the self-referral law is uniquely effective in controlling overutilization, and that it works well precisely because it forces physicians to make their arrangements before finalizing contracts. In effect, the self-referral law is self-enforcing.

To further substantiate that point, at a May 13 Ways & Means Health Subcommittee hearing on the physician self-referral law, the HHS Inspector General’s chief counsel, D. McCarthy Thornton, testified that the phony joint ventures on the 1980’s have decreased significantly. That is good news.

The result is that compliance with the law is standard practice in the health industry today. Even Columbia-HCA, which I have long criticized, now has a system in place that carefully screens financial relationships with physicians in order to stay in compliance with the law.

This demonstrates that even without final regulations, the law is effectively controlling overutilization in Medicare’s fee-for-service program. As late as 1982, there were 622 crossovers. Absent the law’s curbs, Medicare would be highly vulnerable to overutilization again. Indeed, in 1995, when Representative THOMAS introduced similar legislation, the Congressional Budget Office estimated the bill would cost Medicare $400 million over 7 years.

It is particularly hypocritical that the American Medical Association is lobbying for repeal of the law’s compensation provisions. Last time I checked, AMA’s Code of Medical Ethics bars members from entering into self-referral arrangements.

The Health Care Financing Administration has promised to issue final regulations for the physician self-referral law by next spring. At this juncture, it would be deeply irresponsible to enact legislation that effectively repeals the heart of the law—which is the Federal Government’s ability to require fair-market value parameters for compensation arrangements between providers.

If the law is repealed, taxpayers will again be forced to foot the bill for billions of dollars in provision of unnecessary services. Enactment of the Thomas proposal would shorten Medicare’s life and return us to the days of the 1980’s, when physicians created sham joint ventures to which they steered their patients for unnecessary, expensive, and even painful ventures to which they steered their patients.

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EXTENSIONS OF REMARKS

July 30, 1999

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