



2009

Legislative Forecast



An overview of the major issues and activities
facing gastroenterology in the 111th Congress



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Dear AGA
Member,

On behalf of the Public Affairs and Advocacy Committee, I am pleased to present to you the 2009 AGA Legislative Forecast. This publication has been specifically designed to update you on the diverse activities of the AGA in advocating to federal policymakers on your behalf.



This is an exciting time in Washington with a new Administration that has put health care reform on the forefront of the nation's agenda. However, it is a challenging time for the medical profession. In 2008 and earlier this year, Congress addressed many issues of importance to gastroenterologists such as the Medicare physician update, health information technology, quality measures and increased funding for digestive diseases research. Federal agencies also deliberated issues such as moving toward value-based purchasing for Medicare services, designing a physician resource use feedback program, improving the Physician's Quality Reporting Initiative, and applying Hospital Acquired Conditions to other settings. Our efforts were complicated by an economic downturn last fall that consumed the Congress and the Administration, ongoing military conflicts, and budget constraints. Despite these impediments, the AGA was able to secure some positive outcomes for its members in 2008. CMS extended the deadline for implementation of ICD-10 diagnosis coding, and the 5010 transaction standards by 24 and 21 months, respectively, after extensive advocacy by the AGA and other organizations. In addition, the specialty of gastroenterology received a 3 percent increase for 2009 physician fees due to a 1.1 percent update and successful submission of supplemental practice expense data.

We also have a growing number of programs and services to facilitate your involvement in AGA's advocacy efforts such as Washington Advocacy Days and CapWiz XC, the AGA's online advocacy tool which helps you to communicate easily with the offices of your legislators. An important addition to our arsenal has been our political action committee, AGA PAC, which actively supported the campaigns of gastroenterology's champions in Congress in 2008. AGA PAC is the only political action committee supported by a national gastroenterology society.

This year promises to be an extremely challenging and busy year with Congress and the administration committed to reforming our health-care system by expanding coverage, lowering costs and improving quality. Please be assured, however, that we will be aggressive in our advocacy efforts on your behalf and we will keep you updated on these activities.

I hope you find the Legislative Forecast to be informative and an inspiration to become more active in the AGA's political and advocacy programs.

Sincerely,

A handwritten signature in black ink that reads "Ronald Fogel". The signature is written in a cursive, slightly slanted style.

Ronald P. Fogel, MD, AGAF
Chair, Public Affairs and Advocacy Committee

Medicare Physician Payment Formula

The Situation

The AGA strongly believes that the sustainable growth rate formula (SGR), which determines annual physician payment updates under Medicare, is deeply flawed. The formula inappropriately links physician payments to the growth of the economy and not to actual health-care costs or the needs of beneficiaries. The current system does not accurately account for changes in the volume of services due to new preventive screening benefits, national coverage decisions, shifts in site of service, greater reliance on drugs to treat illnesses, or a greater awareness of covered benefits and healthy practices due to educational outreach efforts. The SGR also does not properly account for the costs or savings associated with new technologies.

The flaws in the Medicare physician payment formula have become so disruptive that Congress has been forced to enact five temporary measures to prevent cuts in physician payments. Last year, Congress enacted the Medicare Improvements for Patients and Providers Act (MIPPA) that provided an 18-month physician reimbursement fix by preventing scheduled cuts and freezing 2008 rates through the end of the year and providing a 1.1 percent increase in 2009. However, because of serious flaws to the formula and the lack of a permanent solution, physicians are once again facing cuts of nearly 22 percent unless Congress intervenes.

Our Position

Reforming the Medicare system is a fundamental part of health-care reform.

Medicare's SGR formula needs to be replaced with a stable mechanism for updating Medicare fees to continue to assure Medicare beneficiary access to high quality care. These changes would allow Medicare and the health-care system to move forward with important system delivery reform.

While acknowledging the central importance of ensuring the financial integrity of Medicare into the future, the AGA at the same time believes that physician payment reform should recognize reasonable inflationary cost increases that lead to fair reimbursement for the services provided to beneficiaries.



