

April 13, 1998

Hon. Lamar Smith, Chairman

Subcommittee on Immigration and Claims

B-370B Rayburn House Office Building

Washington, DC 20515

The American Society of Internal Medicine (ASIM) is writing to request the opportunity to testify at the oversight hearing scheduled for May 5 on enforcement of fraud and abuse statutes relating to health care programs.

ASIM hopes to bring to the hearing the perspectives of physicians who specialize in internal medicine, the nation's largest medical specialty. Internists take care of more Medicare patients than any other physician specialty. Internists are increasingly concerned that the federal government's approach to enforcement of fraud and abuse statutes will interfere with the quality of care that they render to Medicare patients.

The issue is not whether the federal government should use its enforcement powers to target waste, fraud and abuse in the Medicare program. It should, and it must, do so. But effective enforcement of fraud and abuse statutes shouldn't result in honest physicians, hospitals and other "providers" being investigated, sanctioned, and coerced into making costly settlements with the federal government for unintentional errors or legitimate differences of opinion on how to bill for services provided to Medicare patients. Effective fraud and abuse enforcement also should not result in excessive paperwork and documentation requirements being imposed on physicians and hospitals.

If our request to testify is granted, ASIM will share with the committee our recommendations for a new strategy to target waste, fraud and abuse, one that asks the federal government to enlist honest physicians as allies--rather than viewing them as adversaries (as is now all-to-often the case). The recommendations will be taken from a major new policy paper that ASIM is releasing shortly on effective enforcement of fraud and abuse statutes. Drawing on the perspectives of the doctors who are asked to "sign off" on the services billed by other providers, ASIM's recommendations include support for expanded measures to reduce fraudulent and abusive billings for durable medical equipment and services rendered by hospices, skilled nursing facilities, and other health care facilities.

Our recommendations will also outline an effective strategy to reduce unnecessary, abusive or fraudulent billings by physicians, without holding honest physicians to unnecessary documentation requirements or placing them at risk due to unintentional errors. Finally, we will discuss why we believe that the Health Care Claims Guidance Act, H.R. 3523, should be enacted by Congress.

Please let me know at your earliest convenience if our request to testify is granted.

Sincerely,

**ANM**

Alan Nelson, MD Executive Vice President