



4720 Montgomery Lane
Suite 430
Bethesda, MD 20814-5320

PH 240.482.3221
FX 301.652.9405

www.gastro.org

November 5, 2009

CHAIR

Robert S. Sandler, MD, MPH, AGAF
University of North Carolina at Chapel Hill
4157 Bioinformatics Building, CB #7555
Chapel Hill, NC 27599
PH 919.966.0090
FX 919.966.9185
E rsandler@med.unc.edu

The Honorable Charles Rangel
Chair
Committee on Ways and Means
1102 Longworth
Washington, DC 20510

CHAIR-ELECT

Gail A. Hecht, MD, MS, AGAF
PH 312.996.1565
FX 312.996.5103
E gahecht@uic.edu

Dear Chairman Rangel:

VICE CHAIR

Ian L. Taylor, MD, PhD, AGAF
PH 718.270.3173
FX 718.270.4074
E ian.taylor@downstate.edu

On behalf of the American Gastroenterological Association (AGA), representing over 17,000 physicians and scientists who research, diagnose and treat disorders of the gastrointestinal tract and liver, I am writing to express our appreciation and support for H.R. 3961, the Medicare Physician Payment Reform Act and H.R. 3962, America's Affordable Health Choices Act. The AGA appreciates your leadership and shares in your goal to expand health care coverage to the uninsured, improve coordination of care, enhance quality and provide a stable payment foundation for physicians. We believe that passage of both of these bills is critical to achieving meaningful system reform since payment reform is a fundamental component of health care reform.

VICE CHAIR-ELECT

C. Richard Boland, MD, AGAF
PH 214.820.2692
FX 214.818.9292
E rickbo@baylorhealth.edu

H.R. 3962 makes significant improvements to the current Medicare physician payment formula by removing physician-administered drugs from the sustainable growth rate (SGR) formula and eliminating the debt accumulated from the SGR to help transition to a more viable payment system. The legislation also prevents a scheduled 21.2 percent cut to physician payments in 2010 and replaces it with a statutory update. We appreciate your commitment to a long term remedy to the broken payment system. Your proposal moves physicians out from the instability of the current SGR formula into a more stable payment system and makes significant delivery system reforms by moving physicians into a system that rewards quality and efficiency.

SECRETARY/TREASURER
Damian H. Augustyn, MD, AGAF
PH 415.923.3878
FX 415.563.4687
E dhaugustyn@aol.com

SECRETARY/TREASURER-ELECT

J. Sumner Bell III, MD, AGAF
PH 757.466.0165
FX 757.363.2563
E sumnerbell@prodigy.net

COUNCILLORS

John I. Allen, MD, MBA, AGAF
Michael Camilleri, MD, AGAF
Eugene B. Chang, MD, AGAF
Francis M. Giardiello, MD
Anil K. Rustgi, MD
F. Taylor Wootton III, MD, AGAF

The AGA is also pleased that H.R. 3962 includes language that waives the coinsurance for preventive screening benefits under Medicare, like colorectal cancer screenings. We are especially grateful to you and your staff for including language that would also waive the deductible for colorectal cancer screenings regardless of whether or not a polyp or lesion is found. We believe this language will help not only clarify this confusing policy to beneficiaries, but will also help eliminate financial barriers to screenings for beneficiaries to help prevent cancer. Colorectal cancer remains the second leading cancer killer but if detected early survival is greater than 90%. This proposal will help provide additional incentives for beneficiaries to access lifesaving screenings.

NATIONAL OFFICE

Executive Vice President
Robert B. Greenberg

H.R. 3962 also makes significant improvements to the Physicians Quality Reporting Initiative (PQRI) by ensuring providers have access to their data in a timely manner, establishing a reasonable appeals process and extending the positive incentives for physicians to participate. The AGA continues to be actively engaged in developing evidence-based and clinically relevant quality measures for gastroenterological

conditions and providing our members with the tools to ultimately improve patient outcomes. These improvements to PQRI will continue to provide incentives for our members to participate in the program.

The AGA appreciates your leadership on improving Americans' access to affordable and quality health care and looks forward to continuing to work with you during this historic debate on health care.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Sandler". The signature is fluid and cursive, with the first name "Robert" and last name "Sandler" clearly distinguishable.

Robert Sandler, MD, MPH, AGAF
Chair, American Gastroenterological Association