



UROPAC Statement – Talking Points

What is UROPAC?

- UROPAC is the only political action committee dedicated exclusively to advancing the public policy interests of urology.
- UROPAC works in two important ways: **1. Fundraising** – We allocate funds collected from urologist donors to Federal congressional campaigns in an effort to support a Congress that is more aligned with our interests. **2. Access** – UROPAC donations create opportunities for access to elected representatives so that we may advocate for Urology’s positions.

UROPAC’s Top Issues:

- Repeal the Sustainable Growth Rate (SGR)
 - As of December 31, 2009, physicians face a 21.3% cut.
 - For the third time in 2010, physicians face this cut on May 31.
 - These continued, short-term fixes do nothing to address the underlying problems of the SGR that place patient access to high quality urologic care at risk.
 - The cost of fixing the SGR will rise to over \$250 billion if not fixed this year.
- Repeal/Modify the Independent Payment Advisory Board (IPAB)
 - This non-elected, unaccountable Board essentially assumes authority over Medicare, replacing Congressional authority.
 - Its recommendations will become law unless opposed by a joint resolution of Congress passed by a two-thirds vote.
 - Since the SGR already mandates payment reductions, the IPAB will subject physicians’ payments to “double jeopardy.”
 - This Board selectively exempts certain providers, such as hospitals and hospices, from its purview – placing more pressure to cut Medicare in those areas under its jurisdiction, namely physicians.
- Protect the In-Office Ancillary Exception to the Stark Physician Self-Referral Law (IOAE)
 - Despite evidence that numerous factors contribute to the increase in imaging and radiation therapy services, physician ownership is seen as a primary reason for the growth.
 - In its March 2010 meeting, MedPAC once again focused on the services provided under the IOAE, and recommended further study to determine whether or not there should be a change to the services included under this exception.
 - As recently as April 16, Congress sent a letter to the GAO requesting a study to evaluate the extent of physician self-referral arrangements for advanced imaging and radiation oncology services provided to Medicare beneficiaries and the effects of such arrangements on Medicare spending.



- The IOAE is an integral part of the provision of superior patient care, and the focus on physician ownership as the primary driver of increased use of such services is exaggerated at best, and inaccurate at worst.

Two Bills of High Importance to UROPAC

- Prostate (Cancer) Research, Outreach, Screening, Testing, Access, and Treatment Effectiveness Act of 2010
 - *Interagency Prostate Cancer Coordination and Education Task Force:* Establishes a federal interagency Task Force led by the Department of Veterans Affairs that will identify and catalog prostate cancer activities by various federal agencies, develop a strategy to improve the research portfolio, eliminate unnecessary duplication between agencies, expand collaboration, increase patient and medical community participation, and develop a coordinated message related to screening and treatment for prostate cancer.
 - *Research Coordination:* Requires the VA, DOD and HHS to coordinate and intensify prostate cancer research, including improvements or alternatives to the prostate specific antigen (PSA) test and additional tests to distinguish indolent from aggressive disease; advancing the understanding of the etiology of the disease; establishing clinical registries for prostate cancer; and assessing appropriate imaging modalities.
 - *Underserved Minority Grant Program:* Such grants shall build upon existing knowledge gained from comparative effectiveness research; and recognize and address the racial and ethnic disparities in the incidence and mortality rates of prostate cancer.
 - *Telehealth and Rural Access:* Establishes 4-year telehealth pilot projects in a variety of geographic areas, including rural, that contain high proportions of medically underserved populations. Such projects will promote efficient use of specialist care through better coordination of primary care and physician extender teams in underserved areas and more effectively employ tumor boards to better counsel patients.
 - *Education and Awareness:* Requires the development of a national education campaign, including written material and PSAs, intended to encourage men to seek prostate cancer screening when appropriate.
- Establishment of a Commission on Urotrauma, introduced on April 21 by Representatives Zack Space (D-OH) and Carol Shea-Porter (D-NH) in the House (H.R. 5106).
 - conduct a comprehensive study of the present state of knowledge of the incidence, duration, and morbidity of, and mortality rates resulting from urotrauma and of the social and economic impact of such conditions;
 - evaluate the public and private facilities and resources (including trained personnel and research activities) for the diagnosis, prevention, and treatment of, and research in, such conditions; and
 - identify programs (including biological, behavioral, environmental, and social programs) in which, and the means by which, improvement in the management of urotrauma can be accomplished.