AGA Advocacy

The AGA and our partners in the Alliance of Specialty Medicine have been meeting with key policymakers in Congress and the Obama administration to advocate for comprehensive payment reform that will provide stability for physicians and their patients. The AGA recognizes the need to strengthen the role of primary care and improve care coordination among providers and across settings. However, the AGA cannot support proposals that increase payments to primary care at the expense of specialists in a budget neutral manner. The AGA firmly believes that in order to strengthen our health-care system and improve access to care, all physicians need to work together to improve quality, coordination and eventually outcomes for patient care.

Until consensus can be reached on a permanent replacement to the SGR formula, the AGA believes a number of interim steps should be taken to ease the transition.

- **Avoid Band-Aid Solutions** — The cost of interim updates to the physician fee schedule should not be shifted to other years, making permanent SGR reform even more difficult, and costly, to achieve. As a result of previous interim updates, physicians currently face a 22 percent fee reduction in January 2010.
- **Exclude Part B Drugs from SGR Calculation** — The costs of prescription drugs administered in the physician's office should be excluded from the SGR formula calculation retroactively, since they are not physician services. Doing so would help lower the cost significantly of a permanent solution to the SGR.
- **Clearly Define Transition** — Physicians need to have a sense of how long the transition to a new formula can be expected to last and what payment updates would apply in that period, so that they can make decisions about investments in their practices to improve the quality and efficiency of care they provide to Medicare beneficiaries.

As Congress and the Obama administration craft health-care reform proposals that include delivery and payment reform, the AGA will continue to be the voice of gastroenterology on Capitol Hill fighting to ensure that gastroenterologists are fairly reimbursed and that patients continue to have access to high quality specialty care.

Expanding Access to Colorectal Cancer Screenings



The Situation

The AGA firmly believes that all Americans should have access to lifesaving colorectal cancer screenings. We know that screening saves lives, yet less than half of Americans are screened. The problem is exacerbated for those without insurance or whose plan does not cover screenings.

The AGA, the American Cancer Society, the U.S. Preventive Services Task Force and others recommend that all men and women at average risk for colorectal cancer get screened beginning at age 50. Patients should have the ability to consult with their doctor to choose one of several screening options that is best for them, including a screening colonoscopy every 10 years. This is the standard coverage that has been adopted by most Federal Employees Health Benefit Plans, as well as Medicare.

Our Position

The Colorectal Cancer Early Detection, Prevention and Treatment Act (H.R. 1189), legislation introduced by Reps. Kay Granger, R-TX, and Patrick Kennedy, D-RI, will help achieve the goal of increased colorectal cancer screening and will help to save countless lives in this country.

AGA Advocacy

The AGA has been a strong supporter of H.R. 1189, which would create a colorectal cancer screening program at the Centers for Disease Control and Prevention (CDC) similar to the successful Breast and Cervical Cancer Screening Program. The AGA has actively supported this legislation for the past three years and has been working with Reps. Granger and Kennedy's offices to strategize for its passage in the 111th Congress.

The legislation would:

- Establish a screening and treatment program at the CDC that would target individuals between the ages of 50 and 64 and those at high-risk under 50.
- Prioritize screening for low-income, uninsured and underinsured patients.
- Provide case management and referrals to treatment for screened individuals.
- Ensure the full continuum of care for individuals screened, including appropriate follow-up, diagnostic and therapeutic services.

President Obama stated in his budget blueprint the need to emphasize preventive care and services and singled out the need to increase the rate of colorectal cancer screenings in this country. The AGA will continue to work with members of the colorectal cancer advocacy community in lobbying Congress to enact the legislation this year.



Health Information Technology

The Situation

Health information technology (HIT) has the potential to increase efficiency and quality of care and to lower health-care costs significantly.

