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Under the Dome

Health care reform has dominated political and public discussions throughout the nation this year. With sweeping changes proposed to health insurance, Medicare, and other payment structures, reform legislation is anticipated to impact every sector of health care delivery. Specific to cancer care, US Oncology's government relations (GR) team has worked steadfastly throughout the year to advance policies with Congress and the Administration to support the continued provision of high quality cancer care now and into the future.

In a recent major victory for US Oncology and the cancer community, the Centers for Medicare and Medicaid Services (CMS) exempted radiation therapy equipment from its proposed change to the equipment utilization rate assumption used to set payment rates for procedures involving major medical equipment in its 2010 Physician Fee Schedule final rule issued on October 30. The proposed rule, which would have raised the equipment utilization rate assumption for all medical equipment costing over \$1 million, would have resulted in cuts of up to 44% for certain codes critical to the provision of radiation therapy treatments. Following significant opposition from US Oncology and our cancer community partners – through positive inside-the-Beltway media coverage, Congressional outreach and grassroots advocacy – CMS removed the provision specific to radiation oncology from its rule and the Final Rule's impact to radiation oncology is only 1% versus 19% in the Proposed rule.

Within Senate and House health care reform legislation, cancer care is likely to benefit from the creation of pilot Accountable Care Organization (ACO) programs for Medicare and Medicaid providers. In the House bill passed on November 7, a provision was included that will allow oncologists to form ACOs and share in savings that accrue to Medicare through the use of evidence-based pathways, disease management and advance care planning. US Oncology is working with our allies and Congressional champions to ensure that this provision remains in any health care legislation enacted this year.

Although much has been proposed thus far, many key decisions remain, and important issues are still in flux. Therefore, it remains a critical time to be involved in advocacy at the national and state levels. Your investment in the US Oncology Good Government Committee (GGC) as well as your participation in Congressional site visits are valuable ways for you to play a key role. It is more important than ever to support both of these efforts.

So far, 21 US Oncology practices in 15 states have hosted an impressive 75 legislative site visits this year. These visits have proved highly beneficial to the Members of Congress, staffs and state legislators who are crafting policies that impact our daily lives. If you are interested in hosting a site visit at your practice, please contact the GR department or visit www.legislink.com for more information.

Along with this progress, we also still have work to do: The GGC has only reached 84 percent of its fundraising goal and only one-third of US Oncology affiliated physicians are members. We strongly encourage all physicians to learn more about the activities of the GGC and consider investing as soon as possible (see our contribution form on page 11).

As reform efforts progress, US Oncology will continue to stay involved by monitoring, reporting on and responding to the issues that could impact your practice and your patients. We urge you to keep informed and stay up-to-date through the LegisLink Action Center, and to make your voices heard on key policies.

Thank you for your continued participation in advocacy efforts, and we look forward to your involvement throughout the remainder of this pivotal year.



Federal Issues Update

An Overview of the Health Care Reform Bills

As the U.S. Senate and House of Representatives approach their target adjournment date and the Thanksgiving holiday, both chambers are continuing to work feverishly toward final passage of health care reform legislation. Following intense debate, grassroots campaigns, and lobbying efforts throughout the year, as well as the recent House passage of its health care reform bill, reform is now closer than ever – but considerable challenges are still in play.

With both the House and Senate legislation, US Oncology has worked hard to remain well-positioned now and in the future – as outlined below along with the bills' status and key provisions.

IN THE SENATE

With the Senate Finance Committee's October 12 unveiling of its proposed reform legislation, this marked the last of the five Congressional committees (three in the House and two in the Senate) to finalize versions of health care reform bills. The Senate Finance bill is estimated by the Congressional Budget Office (CBO) to cost \$829 billion, expand coverage to an additional 29 million Americans by 2019 and reduce federal budget deficits by \$81 billion over the next decade.

