

Testimony of Urologists for Patient Access to Care to the
House Insurance Committee

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Presented by Dr. Richard Lieberman

Chairman DeLuca, Chairman Micozzie and Members of the House Insurance Committee, thank you for the opportunity to present testimony on the issue of physician self referral and specifically House Bills 2521 and 2522.

My name is Richard Lieberman and I am a private practice Urologist with Urology Specialists of the Lehigh Valley in Allentown, PA. In addition, I am a member of the Urologists for Patient Access to Care (UPAC), a group of Urology Group Practices who formed to ensure patient access is preserved through all legislative decisions in PA. I have personally practiced Urology in the Lehigh Valley for 25 years and currently serve as the Associate Chief of Urology at the Lehigh Valley Hospital as well as Co-Chairman of the Urologic Cancer Disease Management Committee at the Morgan Cancer Center at the same institution. I am also a Clinical Associate Professor of Surgery at Penn State Milton S. Hershey College of Medicine.

I am speaking today on behalf of UPAC to share our concerns about the preservation of all patients to access care that is beneficial to their needs. Patients in America have the ability to select a healthcare provider and decide which course of action they wish to take after a visit with a provider of their choice. It is true that this selection can often be limited by one's ability to afford the provider of choice or be guided, often with selection, by an insurer, but basically, we all have the option to select a provider and make decisions about our own health and well-being. With that said, it is vital that we protect the patient's right to make those choices and decisions. The bond of trust between patient and physician is considered sacred as patients depend on the ability to select the providers, the location and the treatment option best suited for their specific

cases. We offer hope, guidance, and comfort to our patients as they receive care. We hold ourselves to the highest standards not only academically but on an interpersonal level, making patients feel comfortable with our counsel before, during and after the delivery of services. Patient feedback is extremely favorable; satisfied, secure patients are more likely to access and complete appropriate treatment. Outcomes are therefore maximized.

The member physicians of UPAC are focused on serving our patients, offering preventive care as well as treatment for illness in an accessible, compassionate and professional manner. It is our hope and vision to preserve the patient's ability to connect with their care, their treatment and the providers that represent the best fit for that patient. We hope that any legislation affecting physician issues, including self referral would take the patients' concerns into account and ensure that the decisions being made are the best for those we all are serving.

It is understandable that Government Regulation is needed over businesses and the practice of medicine to some degree. Often times, like with any profession, we appreciate the need to control and standardize some of the practices that take place. It becomes concerning however, if Government begins to practice medicine or interfere with a medical professional's judgment regarding the treatment of his or her patient inside of their own medical office. Currently, physicians are regulated by federal Stark self-referral laws. These laws balance the need to defer to physician judgment in establishing proper treatment while preserving patient choice and access to care against the concern that there are physicians who would put financial self-interest above the interests of the patient. In the medical field, the Stark laws are taken very seriously and govern much of our conduct. Concerns of over-prescribing or self-referring for purposeful overutilization is a matter governed by the Stark laws at the federal level and applies to all Medicare beneficiaries. As something physicians already comply with, language which restates this requirement is unnecessary but not harmful to the current practice of medicine.

House Bill 2522, as I understand, expands language relating to self referral and that is an expansion upon the federal Stark laws to include all payors at the state level. In making this change within state law, the patients' access to care is not harmed and the physicians can expand their current required practice for patients receiving Medicare benefits to all patients they serve.

House Bill 2521 requires additional disclosure to patients, insurers or third-party payors to list additional information on billings in certain circumstances.

UPAC believes that the current requirements in relation to self referral are sufficient and strongly address those within our profession who over-prescribing or self-refer for purposeful overutilization. The requirements within these bills would not infringe upon a patient's right to select their provider and receive their treatments. It would not infringe upon a doctor's oath to deliver the highest quality of medical care. It is for the reasons previously stated that should there be a need to pursue additional governance to ensure patients and their rights are protected, UPAC believes HB 2521 and 2522 would be a good place to begin.

Again, I would like to thank the House Insurance Committee for the opportunity to speak before you today and share my support to ensure patients have proper access to care. I would be happy to answer any questions the Committee may have.