Congress made significant strides in the implementation of HIT with the passage of the American Recovery and Reinvestment Act of 2009 by providing physicians with opportunities to receive enhanced Medicare payments to support adoption and effective utilization of HIT. However, many physician practices, particularly smaller practices, continue to face barriers to purchasing HIT systems.

Our Position

The AGA is concerned that many physicians will not be able to take advantage of the enhanced payments to purchase HIT because of the aggressive timelines for implementation, the fact that current systems lack certification and interoperability standards, and the privacy issues that need to be addressed.

Although the AGA firmly believes that HIT can play an important role in achieving and maintaining high performance, Congress should not rush to penalize providers without first implementing incentives for greater adoption of HIT use and monitoring any potential unintended consequences.

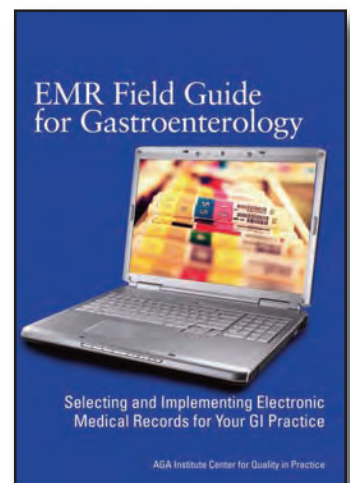
AGA Advocacy

The AGA strongly supports the development of an electronic health information network that is reliable, interoperable and secure, and protects patient privacy.

Congress should provide financial incentives to cover HIT start-up costs, training and maintenance. Incentives should be structured as bonuses, not penalties.

The federal government should facilitate the development, harmonization and adoption of interoperability standards.

The AGA has identified the clinical and functional criteria necessary for electronic medical record systems for gastroenterology practices, and has published the *EMR Field Guide for Gastroenterology* based on those criteria to help GI practices navigate the selection and implementation of an EMR.





Patient-Centered Medical Home

The Situation

The Patient-Centered Medical Home (PCMH) is a proposed model for care coordination that attempts to reflect the value of physician-led care management that falls outside of the face-to-face encounter, such as coordination of care, enhanced communication and access, adoption of health information technology, and measurable improvements in quality. As proposed by the American College of Physicians (ACP) and other primary care groups, the model would involve patients having a personal physician who leads an integrated team of health professionals to provide coordinated care to the patient, ideally utilizing information technology tools.

Our Position

Gastroenterologists, as internal medicine subspecialists, should be able to serve as a medical home.

The AGA believes a team approach to care coordination will work best for patients with three or more chronic conditions or other patients with defined special needs, where management and integration of care may be of benefit. While the PCMH should be an option for patient care, it should remain voluntary for both the patient and physician.

AGA Advocacy

The AGA supports the PCMH concept, but firmly believes that it should not develop into a gatekeeper model that could limit beneficiary access to specialist services. Proposals to expand Medicare's role in the medical home should not move forward before thoroughly testing this potentially useful model for care coordination.

The AGA currently serves on the ACP's Council of Subspecialty Societies' Work Group on PCMH, providing input to ensure subspecialties like gastroenterology continue to play a key role in patient care and to ensure timely access to specialty care. The AGA believes that care coordination can benefit both physicians and patients and can result in more cost-effective and appropriate care. The use of electronic communication, home monitoring and telemedicine, pharmacists, and care managers to improve care and optimize health outcomes can be incentivized through appropriate payment mechanisms. There is an opportunity for physicians and patients to improve care by adopting the principles of coordination, quality, accountability and education.



Physician Quality Reporting

The Situation

The AGA is a leader in the development of GI quality measures and works with the AMA's Physicians Committee on Performance Improvement and the National Quality Forum to establish meaningful, useful and appropriate measures to improve GI care.

Since the inception of the Physician Quality Reporting Initiative (PQRI), Medicare's voluntary reporting program, the AGA has sought to educate members and provide resources to help them utilize this program. The AGA has been a lead developer of the GERD, hepatitis C and polyp surveillance/endoscopy measures that have been included over the years in the PQRI program.

