

# WORKING TO CORRECT SCREENING COLONOSCOPY COST SHARING

The AGA advocates that Congress pass H.R. 1070, Removing Barriers to Colorectal Cancer Screening Act. This legislation will ensure that patients are no longer responsible for the coinsurance when a colonoscopy screening becomes therapeutic under Medicare.

51

Cosponsors of H.R. 1070, Removing Barriers to Colorectal Cancer Screening Act

24

Members of Congress signed a letter to the leadership asking that H.R. 1070 be included as part of a larger SGR package.

20

Percent of screenings turn therapeutic.

\$250

Average out-of-pocket costs that a Medicare beneficiary could incur if a screening becomes therapeutic.



## AGA Action Report: Learn how we are working for you in Washington.

351-005COM\_14-1

### KEY CONGRESSIONAL BRIEFINGS

#### The Gut Microbiome — The Future of Research & Patient Care

AGA Center for Gut Microbiome Research and Education conducted a standing-room-only briefing on Capitol Hill that provided members of Congress and their staff the opportunity to hear from and participate in a dialogue with a panel of experts from the scientific community on this exciting new field of research.

Learn more at [www.gastro.org/microbiome](http://www.gastro.org/microbiome).



Loren A. Laine, MD, AGAF, past president, AGA Institute, moderated the briefing, during which Martin J. Blaser, MD, scientific advisory board member, and Gary D. Wu, MD, chair of the center's scientific advisory board, presented.

#### Opportunities and Challenges in Reducing Colorectal Cancer

AGA, ACG and ASGE launched a joint campaign *The Value of Colonoscopy: Saving Lives Through Expert Care*

with a packed Congressional briefing. The societies highlighted the need to ensure access to life-saving colorectal cancer screening procedures while working together

to improve the quality and affordability of health care for all Americans.

For more information, visit [www.valueofcolonoscopy.org](http://www.valueofcolonoscopy.org).

For more information, visit [www.gastro.org/policy](http://www.gastro.org/policy).



# The AGA ACTION REPORT

GIs TRUSTED VOICE IN WASHINGTON

## AGA OBJECTS TO CMS SLASHING REIMBURSEMENT WITHOUT PUBLIC COMMENT

CMS cut 2014 reimbursement for upper GI procedures at unprecedented levels. The agency is required to provide advance notice of "changes in" reimbursement rates with time for public comment. On the Hill, AGA is speaking with lawmakers about the fact that CMS didn't allow time for public comments, compromising the

timing of our appeal, which is ongoing in cooperation with the other GI societies.

Next year, the lower GI endoscopy codes are up for review. We're working with champions in Congress to ensure that CMS doesn't repeat the same process. Get ready. We will need you to contact your lawmakers on this issue.

Estimated loss to GI code families.

**-11**

PERCENT

Esophagoscopy

**-12**

PERCENT

EGD

**-12**

PERCENT

ERCP

### Despite physician unity, Congress passes another payment patch.

Key House and Senate committees have reached a compromise to repeal the sustainable growth rate (SGR) formula and move physicians to a value-based reimbursement system, H.R. 4015/S. 2000 SGR Repeal and Medicare Provider Modernization Act. AGA, and all of the medical community, has long advocated for this change. Unfortunately, despite all of the support for this

legislation from both parties, both chambers and the entire medical community, the legislation fell victim to partisan politics.

The House passed the legislation, but most Democrats opposed the bill since it was financed by delaying the individual mandate under the Affordable Care Act for five years. Knowing that the Senate would not pass their version and with the temporary patch expiring, the House and Senate leadership rushed through a one-year patch despite the opposition from AGA and the entire physician community. The

patch is financed partially by expanding CMS's existing authority over misvalued codes, which disproportionately targets specialty physicians. Given CMS's recent actions and their lack of transparency, we are concerned that this expanded authority will continue to put pressure on the agency to cut specialty care. We will continue to call on Congress to ensure that CMS provide a more open and transparent process and despite the patch, we continue to call on Congress to build on the support for a permanent repeal and enact meaningful long-term reform.

**110**

Meetings with legislators urging them to repeal the broken Medicare payment system.

## WE SEE LIGHT ON THE HORIZON RELATED TO NIH FUNDING

NIH funding is dismal, but word on the Hill is that there is bipartisan support for NIH funding and the prospects are decent for improved funding levels. AGA emphasizes the need for Congress to fund NIH at \$32 billion for fiscal year 2015, which represents the minimum investment necessary to avoid further loss of promising research and to allow the NIH budget to keep pace with inflation. Unlike recent years, the appropriations committee is now operating under "regular order," which, in layman's terms, means that we may actually see an NIH funding bill. AGA has heard from several senators who are optimistic that NIH funding could improve.

**1** Meeting with **Griffin Rodgers, MD**, director of NIDDK; **Gregory Germino, MD**, deputy director of National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); and five advocacy organizations to discuss advocating on behalf of the NIDDK.

Number of meetings with legislators on the importance of NIH funding.

**60**



## COALITIONS

AGA works in coalition with other influential groups to advance the priorities of the GI community in Washington, DC.

- Ad Hoc Group on Medical Research
- Alliance of Specialty Medicine
- Coalition for Patient-Centered Imaging
- Council of Subspecialty Societies
- Deadliest Cancers Coalition
- Digestive Diseases National Coalition
- Friends of the NIDDK
- National Colorectal Cancer Roundtable
- Partnership to Improve Patient Care

## WORKING TO REDUCE THE REGULATORY BURDEN ON GI PRACTICES

**159**

Pages of comments provided to federal agencies, including the HHS Office of the National Coordinator and CMS.

**9**

Meetings conducted with federal agencies, including CMS and the Government Accountability Office.

**4**

Physicians nominated to federal panels and workgroups, including three who were accepted for a public/private sedation workgroup that will provide recommendations to FDA.

## AGA POLITICAL ACTION COMMITTEE

Amount raised since inception

**\$649,170.45**

**2014**

Support AGA PAC's work in the midterm elections

**>90**

PERCENT AGA-PAC backed candidates who won in the 2012 elections.

**100**

PERCENT

Contributions to AGA PAC that go directly to candidate support; no monies are used for overhead cost.



**113TH CONGRESS**  
2013-2014

SENATE

3 physicians  
1 optometrist

HOUSE

17 physicians  
2 dentists  
2 veterinarians  
1 psychiatrist  
5 nurses