



Leading the Way

2007 AGA Legislative Annual Report

A review of major issues and activities by the
Public Affairs and Advocacy Committee and the AGA Public Policy Department

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Dear
Colleague,

On behalf of the Public Affairs and Advocacy Committee, I am pleased to present to you the 2007 AGA Legislative Annual Report. This publication has been specifically designed to update you on the diverse activities of the committee and the AGA Public Policy Department in advocating to federal policymakers on your behalf.



This is a challenging time for the medical profession. In 2007, Congress addressed many issues important to gastroenterologists such as the Medicare physician reimbursement update, quality measures and increased funding for digestive diseases research. Federal agencies also deliberated issues involving a new reimbursement system for Ambulatory Surgery Centers and other regulatory proposals. Our efforts were complicated by a Congress deadlocked in partisan rancor and an overextended federal budget that was committed to military conflict abroad and fiscal challenges at home. Despite these impediments, the AGA was able to secure some positive outcomes for members in 2007.

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 that 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 was very active in 2007 in supporting the campaigns of gastroenterology's champions in Congress. AGA PAC is the only political action committee supported by a national gastroenterology society.

This year promises to be an extremely challenging period as well since, historically, very little is accomplished in Congress during an election year. Please be assured however, that AGA will be aggressive in our advocacy efforts on your behalf and we will keep you updated on these activities.

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

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

Medicare Physician Reimbursement

The Situation The sustainable growth rate (SGR) formula, which dictates physician reimbursements under Medicare, is an extremely flawed system. Since it was established in 1997, its flaws have caused such disruption that Congress has been forced to enact four temporary measures to prevent cuts in physician reimbursement and keep the system functioning.

This year was no different. Without congressional intervention, physicians were scheduled to receive a 10 percent cut in January 2008.

Our Position **The Medicare physician reimbursement system is flawed. It is time for a new system. Congress must take action on a long-term remedy.**

AGA Action With a new Democratic majority in both the House and the Senate, the AGA geared up for the 110th Congress with our allies in the Alliance of Specialty Medicine. Together, we advocated for a permanent fix to the broken Medicare physician payment system and worked to prevent a 10 percent cut from being implemented on Jan. 1, 2008.

The AGA worked with the leaders of the key health committees in both the House and the Senate throughout the year as they sought to craft a solution to the Medicare physician payment crisis.

AGA members came to Washington to meet with more than 70 congressional offices to discuss the flawed payment system. Members from around the country sent almost 900 letters to lawmakers through AGA's online advocacy system.

Legislative Process Legislation passed the House that prevented two years of scheduled physician payment cuts, which were largely financed by cuts to Medicare Advantage (managed care) plans and a .45 cent tobacco tax. The legislation also made changes to the SGR formula by removing physician-administered drugs from the formula and more accurately accounting for new coverage decisions under Medicare expenditure limits, two key points that the AGA has advocated for years to change. Additionally, the Senate Finance Committee drafted language to address the Medicare physician payment issue with cuts to Medicare Advantage.

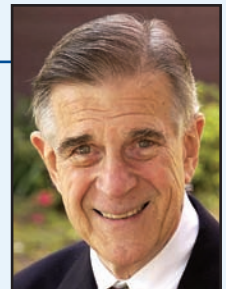
Congressional Champions

Rep. John Dingell, D-MI, has been a long time champion of reforming the current Medicare physician payment formula and has authored numerous pieces of legislation over the past seven years to repeal the SGR and provide physicians with a stable payment system.

Rep. Pete Stark, D-CA, along with Rep. Dingell, sponsored the CHAMP Act in the House which financed two years of positive updates for physicians before transitioning into a new system.



Rep. John Dingell, D-MI



Rep. Pete Stark, D-CA

The Outcome

Unfortunately, the solutions based on Medicare Advantage cuts were doomed – the Bush administration threatened to veto any Medicare package that included cuts to that program.

In the waning days of the congressional session, the House and Senate eventually agreed to a scaled back six-month patch to prevent the scheduled 10 percent cut from being implemented.

The House and Senate passed the Medicare, Medicaid, and SCHIP Expansion Act of 2007 (S. 2499), which provides physicians with a .5 percent update through June 30, 2008. However, on July 1, 2008, physicians will be faced with a 10 percent cut in Medicare reimbursement. AGA will join organized medicine in fighting this cut.

