Congress: Long-Term SGR Fix Unlikely This Year

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WASHINGTON — Physicians can look for another short-term update to the sustainable growth rate this year as lawmakers struggle under substantial fiscal constraints, members of Congress told physicians at the American Medical Association’s national advocacy conference.

“What would be best for me, for everybody in this room and for the older Americans under the Medicare system is to do a permanent fix. What my gut is telling me is that, at best, we will do an 18-month fix,” said Rep. Shelley Berkley (D-Nev.).

Congress passed a 6-month update to the Medicare physician payment rate late last year and has until July 1 to avert a 10.6% cut for the remainder of the year. However, under current federal spending rules, lawmakers will have to offset any increases to physician pay by cutting another program or raising taxes.

“If under the law, the physicians are set to receive a 10% cut, if we restore that 10%, we have to come up with the money somewhere. That’s why the solutions generally tend to be short term,” said Sen. Jon Kyl (R-Ariz.), who serves on the Finance Committee.

For example, the proposed 18-month fix that would keep physician pay steady through 2008 and raise it 1% in 2009 would cost $37.5 billion over 5 years. By comparison, a 6-month fix, like the one passed last year, would cost $8.4 billion, saving lawmakers nearly $30 billion in offsets.

“That’s the easier solution, Sen. Kyl said. “It’s not an ideal situation. However, our priority has been and must continue to be averting scheduled cuts and securing a positive update. So we are very short-term oriented.” He added that, while there is currently enough wiggle room in the budget to pay for the 18-month approach, some lawmakers had other priorities for the money.

Patients are not likely to feel sedated, become dependent, or feel “hungover”

- Rozerem is the only prescription insomnia medication that works with the body’s sleep-wake cycle to promote sleep and has not been associated with sedation.
- Clinical studies have shown no evidence of potential abuse, dependence, or withdrawal.
- Across several studies, no clinically relevant next-day residual effects were seen with respect to memory (Word List Memory Test), psychomotor performance (DSST), mood and feelings (VAS), or alertness and concentration (Post-sleep Questionnaire) when Rozerem was compared to placebo.

Rozerem is indicated for the treatment of insomnia characterized by difficulty with sleep onset. Rozerem can be prescribed for long-term use.

Important Safety Information
Rozerem should not be used in patients with hypersensitivity to any components of the formulation, severe hepatic impairment, or in combination with fluvoxamine. Failure of insomnia to remit after a reasonable period of time should be medically evaluated, as this may be the result of an unrecognized underlying medical disorder. Hypnagogic states should be administered with caution to patients exhibiting signs and symptoms of depression. Rozerem has not been studied in patients with severe sleep apnea, severe COPD, or in children or adolescents. The effects in these populations are unknown. Avoid taking Rozerem with alcohol. Rozerem has been associated with decreased testosterone levels and increased prolactin levels. Healthcare professionals should be mindful of any unexplained symptoms which could include cessation of menses or galactorrhea in females, decreased libido or problems with fertility that are possibly associated with such changes in these hormone levels. Rozerem should not be taken with or immediately after a high-fat meal. Rozerem should be taken within 30 minutes before going to bed and activities confined to preparing for bed. The most common adverse events seen with Rozerem that had at least a 2% incidence difference from placebo were somnolence, dizziness, and fatigue.

Please see adjacent Brief Summary of Prescribing Information.