

Remembering Bob Matsui

By Thomas A. Joas, M.D., CSA Past President

Representative Robert Matsui was one of the most beloved and influential Congressmen of our generation. His lifetime values and allegiances were shaped to a significant degree by his internment in a Japanese-American camp during World War II. It was here that he was indelibly sensitized to the discrimination suffered by others, no matter their race, creed or ethnicity. He was courageous in carrying and advocating for his values in the United States Congress. As a highly respected Congressional leader, he ultimately was elected chairman of the Democratic Campaign Committee in 2002. A steadfast friend of those who fought against injustice both at home and abroad, he also served as a major force in legislating the sanctioning of terror-sponsoring countries. Dr. Joas, in his tribute to Robert Matsui, will share with us how important Representative Matsui was for our specialty, advocating for our well-being even while knowing of our minority status within the house of medicine.

—Stephen Jackson, M.D., Editor

With the recent passing of Congressman Robert T. Matsui, many descriptive words come to mind: fine, honorable, decent, reliable, approachable, friendly. But to me what comes immediately to mind, in addition to the above, are the acronyms DRG for RAP (DRG/RAP). To many of you these are foreign, but at one time they played a significant role in proposed Medicare reimbursement.

I first met Bob Matsui in the mid-1980s when he attended and spoke at a CSA function. I believe it was the outgoing dinner or luncheon one of the CSA presidents. My recollection is that this was the first time that a person of his stature spoke to us. He had represented the Fifth Congressional District encompassing the Sacramento area since 1978, and over the years I continued to visit him there. I also visited him annually when the ASA held its Legislative Conference in Washington, D.C.

Back in the days when Dan Rostenkowski, Pete Stark and Bill Gradison were the powers on the House of Representatives Ways and Means Committee, there was a proposal floated that was intended to expand the hospital DRG payment system (flat rate per admission based on a Diagnosis Related Group) to include reimbursement for radiologists, anesthesiologists and pathologists, hence the RAP. The RAP physicians would then be forced to negotiate all their Medicare payments from the hospital. This rationale was based on two points: (1) patients did not have the opportunity to select individuals in these specialties, and (2) the RAP physicians' primary income was derived from "in-hospital" activities. In addition, the RAP physicians tended to have low assignment rates (balance billing was very prevalent). Therefore, the DRG/RAP was anticipated to save Medicare substantial amounts of money.

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The American College of Surgeons supported the DRG/RAP proposal primarily to prevent any reduction for themselves, while the Physician Payment Review Commission (PPRC) opposed it. If the DRG/RAP proposal didn't pass at that time, then the alternative was to force the individual specialties to come up with spending reductions of their own to offset the anticipated savings of the DRG/RAP proposal. One of the specialty societies indicated acceptance of mandatory assignment, while another specialty was opposed to across-the-board cuts. ASA was opposed because we were slated for across-the-board cuts as well.

Bob Matsui came to our specialty's defense and took the lead in opposing the DRG/RAP proposal by offering a substitute amendment. Indeed, on July 29, 1987, the original proposal was defeated. Of course, for him to accomplish this legislative feat, Matsui had to go up against two powerful Democratic leaders, Rostenkowski and Stark, and this took a lot of political courage. However, because Matsui was so respected by both sides of the aisle, the actual vote was 26 to 9, and the proposal was easily defeated.

About this same time, Congress had commissioned a study by a well-known Harvard economist which came to be known as the Hsaio Study. It was a highly respected exercise in addressing work, thought and actual time spent in medical endeavors. Moreover, while not having the inclination to go into all of the specifics, suffice it to say that Congress finally recognized ASA's RVG for Medicare reimbursement, as proposed by the PPRC, and, most importantly, its retention of time. The language proposed for this legislation was ingenious, and Bob Matsui was among the influential congressmen enacting this bill.

We, therefore, owe Bob Matsui a great debt of gratitude. His availability, integrity, interest and support of our concerns will be greatly missed.

Thank you, Bob.

***Author's Acknowledgement:** I owe a great deal of thanks to Adrienne Lang, former ASA Director of Governmental Relations and former CSA Executive Director, for her assistance in jogging my memory.*

***Note from William E. Barnaby, Esq., CSA Legislative Counsel:** Dr. Joas, a past president of the CSA, is too modest to take credit for the important role he played in working with then-Congressman Matsui to press the issue in a way that resulted in a significant victory for ASA. It is a great example of how a single anesthesiologist can have an impact on an issue of major importance for the profession.*