Specifics about the Medicare legislation:

- The .5 percent increase is partially financed by \$1.5 billion from the Medicare Advantage stabilization fund, cuts to rehabilitation hospitals, and funding from the Physicians Assistance and Quality Initiative Fund.
- Since the temporary fix is not entirely financed by new money, physicians will face deep cuts on July 1, 2008.
- The legislation expands the Physician Quality Reporting Program (PQRI), extends the geographic work adjustment for rural physicians and extends the State Children's Health Insurance Program (SCHIP) program for 18 months at current levels.

Advocacy Plan for 2008

- ★ **Congress must act to avert cuts scheduled for 2008.** The AGA is disappointed that once again Congress failed to enact meaningful reform to the Medicare physician payment system, which would provide stability for both physicians and patients.
- ★ **The AGA will continue to fight for fair and meaningful payment reform.** The AGA, along with all of organized medicine, has long advocated for at least a two-year payment remedy that is fully-financed. Any fix must move physicians into a new payment system that ensures that physicians are adequately reimbursed and patients have access to the quality health care that they deserve.

January 2007

AGA and the Alliance of Specialty Medicine begin lobbying and working with new congressional leadership to avert a 10 percent Medicare physician reimbursement cut and enact a long-term solution to the sustainable growth rate (SGR) formula.

July 2, 2007

CMS issues proposed rule on 2008 physician fees that includes a -9.9 percent cut, as required under the SGR formula.

July 10–11, 2007

Alliance of Specialty Medicine conducts annual Washington Leadership Fly-In. AGA Members Carla Ginsburg, MD, MPH, AGAF, and Courtney Houchen, MD, and other specialty physicians meet with legislators to advocate against the 10 percent payment cut.

July 25, 2007

The Children's Health and Medicare Protection (CHAMP) Act (H.R. 3162) is introduced in the House. The bill provides two years of positive updates for physicians before transitioning into a new payment system.

August 1, 2007

House passes CHAMP Act by a vote of 225-204.

August 23, 2007

AGA, ASGE and ACG submit joint comments to CMS expressing extreme concern about the payment cuts and stressing the need for congressional intervention.

August 31, 2007

Alliance of Specialty Medicine submits comments to CMS reiterating points in the letter from the GI societies and stating that CMS has repeatedly refused to take drugs out of the SGR pool while also underestimating the costs of new Medicare benefits.

September 28, 2007

AGA members meet with 70 congressional offices to lobby against the 10 percent cut in Medicare physician payments.

November 1, 2007

CMS releases final rule on 2008 physician fees with a physician reimbursement cut of -10.1 percent.

December 19, 2007

Congress passes the Medicare, Medicaid, and SCHIP Extension Act of 2007 (S. 2499), which provides a .5 percent increase in Medicare fees through June 30, 2008, and prevents the 10.1 percent cut.

December 29, 2007

President Bush signs S. 2499 into law. A physician pay cut is temporarily averted.

Quality Reporting

The Situation

In 2006, Congress created the Physicians Quality Reporting Program (PQRI) under which physicians who voluntarily reported on quality measures from July 1 through Dec. 31, 2007, became eligible for an additional 1.5 percent lump sum payment on all Medicare charges. The 2007 PQRI list of quality measures included four GERD measures that were developed and approved by the AGA and the AMA Physician Consortium for Performance Improvement™ (PCPI).

CMS released its proposed rule on the 2008 PQRI program at the same time the 2007 program was implemented – timing that precluded CMS from evaluating the strengths and weaknesses of the 2007 program as a way of improving it for future years.

Our Position

The AGA and the Alliance of Specialty Medicine strongly believe that, like any demonstration program, the 2007 PQRI should be thoroughly evaluated prior to continued implementation. The AGA and the alliance also call for clearly defined, physician-driven processes for measure development and endorsement, such as the PCPI process in which the AGA participates.

AGA Action

The AGA and the Alliance of Specialty Medicine advocated to Congress for the need for additional oversight and guidance in order for the PQRI program to be effective. AGA members visited their lawmakers to discuss our concerns.

Legislative Process

The AGA and the alliance successfully facilitated the introduction of the Voluntary Medicare Reporting Act (S.1519/H.R. 2749), legislation requiring CMS to evaluate the PQRI program. The bill also outlined a fair, transparent and consistent process for development, endorsement and implementation of quality measures.