Our Position

The AGA actively supports quality improvement and recommends CMS enhance the PQRI.

There is an opportunity to better understand the quality of care that gastroenterologists provide their patients, which will enable the AGA to continue to champion improvements in patient care, efficiency and outcomes related to digestive diseases.

AGA Advocacy

As part of the Medicare Improvement for Patients and Providers Act, Congress expanded the PQRI program through 2010 and provided physicians with a 2 percent bonus for reporting on measures. Although the AGA has actively supported quality improvement, we continue to recommend that CMS make improvements to the PQRI.

Specifically, the AGA recommends that:

- CMS provide physicians with access to their data in a timely manner and have a reasonable appeals process.
- CMS does not make quality data publicly available until its validity has been verified.
- Congress should not mandate quality reporting nor impose penalties for failure to participate.

As Congress debates health-care reform this year and tries to revamp the current payment system to provide incentives based on performance measures, the AGA will continue to be a leader in the quality arena by identifying areas in gastroenterology that warrant enhanced quality and efficiency measures. The AGA will also provide informational and educational resources for practices to support high-quality care.

Comparative Effectiveness Research



The Situation

The economic stimulus bill included \$1 billion in funding for comparative effectiveness research (CER) — research to determine which treatments work best for which patients.

Our Position

CER can be a valuable tool for improving health-care quality and value by empowering patients, physicians and other health-care providers, as well as health-care decision makers with sound evidence for good decision making. At the same time, it can be misapplied in ways that restrict patient access to optimal care and discourage medical advances.

AGA Advocacy

The AGA recommends the following guiding principles to NIH to ensure that CER does not limit patient access to optimal care or discourage medical advances:

- CER should not be a vehicle for making centralized coverage and payment decisions.
- Public comments should be sought regarding the CER entity's research priorities, agenda, peer-review process, dissemination protocols and research design. A formal comment period should also apply to research findings.
- Permanent and ad hoc advisory panels appointed by the CER entity should include members who are board certified specialist and subspecialist clinicians who are involved in treating the disorder under consideration.
- Health-care providers should be provided with medical liability protections when they follow practice guidelines recommended by the CER entity.

The AGA will continue to work with the Partnership to Improve Patient Care, a coalition of patients, physicians, and other health-care providers dedicated to promoting CER, which supports patient access and informed health-care decision-making and fosters continued medical progress. The AGA will monitor the implementation of the \$1 billion provided to the Department of Health and Human Services within the American Recovery and Reinvestment Act to ensure appropriate implementation of CER.



NIH Funding

The Situation

In February, Congress passed a \$789 billion economic stimulus bill that included a \$10 billion increase in NIH funding.

The AGA worked closely with our allies in the research community to craft a message that justified including NIH funding in the stimulus bill as a means to improve the economy. Families USA recently completed a study on the economic impact of NIH funding and provided some solid data on which to base our arguments — see the charts on the right.

These economic statistics helped bolster the efforts of long-time NIH supporters in Congress to press for emergency spending for NIH. In fact, with \$3.5 billion for NIH already in the Senate stimulus package, Sens. Arlen Specter, D-PA, and Tom Harkin, D-IA, offered a successful amendment, which added another \$6.5 billion for NIH.

The final version of the legislation includes \$8.2 billion for research and the remaining \$1.8 billion for buildings and facilities. Of the \$8.2 billion, \$7.4 billion will be spread among the institutes in proportion to their percentage of the overall NIH budget (about 4.7 percent for NIDDK). The remainder of the research portion of the funding will go to the Office of the Director of NIH for cross-cutting research initiatives. The funds included in the stimulus legislation will be available through Sept. 30, 2010.



Source: Families USA

Our Position

AGA supports the Obama administration's call for a doubling of the NIH budget over the next 10 years.

AGA Advocacy

For the remainder of 2009, AGA will be working with our allies in the research community to press for meaningful increases for NIH to ensure more stable long-term funding for biomedical research.

