all people should be able to benefit from their services. Our profession is always battling for recongnition and it should stop since we are herc to stay and get stronger.

CMS-1385-P-8490

Submitter : Dr. Jamie Ramsay

Date: 08/27/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Jamie Ramsay MD

**Submitter :** Ms. Kristin Raffa  
**Organization :** Roger Williams University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

As a certified athletic trainer, I have had the opportunity to provide health care services to the physically active population for the past 13 years. I genuinely believe in a multifaceted approach for efficient and effective health care.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Kristin Raffa, ATC



**Submitter :** Dr. Stefan Montgomery  
**Organization :** Dr. Stefan Montgomery  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**Therapy Standards and Requirements**

Therapy Standards and Requirements

Dear Sir or Madam:

I am a practicing Family Practice and Sports Medicine Physician in Orangeburg, SC. I am also a certified Athletic Trainer. My patient population includes 54% of my practice as Medicare beneficiaries.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

Athletic trainers are qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. Their education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed them qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Stefan Montgomery MD.ATC

**Submitter :** Joe Mullins  
**Organization :** Joe Mullins  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

As an allied health professional, certified by the National Athletic Trainers Association, and employed in an outpatient sports medicine/rehabilitation facility I submit the following...

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Joc Mullins, M. Ed., ATC

Submitter : Mr. Douglas Krohn  
Organization : Mr. Douglas Krohn  
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

GENERAL

GENERAL

Dear Sir or Madam:

My name is Doug Krohn, I have been a Certified Athletic Trainer (ATC) for 22 years. I currently work out of the field, but have followed health care issues closely since leaving college. ATC's have continually increased their clinical and practical expertise in many areas over the last 20 years, and their ability to provide quality cost-effective care is unsurpassed.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Douglas Krohn, ATC

**Submitter :** Dr. Kevin King  
**Organization :** Dr. Kevin King  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

Submitter : Mr. Marc Kermisch  
Organization : Mr. Marc Kermisch  
Category : Individual

Date: 08/27/2007

Issue Areas/Comments

**GENERAL**

GENERAL

The Physician Work RVU-CPT 77080 (DXA)  
The Direct Practice Expense RVU for 77080 (DXA)  
Indirect Practice Expense for DXA and VFA  
Deficit Reduction Act

Dear Mr. Weems:

I appreciate the opportunity to offer general comments on the proposed rule regarding changes to the Medicare physician fee schedule CMS-1385-P.

As a provider of DXA and/or VFA services, I request CMS to reevaluate the following:

- a. The Physician Work RVU for 77080 (DXA) should be increased from 0.2 to 0.5, consistent with the most comprehensive survey data available;
- b. The Direct Practice Expense RVU for 77080 (DXA) should reflect the following adjustments:
  - ? the equipment type for DXA should be changed from pencil beam to fan beam with a corresponding increase in equipment cost from \$41,000 to \$85,000;
  - ? the utilization rate for preventive health services involving equipment designed to diagnose and treat a single disease or a preventive health service should be calculated in a different manner than other utilization rates so as to reflect the actual utilization of that service. In the case of DXA and VFA, the 50% utilization rate should be changed to reflect the utilization rate for DXA to 12%.
- c. The inputs used to derive Indirect Practice Expense for DXA and VFA should be made available to the general public, and
- d. DXA (77080) should not be considered an imaging service within the meaning of the section 5012 (b) of the Deficit Reduction Act of 2005 because the diagnosis and treatment of osteoporosis is based on a score and not an image.

**Submitter :** Dr. Richard Steenland  
**Organization :** American Society of Anesthesiology  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

August 27,2007

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

In addition, some anesthesiologists like myself, practice the subspecialty of Cardiac anesthesiology which is 85% Medicare and 5% no insurance. Correspondingly, my income is 39-40% less than the average anesthesiologist. I implore you to make this increase a priority to help decrease the penalty for serving the senior population.

Thank you for your consideration of this serious matter.

Sincerely,

Richard H. Steenland

Submitter : Dr. Kerry Rock

Date: 08/27/2007

Organization : ASA

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

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Thank you for your consideration of this serious matter.

**Submitter :** Ms. Karen Eder  
**Organization :** James Madison University  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I am a graduate assistant athletic trainer working with the football team at James Madison University. I have my B.S. in athletic training and I am working to obtain my MS in Kinicsology.