The Outcome

Unfortunately, due to Congress' inability to find palatable fiscal offsets and pass a comprehensive Medicare package, this legislation was not included in the final scaled-back Medicare bill that Congress passed at the end of the year.

Congressional Champions

All three legislators sponsored S. 1519/H.R. 2749, legislation requiring CMS to evaluate the PQRI program and support the need for a fair, transparent and consistent process for measure development that ultimately benefits patients and improves care.



Sen. Ben Cardin, D-MD



Rep. Bart Gordon, D-TN



Rep. John Shadegg, R-AZ



Advocacy Plan for 2008

- ★ **Improve the PQRI.** The AGA and the alliance will advocate for the key areas of last year's legislation that are still relevant to the PQRI program. We are encouraged that after receiving a letter from the AGA and the alliance, Senate Finance Committee Chair Max Baucus, D-MT, and ranking member Sen. Charles Grassley, R-IA, have expressed to CMS their support for continuing the PQRI while stressing the need for CMS to adopt measures developed from the AMA's PCPI and endorsed by the National Quality Forum (NQF).
- ★ **Continue to work with Congress.** The AGA will continue to work with the Senate Finance Committee as it crafts a comprehensive Medicare package, which could improve the current PQRI program for physicians and their patients.
- ★ **Lead the development of GI quality measures.** The AGA will maintain our leadership role in the development of GI quality measures working with the AMA's PCPI and the NQF. The AGA firmly believes there is an opportunity to enhance the quality of care that gastroenterologists provide their patients and continues to champion improvements in patient care and outcomes.

January 2007

AGA and the Alliance of Specialty Medicine begin educating the 110th Congress of our concerns with the new Physicians Quality Reporting Program (PQRI) and the need for Congressional guidance to ensure proper evaluation of the program and creation of a physician-led process for developing and endorsing quality measures.

May 24, 2007

Working with the AGA and the alliance, Sens. Ben Cardin, D-MD, and Arlen Specter, R-PA, introduce the Voluntary Medicare Reporting Act (S. 1519), legislation requiring the Centers for Medicare and Medicaid Services (CMS) to evaluate the PQRI program and submit a report to Congress before moving forward with the program. The legislation also outlines a physician-led measure development process that is consistent, transparent and fair.

June 15, 2007

Companion legislation to Senate bill is introduced in the House (H.R. 2749) by Reps. Bart Gordon, D-TN, and John Shadegg, R-AZ.

July 1, 2007

CMS implements the PQRI.

July 10–11, 2007

Alliance of Specialty Medicine conducts annual Washington Leadership Fly-In. AGA Members Carla Ginsburg, MD, MPH, AGAF, and Courtney Houchen, MD, meet with legislators to advocate support for the Voluntary Medicare Reporting Act.

August 30, 2007

AGA and AASLD submit joint comments to CMS on quality issues, specific to the Physicians Quality Reporting Program.

November 1, 2007

CMS releases final rule on Medicare physician payments that includes the final list for measures included in the 2008 PQRI program. GI measures include: management of chronic medications for GERD, hepatitis C management and colorectal cancer screening.

December 4, 2007

AGA and the Alliance of Specialty Medicine send letter to Senate Finance Committee Chair Max Baucus, D-MT, and Ranking Member Charles Grassley, R-IA, outlining three areas of the PQRI that need congressional guidance: evaluation of the 2007 program, creation of a fair process for developing and endorsing quality measures, and the need to target clinical areas with the greatest need for quality improvement.

December 19, 2007

Congress fails to act on the Voluntary Medicare Reporting Act but passes the Medicare, Medicaid, and SCHIP Extension Act of 2007 (S. 2499), which includes language that removes the calculation of incentive payments for 2008 and 2009 for measure reporting in the PQRI and gives CMS more flexibility with the program.

December 29, 2007

President Bush signs S. 2499 into law.

NIH Funding

The Situation

The Bush administration's fiscal year (FY) 2008 budget request of -.5 percent for the National Institutes of Health (NIH) marked the fifth year in a row that the NIH budget did not keep pace with inflation, as measured by the Biomedical Research and Development Price Index (BRDPI).