National Commission on Digestive Diseases



The Situation

Thanks in large part to AGA's advocacy, the National Commission on Digestive Diseases (NCDD) was created to develop a long-range blueprint for digestive disease research at the NIH. The Commission report, released in February 2009, included specific research goals in each of 12 scientific topic areas covering virtually all digestive diseases. Producing the report was a herculean effort involving more than two years of deliberations among more than 100 experts in various areas of digestive diseases research. The fact that the process was transparent, involving five meetings that were open to the public and a public comment period on the final draft report, is a model for developing consensus among the various constituencies of the digestive diseases community. By all accounts, the final report, which is a long-range plan for research in digestive diseases, is an outstanding scientific document.

The accompanying report, entitled *The Burden of Digestive Diseases in the United States*, provides some very helpful, if alarming, statistics on the state of digestive diseases in this country. According to the report, the annual cost of digestive diseases to society is a staggering \$141.8 billion.

Our Position

The AGA believes the NCDD final report is an ideal blueprint for pursuing research to identify new treatments and cures for the more than 70 million patients with digestive diseases.

AGA Advocacy

While development of the NCDD final report and recommendations is a big step forward, it is important that the tireless efforts of the many experts and other resources involved in this process are put to good use. The AGA is currently implementing an advocacy plan to move the NCDD recommendations forward. These efforts include:

- Securing an estimate of the costs to implement the NCDD recommendations.
- Identifying an advisory body to ensure the recommendations are implemented from start to finish.
- Securing funding for the recommendations.



The Plight of the MD Investigator

The Situation

The total number of physician-scientists involved in NIH research has not increased between 1980 and 2004 despite the doubling of the NIH budget from 1999 to 2003. Flat funding for NIH since 2003 has only exacerbated the problem of attracting physicians into careers in research. The AGA is increasingly concerned with this trend and has developed an advocacy campaign to address the issue.

Our Position

The AGA believes it is essential for a highly respected academic research organization, such as the Institute of Medicine, to conduct a thorough analysis of the current problems and issues surrounding the recruitment and retention of physician-scientists and to recommend long-term solutions. Such a study should not only examine why physicians are not choosing careers in research but also the reason that physicians choose research careers only to drop out at critical junctures in their scientific path.

AGA Advocacy

The AGA has met with key congressional leaders to discuss the attrition of physician-scientists and specific areas of study that are needed to develop a better “business plan” to encourage more physicians to choose research as a career.

We will continue to educate key policymakers in an effort to secure a comprehensive study with recommendations for revitalizing the interest of physicians in careers in research.

Action of AGA Members Essential to

It has never been more important for GIs to take action in the legislative arena. The AGA is dedicated to the mission of advancing the science and practice of gastroenterology. AGA is a leader in political and legislative advocacy on behalf of gastroenterologists and our patients. Additional steps are essential if we are to become a true political powerhouse. AGA is enhancing our grassroots program to bring our message to policymakers in Congress.

Now that health-care reform is a major focus of the new administration and the 111th Congress, it has never been more important for gastroenterologists to take part in the legislative process. We must act together in an organized and effective manner to ensure that GI clinicians and researchers are not left out of the debate.

What You Can Do

Contact Your Representatives

There are 100 senators, 435 house members and more than 30,000 staff members all of whom have one thing in common — they must win elections to keep their jobs. Although it may not always be apparent, legislators care about what you say not only because you vote as a constituent, but also because you are an expert on issues affecting the science and practice of gastroenterology. AGA encourages members to contact their legislators on key GI issues by visiting AGA's Web site at www.gastro.org/advocacy and clicking on the circle that says "Take Action Now." There are many specialty groups in DC vying for finite attention from legislators, so the more attention gastroenterology can generate on a local level, the better our chances of success.

Visit Your Representatives

One of the most effective grassroots strategies is to meet face to face with your representatives or their staff. If you are interested in setting up a meeting in your area, the AGA can help you prepare and provide materials to aid in your meeting. For further information, contact Annie Marcklinger at (240) 482-3221 or amarcklinger@gastro2.org.