I am writing today to voic my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Sincerely,

Karen Eder, ATC



Submitter :

Date: 08/27/2007

Organization :

Category : Physician

Issue Areas/Comments

**GENERAL**

GENERAL

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

**Submitter :** Dr. Kevin Kogut  
**Organization :** Dr. Kevin Kogut  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Sincerely,  
Kevin T. Kogut, MD

**Submitter :** Dr. AKMA;L WAHID

**Date:** 08/27/2007

**Organization :** Dr. AKMA;L WAHID

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Paul Awa

**Date:** 08/27/2007

**Organization :** Crystal River anesthesia associates

**Category :** Physician

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Please consider this reimbursement schedule crucial to our anesthesia group. We are in Florida with a 80% medicare population and are subsidized by the hospital but that cannot be continued forever. All of our costs go up and we are abiding by the medicare fee schedule. Thank you for reading this letter. Paul Awa MD

**Submitter :** Dr. Brian Fordham

**Date:** 08/27/2007

**Organization :** Dr. Brian Fordham

**Category :** Physician

**Issue Areas/Comments**

**Resource-Based PE RVUs**

Resource-Based PE RVUs

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Ronald Stevens  
**Organization :** Green Country Anesthesiology Associates, PC  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

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To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.

**Submitter :** Dr. Jeffrey Weatherall  
**Organization :** Holston Anesthesia Associates  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Re: CMS-1385-P

Anesthesia Coding (Part of 5-Year Review)

Dear Ms. Norwalk:

I am writing to express my strongest support for the proposal to increase anesthesia payments under the 2008 Physician Fee Schedule. I am grateful that CMS has recognized the gross undervaluation of anesthesia services, and that the Agency is taking steps to address this complicated issue.

When the RBRVS was instituted, it created a huge payment disparity for anesthesia care, mostly due to significant undervaluation of anesthesia work compared to other physician services. Today, more than a decade since the RBRVS took effect, Medicare payment for anesthesia services stands at just \$16.19 per unit. This amount does not cover the cost of caring for our nation's seniors, and is creating an unsustainable system in which anesthesiologists are being forced away from areas with disproportionately high Medicare populations.

In an effort to rectify this untenable situation, the RUC recommended that CMS increase the anesthesia conversion factor to offset a calculated 32 percent work undervaluation a move that would result in an increase of nearly \$4.00 per anesthesia unit and serve as a major step forward in correcting the long-standing undervaluation of anesthesia services. I am pleased that the Agency accepted this recommendation in its proposed rule, and I support full implementation of the RUC's recommendation.

To ensure that our patients have access to expert anesthesiology medical care, it is imperative that CMS follow through with the proposal in the Federal Register by fully and immediately implementing the anesthesia conversion factor increase as recommended by the RUC.

Thank you for your consideration of this serious matter.  
Jeffrey S. Weatherall, M.D.

**Submitter :** Ms. Tiffany Rousseau

**Date:** 08/27/2007

**Organization :** Ms. Tiffany Rousseau

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Dear Sir or Madam:

My name is Tiffany Rousseau and I am a student at the University of Alabama's Athletic Training Education Program. I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic training student, I will soon be qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam will ensure that my patients receive quality health care. State law and hospital medical professionals will have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

The lack of access and workforce shortage to fill therapy positions is widely known throughout the industry. It is irresponsible for CMS, which is supposed to be concerned with the health of Americans, especially those in rural areas, to further restrict their ability to receive those services. The flexible current standards of staffing in hospitals and other rehabilitation facilities are pertinent in ensuring patients receive the best, most cost-effective treatment available.

Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day to day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Tiffany Rousseau, ATS The University of Alabama



**Submitter :** Dr. Doug McEwen  
**Organization :** Dr. Doug McEwen  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

Rc: CMS-1385-P  
Anesthesia Coding (Part of 5-Year Review)

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Thank you for your consideration of this serious matter.

Doug McEwen MD

**Submitter :** Mr. Richard Bingham  
**Organization :** College of Southern Idaho  
**Category :** Health Care Professional or Association

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Dear Sir or Madam:

I currently work for the College of Southern Idaho, as the certified athletic trainer for this community college. I have worked here for a few years, but now many other athletic trainers who work for hospital and clinics.

I am writing today to voice my opposition to the therapy standards and requirements in regards to the staffing provisions for rehabilitation in hospitals and facilities proposed in 1385-P.