NIH calculated that, once biomedical inflation is taken into account, any funding increase below 3.7 percent would result in a net decrease in the NIH budget.

Our Position

In 2007, the AGA supported the Ad Hoc Group for Medical Research's recommendation that Congress increase the budget by 6.7 percent in FY 2008. The 6.7 percent reflected the funding necessary to keep pace with medical inflation, as measured by the BRDPI, and to sustain the progress made in the historic budget doubling period.

AGA Action

The AGA and the entire medical research community were united in advocating for a 6.7 percent increase in NIH funding, despite the fiscal challenges facing Congress and the disagreements between Congress and the Bush Administration. AGA members met with their lawmakers to advocate for increased NIH funding and nearly 150 lawmakers heard from AGA members via e-mail.

Legislative Process

Last fall, the House and Senate Appropriations Committees came to an agreement to increase NIH funding by 3.1 percent for FY 2008. However, because the NIH budget falls within the Labor, Health and Human Services and Education Appropriations bill and its overall budget was \$22 billion more than the president requested, Bush stated that he would veto the spending bill.

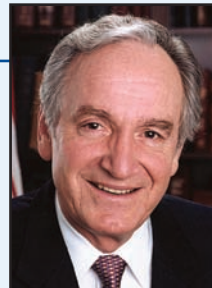
Unfortunately, the House fell a few votes shy of overriding the president's veto and Congress was forced to scale back NIH and other domestic funding priorities rather than risk a government shutdown.

Congressional Champions

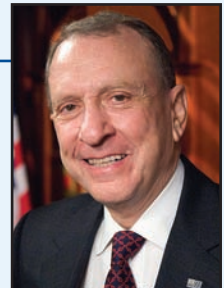
Longstanding champions of NIH and federal funding of biomedical research, Sens. Tom Harkin, D-IA, and Arlen Specter, R-PA, were instrumental in the historic doubling of the NIH budget.

Since that time, they have fought to increase funding for the NIH by offering amendments in both the Appropriations Committee and on the Senate floor.

They also offered an amendment to the FY 2008 budget resolution to restore funding to NIH by \$3.5 billion.



Sen. Tom Harkin, D-IA



Sen. Arlen Specter, R-PA

Special Focus on Obesity

In conjunction with our annual lobbying for increased funding for NIH, the AGA also advocates for specific attention to areas of digestive diseases research. In 2007, the AGA was successful in securing report language in the Senate Appropriations Committee's NIH funding bill calling upon NIDDK to focus on GI obesity research. The specific research language is as follows:

The Committee directs the National Institute of Diabetes and Digestive and Kidney Diseases to lead a multi-institutional and translational research initiative to address the growing obesity crisis among all age and racial/ethnic groups and the role of the gastrointestinal tract in obesity.

This research initiative should focus on developing: 1) a better understanding of the role of the gastrointestinal tract in regulating food intake for the purposes of preventing and treating obesity; 2) a better understanding of how obesity causes liver disease and colon cancer; and 3) the best treatment options and novel therapeutic approaches for preventing and treating obesity, including novel endoscopic therapies and other approaches that extend beyond existing treatment modalities.

The Outcome

Ultimately, Congress passed, and the President signed, an appropriations package with a .046 percent increase in NIH funding.

Advocacy Plan for 2008

- ★ **Increase funding.** The AGA is steadfastly committed to increasing funding for digestive disease research at the NIH. As an active member of the Ad Hoc Group for Medical Research, AGA will support and advocate for a \$1.9 billion increase in the NIH budget, which equals the rate of biomedical inflation plus roughly 3 percent, a total increase of 6.5 percent.
- ★ **Regain momentum.** Restoring NIH funding to its post budget doubling levels would get NIH "Back on Track."

January 2007

As part of the Ad Hoc Group for Medical Research, the AGA recommends 6.7 percent increase in funding for the NIH in fiscal year (FY) 2008.

February 2007

Bush submits budget proposal, which includes a -.5 percent cut to NIH.

April 2007

More than 167 House members and 48 Senators sign onto letter recommending Appropriations Committee chairs provide a 6.7 percent increase in NIH funding.

June 2007

Senate Appropriations Committee approves a bill that includes a 3.3 percent increase in NIH funding.

July 2007

House Appropriations Committee approves a bill that includes 2.6 percent increase in NIH funding.