Tell Your Colleagues and Trainees

There is no better way to expand our network of engaged gastroenterologists than for you to recruit your colleagues to join in our effort. As we have seen across the political spectrum over the last few years, networking and local grassroots involvement have become powerful tools. Please help us grow our grassroots base to ensure we have the manpower to be an effective voice for GIs with Congress.

Moving Our Legislative Agenda

What AGA is Doing on Your Behalf

The AGA develops and implements a rigorous public policy agenda. This agenda includes issues relating to clinical practice and biomedical research in practice and academic environments.

AGA's professional staff interacts with Congress and regulatory agencies on an ongoing basis to promote and protect the interests of gastroenterologists and their patients. We also play a leadership role in forming and participating in coalitions on many issues in order to maximize our effectiveness in advocacy campaigns.

On a daily basis, we:

- Meet with congressional offices to ensure fair payment for GI services.
- Encourage Congress to ensure patient access to life saving CRC screening and other GI services.
- Work with congressional leaders to encourage adequate funding for digestive diseases research.
- Collaborate with NIH to advance the recommendations of the National Commission on Digestive Diseases.
- Use AGA's political action committee to help give gastroenterology a greater voice on Capitol Hill.

We need your help to convey AGA's message on key public policy priorities to Congress and to establish and strengthen relationships with congressional offices. We hope you will get involved today by committing to play a role in preserving the future of digestive disease research and the clinical practice of gastroenterology.

Please take a moment to visit our Web site www.gastro.org/advocacy to see what you can do. Together, we will protect and strengthen the science and practice of gastroenterology.

Connecting Members and Lawmakers

The CapWiz•XC™ system — available at www.gastro.org/advocacy — enables AGA members to directly contact their elected officials about the issues of most importance to them.



Physicians in the 111th Congress

The historic 2008 elections resulted in the election of four additional physicians to the 111th Congress. The AGA congratulates congressional newcomers: Rolf “Parker” Griffith, MD, D-AL; Bill Cassidy, MD, R-LA; John Fleming, MD, R-LA; and David “Phil” Roe, MD, R-TN.

The AGA looks forward to continuing its work with Congress to promote and protect the interests of gastroenterologists and their patients.

MDs in 111th Congress

- Rep. Charles Boustany, MD, R-LA, *Cardio-Thoracic Surgery*
- Rep. Paul Broun, MD, R-GA, *Family Medicine*
- Rep. Michael Burgess, MD, R-TX, *OB/GYN*
- Rep. Bill Cassidy, MD, R-LA, *Gastroenterology*
- Rep. Donna Christian-Christensen, MD, D-VI, *Family Medicine*
- Rep. John Fleming, MD, R-LA, *Family Medicine*
- Rep. Phil Gingrey, MD, R-GA, *OB/GYN*
- Rep. Rolf “Parker” Griffith, MD, D-AL, *Medical Oncology*
- Rep. Steve Kagen, MD, D-WI, *Allergy/Immunology*
- Rep. Jim McDermott, MD, D-WA, *Psychiatry*
- Rep. Ron Paul, MD, R-TX, *OB/GYN*
- Rep. Tom Price, MD, R-GA, *Orthopedic Surgery*
- Rep. David “Phil” Roe, MD, R-TN, *OB/GYN*
- Rep. Vic Snyder, MD, D-AR, *Family Medicine*

- Sen. John Barrasso, MD, R-WY, *Orthopedic Surgery*
- Sen. Tom Coburn, MD, R-OK, *Family Medicine*

AGA Welcomes First GI Congressman



Bill Cassidy,
MD, R-LA

AGA hosted an open house for incoming congressman and gastroenterologist Bill Cassidy, MD, R-LA, on Jan. 6, 2009 — congressional swearing-in day. The event was well attended by representatives from many medical specialty societies.

Rep. Cassidy spoke about the need to reform the health-care system given his experience working in a public hospital and caring for the uninsured. He noted that he will be part of the Republican Study Conference, through which he will formulate health policy ideas for the Republican party. He hopes to have an influence on health-care policy and reform through his role in this body.