While I am concerned that these proposed changes to the hospital Conditions of Participation have not received the proper and usual vetting, I am more concerned that these proposed rules will create additional lack of access to quality health care for my patients.

As an athletic trainer, I am qualified to perform physical medicine and rehabilitation services, which you know is not the same as physical therapy. My education, clinical experience, and national certification exam ensure that my patients receive quality health care. State law and hospital medical professionals have deemed me qualified to perform these services and these proposed regulations attempt to circumvent those standards.

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Since CMS seems to have come to these proposed changes without clinical or financial justification, I would strongly encourage the CMS to consider the recommendations of those professionals that are tasked with overseeing the day-to-day health care needs of their patients. I respectfully request that you withdraw the proposed changes related to hospitals, rural clinics, and any Medicare Part A or B hospital or rehabilitation facility.

Sincerely,

Richard A Bingham, MS, ATC (and/or other credentials)

**Submitter :** Mr. Mark Dutton  
**Organization :** Kitsap Physical Therapy - Belfair  
**Category :** Physical Therapist

**Date:** 08/27/2007

**Issue Areas/Comments**

**Physician Self-Referral Provisions**

Physician Self-Referral Provisions

I own a small private physical therapy practice in Belfair, WA. In the last 2 years, 10 of our 12 local orthopedic surgeons have formed 2 different self contained practices which provide their own physical therapy services. These practices are located in Silverdale, WA which is 30 miles from my practice.

They have all been loyal referral sources in the past and there have been no instances for them to stop referring. Since they have opened I frequently get patients who end up coming to therapy here despite the urgings of the surgeon to go to the practice that they own. Having to drive so far puts a great strain on the patient both mentally and financially.

We have also seen a hand surgeon who rarely prescribed therapy for his hand patients until having his own clinic. Now he prescribes therapy regularly as long as the patient goes to his clinic. There has been an obvious change in his referral patterns solely due to the fact that he owns the clinic now.

I urge you to consider including physical therapy as an ancillary service that should be included in the Stark Laws prohibiting physicians from referring to practices that they own - thereby generating profit on their own referrals. The abuse in terms of over prescribing is huge, it is real, and it needs to stop.

**Submitter :** Dr. John Edwards  
**Organization :** OSF St. Mary's Hospital  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

GENERAL

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
Baltimore, MD 21244-8018

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Thank you for your consideration of this serious matter.

John N. Edwards, M.D.  
Chief of Anesthesia  
OSF St. Mary's Hospital  
Galesburg, IL 61401

**Submitter :** Mrs. Janice Izlar  
**Organization :** Mrs. Janice Izlar  
**Category :** Other Health Care Professional

**Date:** 08/27/2007

**Issue Areas/Comments**

**Background**

Background

I write to support the Centers for Medicare & Medicaid Services (CMS) proposal to boost the value of anesthesia work by 32%. Under CMS's proposed rule Medicare would increase the anesthesia conversion factor (CF) by 15% in 2008 compared with current levels. If adopted, CMS' proposal would help to ensure the Certified Registered Nurse Anesthetists, (CRNAs) as Medicare Part B providers can continue to provide Medicare beneficiaries with access to high quality anesthesia services.

I have been a CRNA for over 30 years and can assure you this increase in Medicare payment is important. Without this proposed increase Medicare beneficiaries are at risk of lack of availability of anesthesia and other healthcare services. The proposed rule reviews and adjust anesthesia services for 2008 which has not been done like in other Part B providers' services. Finally, CMS' proposed change in the relative value of anesthesia work would help to correct the value of anesthesia services which have long lagged behind inflationary adjustments.

CRNAs administer anesthesia in every setting requiring anesthesia services providing some 27 million anesthetics in the U.S. annually. They are the predominant anesthesia providers to rural and medically underserved America, therefore, Medicare patients and healthcare delivery in the U.S. depend on our services.

I support the proposed boost in the value of anesthesia work by increasing Medicare payment and assuring high quality anesthesia care to the senior citizens of America.

**Submitter :** Dr. Andrew Berlin  
**Organization :** Dr. Andrew Berlin  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Leslie V. Norwalk, Esq.  
Acting Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1385-P  
P.O. Box 8018  
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Andrew Berlin, MD

**Submitter :** Dr. Richard Applegate  
**Organization :** Dr. Richard Applegate  
**Category :** Physician

**Date:** 08/27/2007

**Issue Areas/Comments**

**GENERAL**

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Richard L. Applegate, II, MD  
Redlands, CA