July 19, 2007

House approves appropriations bill by a vote of 276-140, increasing NIH funding by 2.6 percent.

September 28, 2007

More than 40 members participate in AGA's annual Advocacy Day and press their lawmakers for a 6.7 percent increase in NIH funding.

November 2007

House and Senate negotiators meet to reconcile appropriations bills. They agree upon a 3.1 percent increase for NIH funding.

November 13, 2007

President Bush indicates he will veto the bill with a 3.1 percent increase in NIH funding.

November 15, 2007

House narrowly fails to override President Bush's veto by a vote of 277-141.

December 2007

House and Senate pass appropriations package that includes \$133 million increase in NIH funding – a disappointing increase of .046 percent.

VA Research Funding

The Situation

The medical research supported by the Veteran's Administration (VA) has been touted as an industry leader through its collaboration with our nation's medical schools and academic research facilities. The VA Medical and Prosthetics Research Program not only translates into better care for our nation's veterans, but also benefits all Americans with improved quality health care.

Despite the success of the VA research program, its funding has not kept pace with other federal research programs.

Our Position

The AGA supports increased funding for the VA Medical and Prosthetics Research Program since its programs support digestive disease research and other cutting-edge science that will benefit our nation's veterans and entire population.

AGA Action

As a member of the Friends of the Veterans Administration (FOVA), the AGA supported increasing funding for the VA Medical and Prosthetics Research Program to \$480 million for fiscal year (FY) 2008, a \$68 million increase over FY 2007 levels.

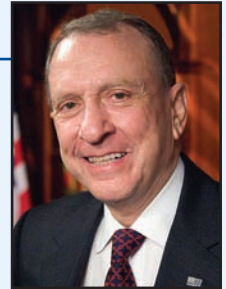
Congressional Champions

As a member of the Veterans Affairs Committee and the powerful Appropriations Committee, Sen. Arlen Specter, R-PA, continues to fight for improved treatment and care of our nation's veterans through enhancing conditions of VA facilities, expanding benefits and ensuring veterans have access to the best health care.

As a member of the Veterans Affairs Subcommittee on the Senate Appropriations Committee, Sen. Jack Reed, D-RI, pushed for a \$4 billion increase in the overall VA budget, most of which targeted expanding and improving veterans health care. Both senators supported the funding recommendations made by veterans services organizations and FOVA which were included in the FY 08 VA funding bill and will give the VA the resources it needs to expand research opportunities to more effectively treat our nation's veterans.



Sen. Jack Reed, D-RI



Sen. Arlen Specter, R-PA

The Outcome

Congress saw the need to increase the VA Medical and Prosthetics Research Program given the number of veterans returning from the wars in Iraq and Afghanistan with spinal cord injuries, post traumatic stress disorder, and other pre- and post-deployment health issues.

Both the House and the Senate approved the FOVA funding recommendation in their appropriations bills and \$480 million for the VA was ultimately included in the final bill passed by Congress and signed by the president.

Advocacy Plan for 2008

- ★ **Build on momentum.** AGA supports FOVA's recommendation of an increase of \$75 million for the VA research program, for a total funding level of \$555 million.
- ★ **Fund beyond inflation adjustments.** This proposal reflects the projected increase with biomedical research inflation, as calculated by the Biomedical Research and Development Price Index (BRDPI), of 3.7 percent. Just maintaining funding levels for FY 2009 will require \$17.8 million more than FY 2008.

February 2007

President Bush submits fiscal year (FY) 2008 budget to Congress, proposing \$411 million for the VA Medical and Prosthetics Research Program – no increase over the previous year's funding. When taking biomedical research inflation into account, this spending request represents a cut in research funding.

February 2007

AGA, as a member of the Friends of the VA, recommends funding the VA research program at \$480 million – \$68 million more than FY 2007.

March 2007

Both the House and Senate pass budget resolutions that contain \$480 million for the VA research program.

June 15, 2007

House passes the Military Construction and VA Appropriations bill (H.R. 2642), which includes \$480 million for the VA research program.

September 9, 2007

Senate amends and passes H.R. 2642 by a vote of 92-1.

December 2007

House and Senate pass an appropriations bill that includes \$480 million for the VA Medical and Prosthetics Research Program.