Dr. Cassidy spoke with AGA representatives and indicated that he looks forward to working with the AGA and other medical colleagues during the 111th Congress. He explained that he is eager to bring the perspective of a practicing physician to the new Congress.

Dr. Cassidy was a member of the Louisiana State Senate and is an associate professor of medicine at LSU Health Science Center. He co-founded the Greater Baton Rouge Community Clinic, which provides health care to the uninsured and helped develop a school-based hepatitis B program. He was elected to the House of Representatives from the sixth congressional district of Louisiana in November, defeating Democratic incumbent Rep. Don Cazayoux. Cassidy is the first gastroenterologist to be elected to Congress and joins a growing number of physicians in the House. AGA PAC is proud to have contributed to his successful campaign.

AGA looks forward to working with Dr. Cassidy on issues important to gastroenterologists and patients with digestive diseases.

*“GIs should understand that there is no substitute
for actively participating in a candidate’s
political career from the beginning.
Early support is important to a successful campaign
and not soon forgotten by the candidate.”*

— Congressman Bill Cassidy, MD

The AGA PAC

The AGA uses our political action committee (PAC) as a tool to show support for candidates who understand and champion issues important to gastroenterologists. The AGA PAC complements our active grassroots program, which shows legislators that their gastroenterology constituents support or oppose a specific position on an issue. Since its inception in April 2006, AGA PAC has received contributions from over 550 members. More than 165 contributors have given to AGA PAC more than once.

AGA PAC contributes to federal candidates who support:

- Securing a long-term fix to the flawed Medicare physician payment formula.
- Ensuring life-saving access to colorectal cancer screening and other gastroenterological services.
- Restoring meaningful increases to the NIH budget.
- Implementing the long-range research plan developed by the National Commission on Digestive Diseases.

The AGA PAC Board of Advisors followed an aggressive contribution schedule during the 2008 elections with a focus on friendly incumbents and open seat candidates (races in which an incumbent was not running). AGA PAC contributed \$90,500 to 55 candidates and members of Congress over the course of the 2008 cycle with a 96 percent success rate.

AGA PAC's 2008 Election Cycle Activity: U.S. Senate

Senate Race	08 Election Results	AGA PAC Contribution
Sen. Max Baucus, D-MT	W	\$2000
Sen. Sherrod Brown, D-OH	*	\$1000
Sen. Ben Cardin, D-MD	*	\$1000
Sen. Norm Coleman, R-MN	Recount	\$2000
Sen. Susan Collins, R-ME	W	\$2000
Sen. Tom Harkin, D-IA	W	\$2000
Candidate Mike Johanns, R-NE	W	\$2000
Sen. Tim Johnson, D-SD	W	\$2000
Sen. Mary Landrieu, D-LA	W	\$1000
Sen. Mitch McConnell, R-KY	W	\$1500
Sen. Jack Reed, D-RI	W	\$3000
Candidate Gov. Jim Risch, R-ID	W	\$2000
Sen. Pat Roberts, R-KS	W	\$2000
Sen. John Rockefeller, D-WV	W	\$1000
Sen. Ken Salazar, D-CO	*	\$1000
Sen. Gordon Smith, R-OR	L	\$1000
Sen. Arlen Specter, D-PA	*	\$4000
Candidate Rep. Mark Udall, D-CO	W	\$2000
Candidate Rep. Tom Udall, D-NM	W	\$2000
Candidate Gov. Mark Warner, D -VA	W	\$2000
Sen. Roger Wicker, R-MS	W	\$1000

