



Blue Cross Blue Shield of Alabama
450 Riverchase Parkway East
Birmingham, AL 35244

November 20, 2023

Dear Dr. Weaver and committee,

Thank you all for agreeing to meet with us on November 15, 2023. We are grateful for the productive dialog. One of our goals was to impress upon you the potential dire consequences the proposed cuts will have on the state of gastroenterology care in Alabama and your customers.

Below is a summarization of key points.

- AGS opposes the cuts planned to the colonoscopy procedure codes, including the screening codes (Exhibit A).
 - Cuts will result in delays in patient screening. These delays in detecting colon cancer will result in advanced cancer, increased cost and lead to negative patient outcome.
 - It is speculated that there will be 1,630 fewer gastroenterologists in 2025 causing delayed procedures and therefore diagnoses.
 - The recent change in age for initial screening leads to increased numbers of patients requiring this important service.
 - Linking reimbursements to the broken Medicare system is counterproductive. There has been a 26% reduction in physician inflation adjusted payments since 2001. This is not sustainable for any businesses.
 - The value of colonoscopy should not be underestimated. The costs of cancer care far exceeds the appropriate reimbursements for colonoscopy.
- Increased facility fee payments for the ambulatory endoscopy/surgery center for GI procedures are necessary.
 - Directing patients to the ambulatory centers results in a significant increase in efficiency, as well as a decrease in costs.
 - Site of service updates for advanced procedures (Exhibit B):
 - Select EUS and ERCP procedures can be done safely in the outpatient setting, but facility fee reimbursements do not allow for this.

- Reimbursement is often less than the cost of the disposable equipment used.
 - A single EUS needle costs approximately \$350 for fine needle biopsy, with ERCP disposables being equal or more expensive.
 - By expanding EUS to the outpatient center, patient wait times to diagnose pancreatic and other cancers are markedly decreased.
 - With the expansion of heart catheterizations and total joint replacements to the ambulatory surgery centers, EUS and ERCP procedures should receive reprieve from the economic impediment to us transitioning some of these cases to the ambulatory setting.

In summary, the Alabama Gastroenterological Society and its members take pride in providing exceptional gastroenterology care in the state of Alabama. A 10% increase in professional reimbursement across the board for procedure codes is warranted. We strive to maintain the number of practicing gastroenterologists in the state and improve the ability to recruit gastroenterology physicians. Since ambulatory endoscopy/surgery centers are a large part of our business, enhancements to the facility fee schedule for GI procedures are necessary. While we do not expect hospital rates, a significant increase should be considered for the reasons outlined above. The more patients transition to care in the outpatient centers, the better patient experiences, the better efficiency, and the greater reduction in costs. We believe that we should share in the savings that you enjoy by our efforts and investments in these outpatient endoscopy centers. Business expenses have greatly increased over the last three years at a time of the worst inflation in decades. Please consider our requests to avoid these disastrous cuts and push to enhance GI professional and facility fee schedules. Our goal is to continue excellent gastroenterology care for our patients and your customers. I welcome any questions you may have.

Cordially,



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