Advancing the Policy Interests of GI

National Commission on Digestive Diseases

The National Commission on Digestive Diseases at NIH, a concept that the AGA proposed, was busy in 2007. The commission has spent the last year and a half evaluating the state-of-the science in digestive diseases and identifying areas of research challenge and opportunity. The commission's 12 working groups of experts built consensus on important research goals and opportunities on a variety of areas of digestive diseases research.



The commission released a draft Research Plan in February 2008. For the AGA, this was a major milestone to celebrate in our long-standing, multifaceted advocacy campaign for increased funding for biomedical research. As we all recognize, we are literally on the brink of major scientific advances in several key areas of digestive disease research. In other areas, we lack even a basic understanding of the cause of disease. For these reasons, the AGA worked with our champions in Congress to propose the National Commission on Digestive Diseases. While some additions and revisions are necessary, the commission's Research Plan will outline areas of opportunity for discovery, but we will need Congress to provide the funds necessary to power the research engine.

The AGA convened an expert group from the AGA Council to review and provide collective comments on the draft Research Plan. We intend to prioritize the Commission recommendations and advocate that Congress increase funding for digestive diseases research.

The final Research Plan is anticipated in September 2008. We hope that this important document will help guide the direction of NIH-supported digestive disease research initiatives — and hopefully those of other digestive disease research groups — for the next decade.

CMS Clinical Trial Policy Update

The CMS Clinical Trial Policy, in place since 2000, has allowed CMS to increase access to cutting-edge medical technologies for Medicare beneficiaries who participate in clinical research studies. However, complexities and ambiguities in the policy presented significant compliance challenges for providers and suppliers.

In 2007, CMS updated the policy and AGA submitted three comment letters to the agency to help inform the process. We are pleased that CMS acknowledged the AGA's and many other commenters' concerns with the following changes, issued in July 2007.

- CMS modified language to make clear that items or services would be covered if they would otherwise be covered outside of the clinical research trial.
- CMS also amended the policy to allow coverage for items/services falling under the policy for coverage with evidence development.

After the July decision, CMS proposed other changes to the policy that were not implemented because the FDA Amendments Act of 2007, signed into law in September, included significant new requirements for registration of clinical trials and additional authority for other HHS agencies.

CMS intends to review the new FDA legislation and work with the other agencies to avoid imposing duplicative or inconsistent requirements. CMS also intends to review all aspects of its Clinical Trial Policy to ensure that Medicare beneficiaries enrolling in clinical trials are assured of receiving safe and high quality care. Details of the Clinical Trial Policy may be found at www.cms.hhs.gov/mcd/viewtrackingsheet.asp?id=210.

Colorectal Cancer Screening Deductible Technical Correction

When Congress passed the Deficit Reduction Act (DRA) in December 2005, included was a waiver of the Medicare Part B deductible for beneficiaries for colorectal cancer screenings. However, the law was poorly written and implies that the deductible is waived for Medicare beneficiaries receiving a colorectal cancer screening but is no longer waived if a polyp or lesion is found and removed.

When the AGA discovered that the law was written in this manner, we immediately lobbied Congress to correct this inequity, which we believe was never the original intention of the law. The AGA worked in 2007 with the House Ways and Means Committee's health subcommittee Chair Pete Stark, D-CA, and his staff to include language to correct this inequity in a larger Medicare package. In July 2007, the House passed the Children's Health and Medicare Protection (CHAMP) Act (H.R. 3162), which included language the AGA pushed, specifically stating that the deductible is waived even if a diagnosis is established as a result of the screening or a polyp is removed. It also stated that co-insurance is eliminated for colorectal cancer screenings and other current preventive screening measures covered under Medicare.

The AGA firmly believes that these provisions will encourage more beneficiaries to seek lifesaving colorectal cancer screenings by eliminating financial barriers to care. Colorectal cancer remains the second leading cancer killer in this country, but when detected early, it is 95 percent treatable.

Unfortunately, the Senate never took action on its own Medicare package and this provision was not included in the scaled-back legislation that Congress passed in the final days of the session, the Medicare, Medicaid, and SCHIP Expansion Act (S. 2499).