* Did not run in 2008 election cycle

AGA PAC's
2008 Election
Cycle Activity:
U.S. House

House Race	08 Election Results	AGA PAC Contribution
Rep. Shelly Berkley, D-NV	W	\$1000
Rep. Roy Blunt, R-MO	W	\$3000
Rep. Michael Burgess, R-TX	W	\$2000
Rep. Dave Camp, R-MI	W	\$1000
Rep. Lois Capps, D-CA	W	\$2000
Candidate Bill Cassidy, R-LA	W	\$2000
Rep. Rosa DeLauro, D-CT	W	\$3000
Rep. John Dingell, D-MI	W	\$2000
Rep. Eliot Engel, D-NY	W	\$1000
Rep. Phil English, R-PA	L	\$1000
Rep. Bart Gordon, D-TN	W	\$3000
Rep. Gene Green, D-TX	W	\$2000
Candidate Parker Griffith, D-AL	W	\$1000
Rep. Steny Hoyer, D-MD	W	\$2000
Rep. Jesse Jackson, Jr., D-IL	W	\$1000
Rep. Ron Kind, D-WI	W	\$3000
Rep. Jim Matheson, D-UT	W	\$1000
Rep. Jim McGovern, D-MA	W	\$1000
Rep. Kendrick Meek, D-FL	W	\$1000
Rep. David Obey, D-WI	W	\$1000
Rep. Frank Pallone, Jr., D-NJ	W	\$3000
Rep. Joe Pitts, R-PA	W	\$1000
Rep. Earl Pomeroy, D-ND	W	\$3000
Rep. Charles Rangel, D-NY	W	\$1000
Rep. Laura Richardson, D-CA	W	\$1000
Rep. Mike Rogers, R-MI	W	\$1000
Rep. Bobby Rush, D-IL	W	\$1000
Rep. Allyson Schwartz, D-PA	W	\$1000
Rep. John Shadegg, R-AZ	W	\$1000
Rep. Fortney Pete Stark, D-CA	W	\$2000
Rep. Mike Thompson, D-CA	W	\$1000
Rep. Chris Van Hollen, D-MD	W	\$1000
Rep. Nydia Velazquez, D-NY	W	\$1000
Rep. Henry Waxman, D-CA	W	\$1000



Top Issues for GI



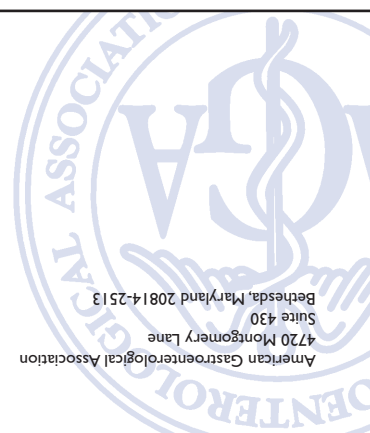
AGA Advocates for GI Issues in 111th Congress

- ★ AGA believes we must ensure that all Americans have access to affordable health-care coverage.
- ★ AGA sees reforming the Medicare payment system as a fundamental part of health-care reform.
- ★ AGA is working to ease GI practices' adaptation to government-mandated health information technologies.
- ★ AGA actively supports quality improvement, but recommends CMS enhance the Physician Quality Reporting Initiative.
- ★ While recognizing the need to strengthen primary care, AGA will not support proposals that provide additional payments to primary care physicians at the expense of specialists.
- ★ While comparative effectiveness research (CER) can provide sound evidence for clinical decision making, AGA recommends NIH take steps to ensure that CER doesn't limit patient access to optimal care or discourage medical advances.
- ★ AGA supports the Obama administration's call for doubling the NIH budget over the next 10 years.
- ★ The AGA believes the National Commission on Digestive Diseases final report is an ideal blueprint for pursuing research to identify new treatments and cures for the more than 70 million patients with digestive diseases.
- ★ The AGA believes it is essential for a highly respected academic research organization, such as the Institute of Medicine, to conduct a thorough analysis of the current problems and issues surrounding the recruitment and retention of physician-scientists and to recommend long-term solutions.

You Can Help!

Get Involved in AGA's Advocacy Efforts

Go to www.gastro.org/advocacy or contact Annie Marcklinger at 240-482-3221 or amarcklinger@gastro2.org.



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