

March 7, 2014

Representative Kurt Olson  
Chair, House Labor and Commerce Committee

Room 24  
State Capitol  
Juneau, Alaska, 99801

Dear Sir,

On behalf of the members of the Alaska State Orthopedic Society, I would like to provide testimony concerning HB 316. We as individual surgeons are committed to providing timely, high quality, and cost effective care to the workers of Alaska.

It is our opinion that an RBRVU coding and billing system as used by the Medicare system is preferable to previously used private contract services due to the need for frequent code updates and the demands already in place to adopt the new ICD-10 guidelines. Several other states currently use this system with various conversion factors, and modifiers. For stability, establishing fee schedules indexed to a prior year with reassessment at intervals of at least two years would prevent fluctuations based upon changes in federal policy.

We believe that rather than a two tier system with advisory committee and workers compensation board determining these conversion factors, which a three member commissioner board, as proposed by the Alaska State Medical Association, is, delegated this responsibility.

Return to work guidelines should focus on employer consistency with regard to parameters and alternative work available. Currently, there is extreme variability and a multitude of reporting protocols.

We look forward to being involved in ongoing efforts to improve the quality and efficiency of care provided to Alaska's injured workers.

Thank you,  
Sincerely,



Davis Peterson, MD, President  
Alaska State Orthopedic Society

Leslie P. Dean, M.D. | Richard W. Garner, M.D. | John E. Lapkass, M.D. | Richard D. McEvoy, M.D. | Declan R. Nolan, M.D.  
Davis C. Peterson, M.D. | Douglas P. Prevost, M.D. | Adrian B. Ryan, M.D. | Gregory L. Schumacher, M.D. | Bradley L. Sparks, M.D.  
Upshur M. Spencer, M.D. | Kenneth C. Thomas, M.D. | Stephen S. Tower, M.D. | Thomas P. Vasileff, M.D.