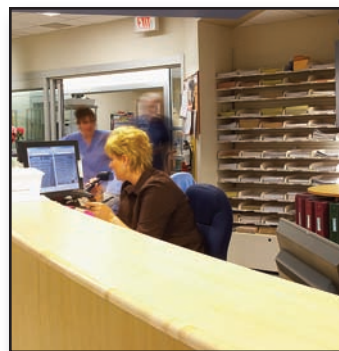
The AGA continues to advocate for inclusion of this important technical correction to the colorectal cancer screening deductible in a larger Medicare package that Congress will be crafting in 2008 to address the physician payment cut and other issues. The AGA will continue to push for this policy to be corrected so that more Medicare beneficiaries will take advantage of this lifesaving colorectal cancer screening benefit.

Ambulatory Surgical Center Reimbursement Update

In response to the Medicare Modernization Act of 2003 mandating that CMS revise the Ambulatory Surgery Center (ASC) payment system by Jan. 1, 2008, in a budget neutral manner, CMS set ASC payments at 65 percent of hospital outpatient department (HOPD) rates. The rates are set across the board for all specialties, phased in over a four-year period. The AGA strongly opposes such drastic cuts to ASCs.

Generally, GI ASC procedures are paid at 79 percent to 84 percent of HOPD rates. About 73 percent of ASCs are small businesses. AGA has advocated to CMS and on Capitol Hill that a 15 to 20 percent cut is too steep a drop in reimbursement for many small businesses to absorb. The AGA opposes any cuts to ASC reimbursement and continues to advocate for fair payment rates. In response to the ASC regulations, AGA has communicated with CMS in writing and in person over the past two years expressing our concern that ASCs will close if not economically viable, eliminating a popular site for colorectal cancer screening.

Legislation setting ASC rates at 75 percent of HOPD rates has been introduced in the House and Senate (H.R. 4024/S. 1884). AGA will continue to strongly advocate for a more equitable system for reimbursing GI ASCs than the CMS plan.



The AGA PAC and Grassroots Efforts

AGA PAC Breaks \$100K in Contributions from AGA Members



In its relatively brief history, AGA PAC has emerged as a respected entity in Washington and has helped identify AGA as a recognized political force on Capitol Hill. While the PAC raised an impressive \$100,000 in 2006 and 2007, member participation needs to grow in order to support our fundraising and policy goals. To be sure, AGA PAC must continue its maturation process in order for the program to be a formidable presence in electoral politics.

The AGA PAC Board of Advisors has set aggressive goals for AGA PAC in the areas of member participation, fundraising, and in helping to elect a cadre of legislators in Washington who are attentive to the science and practice of gastroenterology.

In 2007, AGA PAC made contributions to 38 Senate and House members totaling \$48,000. These contributions have been targeted in a bipartisan manner to legislative champions who are leaders on key health-related committees.

Name	State	Name	State
Sen. Max Baucus	MT	Sen. Mary Landrieu	LA
Rep. Shelley Berkley	NV	Rep. Jim Matheson	UT
Rep. Roy Blunt	MO	Rep. David R. Obey	WI
Sen. Sherrod Brown	OH	Rep. Frank Pallone Jr.	NJ
Rep. Michael C. Burgess	TX	Rep. Earl Pomeroy	ND
Rep. Dave Camp	MI	Rep. Charles B. Rangel	NY
Rep. Lois Capps	CA	Sen. Jack Reed	RI
Sen. Benjamin L. Cardin	MD	Sen. Pat Roberts	KS
Sen. Norm Coleman	MN	Sen. John D. Rockefeller IV	WV
Sen. Susan M. Collins	ME	Rep. Bobby Rush	IL
Rep. Rosa DeLauro	CT	Sen. Ken Salazar	CO
Rep. John D. Dingell	MI	Rep. Allyson Y. Schwartz	PA
Rep. Bart Gordon	TN	Rep. John B. Shadegg	AZ
Rep. Gene Green	TX	Sen. Gordon Smith	OR
Sen. Tom Harkin	IA	Sen. Arlen Specter	PA
Rep. Steny H. Hoyer	MD	Rep. Fortney H. Stark	CA
Rep. Jesse Jackson Jr.	IL	Rep. Mike Thompson	CA
Sen. Tim Johnson	SD	Rep. Chris Van Hollen Jr.	MD
Rep. Ron J. Kind	WI	Rep. Henry A. Waxman	CA

DDW® 2007 Event

AGA PAC Chair, Ralph Giannella, MD, AGAF, and the PAC Board of Advisors held a successful event to raise funds for AGA PAC.

The event featured Rep. Lois Capps, D-CA, one of three nurses in the House of Representatives and Rep. Michael Burgess, MD, R-TX, an OB/GYN in private practice for more than 20 years before becoming a member of Congress.

Both Representatives Capps and Burgess are members of the health subcommittee of the Energy and Commerce Committee.



Above: Rep. Michael Burgess, MD, R-TX, left, and AGA PAC chair Ralph Giannella, MD, AGAF

Below: Rep. Lois Capps, D-CA, left, and AGA chair Mark Donowitz, MD, AGAF

Advocacy Day

On Sept. 27 and 28, 2007, almost 40 AGA members from around the country traveled to Washington, DC to participate in AGA's third annual Advocacy Day program.

Participants visited more than 70 congressional offices to lobby on behalf of their colleagues and profession in areas of great importance to the future of gastroenterology.



Sen. Arlen Specter, R-PA, spoke to AGA Advocacy Day attendees

Member advocates' key messages were:

- ★ **FIX** the Medicare physician reimbursement formula.
- ★ **STOP** cuts to Ambulatory Surgery Center reimbursements.
- ★ **SUPPORT** increased funding for NIH.
- ★ **STUDY** issues associated with recruiting and retaining physicians for careers in science.

Advocacy Day Attendees

The AGA wishes to thank Advocacy Day attendees for taking the time out of their busy schedules to come to Washington to advocate on behalf of their colleagues and patients.

AGA members attending Advocacy Day include:

John Allen, MD, MBA, AGAF	Gail Hecht, MD, AGAF	Rahul Nayak, MD
Damian Augustyn, MD, AGAF	Stephen Hiltz, MD, AGAF	Lena Palmer, MD
Kim Barrett, PhD, AGAF	Courtney Houchen, MD	Andrea Reid, MD
J. Sumner Bell, III, MD	Colin Howden, MD, AGAF	William Rowe, MD
Henry Binder, MD, AGAF	Barry Kisloff, MD, AGAF	Robert Sandler, MD, MPH, AGAF
Robert Burakoff, MD, MPH, AGAF	Mark Kogan, MD, AGAF	Jessica Shah, MD
Sheila Crowe, MD, AGAF	Lawrence Kosinski, MD, AGAF	Rupam Sharan, MD
Peter Donaldson	John Kuemmerle, MD, AGAF	Vignesh Shivakumar, MD
Mark Donowitz, MD, AGAF	Nicholas LaRusso, MD, AGAF	Ned Snyder, MD, AGAF
Ronald Fogel, MD, AGAF	Linda Lee, MD, AGAF	Gopi Vasudevan, MD, AGAF
Lisa Gangarosa, MD, AGAF	Andrew Leiter, MD, PhD	David Weinberg, MD, MSc, AGAF
Carla Ginsburg, MD, MPH, AGAF	Charles Lightdale, MD, AGAF	C. Mel Wilcox, MD
Ira Goldman, MD, AGAF	John Lyons, MD	Cindy Yoshida, MD, AGAF

Online Advocates

2007 Messages

In 2007, AGA members sent 1,500 advocacy messages to lawmakers.

Advocacy Messages	Month	Total Messages
Support Increased Colorectal Cancer Screenings	March	260
Support Increase in Funding for the National Institutes of Health	April	147
Support Medicare Voluntary Reporting Act	June	117
Support CHAMP Act and Prevent Physician Payment Cuts	July	202
Prevent Physician Payment Cuts in 2008	August	377
Prevent Medicare Physician Payment Cuts	November	311
Other Issues	--	86
Grand Total		1500

Get Involved

Make Your Voice Heard

We are working hard to make sure that the interests of gastroenterology are heard by the nation's leaders. Throughout the year, we have opportunities for AGA members to be actively involved in turning up the volume on our messages.

For up-to-the-minute news on AGA's public policy work, read the **Policy Update** in AGA's weekly e-mail newsletter, *AGA eDigest*.

If you want to be more involved, visit the Advocacy section of the AGA Web site, www.gastro.org. You can also e-mail Annie Marcklinger at amarcklinger@gastro2.org or call her at (240) 482-3221.

And consider joining us for our **Advocacy Day Event** on September 18–19, 2008.

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