Senate Majority Leader Harry Reid's (D-NV) task is now combining the more centrist Senate Finance Committee bill with the previously passed and more contentious Senate Health, Education, Labor and Pensions (HELP) Committee bill – the major challenge of which is around the inclusion of a public option, which was included in the HELP bill but not in the Senate Finance bill. Some liberal Democrats have argued that a public option must be included as a way to create greater competition in the insurance market, while Republicans and some moderate Democrats have steadfastly opposed it, saying that a government plan would ultimately force private insurers out of business.

After much debate and speculation, Sen. Reid announced his intentions for the final bill to include a federal public option along with an opt-out provision for states. Senate leadership is trying to start debate on health care reform legislation next week with a goal of completing its consideration by Christmas. According to recent estimates, it is not clear that there are 60 votes in the Senate for the public option with state opt-out, and it is possible that the public option will be removed from the Senate bill to allow a vote on passage.

IN THE HOUSE

After working with House leadership to merge the three drafts of reform legislation coming out of the Education & Labor Committee, the Energy & Commerce Committee and the Ways & Means Committee since late July, House Speaker Nancy Pelosi (D-CA) unveiled the combined bill on October 29, which was voted on and passed on Saturday, November 7, by a margin of 220 to 215. The House bill is estimated by the CBO to cost \$894 billion and expand coverage to an additional 36 million Americans.

In a policy win for cancer care, an amendment introduced by Rep. Anthony Weiner (D-NY) and Bruce Braley (D-IA) in the House Energy Commerce Committee that would have eliminated physicians' ability to provide imaging services in their offices beginning in 2013 was defeated following major resistance from a variety of physician organizations, including

GR/PP Team 2009 Activity Snapshot

US Oncology Government Relations and Public Policy Staff Meetings with Federal Government Officials YTD

- *White House: Visit with President Obama and Vice President Biden*
- *Administration: 33 meetings, including 13 meetings with CMS personnel*
- *Senate: 74 meetings with 45 Senators*
- *House: 355 meetings with 174 Representatives*
- *Site visits: 23 visits to 17 practices*

US Oncology, and other stakeholder groups. US Oncology applauds the removal of this provision that could have compromised patient care quality and access.

While there is no guarantee of specifics within any final reform bill (or even if a bill will eventually pass), the current legislation contains key provisions that are of critical importance to US Oncology and the cancer care community.

Some of these key provisions include:

- The legislation spends nearly \$1 trillion on health care funded by new taxes, and cuts to insurers, PhRMA, hospitals and other providers, without any cuts to Part B drugs, radiation oncology, medical oncology or PET/PET-CT imaging.
- The legislation expands coverage and eliminates pre-existing condition exclusions, which will expand the privately-insured patient population in need of cancer care.
- If a government-run health plan is ultimately created, its market will be significantly limited and there will be little migration from private plans to the government plan.
- The legislation limits beneficiary out-of-pocket costs, lowering bad debt exposure.
- The legislation could eliminate permanently or delay the built up Medicare physician payments cuts currently required by the Sustainable Growth Rate formula (although the House is currently considering a separate provision on this matter - see side bar on right).
- While the ASP prompt pay discount fix was included in the House Energy & Commerce Committee version of the bill, it was not included in the final House bill. This measure would have increased the average sales price (ASP) values of drugs by approximately 2 percent. US Oncology is working with our allies and Congressional champions to have this provision included in final combined reform legislation.

Once the Senate passes its own bill, a conference committee will be composed to resolve the differences between the Senate and House bills. Those differences are principally expected to center around the creation of a public plan; the treatment of abortion in the various subsidized plans; the types of taxes imposed to help fund the new spending in the bill (the House bill includes increased personal income taxes on high earners where the Senate bill does not and instead includes new taxes on the health care industry: primarily to insurers, PhRMA and medical device makers); and the length of the Physician Fee Schedule/Sustainable Growth Rate fix.

It is very likely that any reform legislation enacted this year will create an Accountable Care Organization (ACO)/Medicare shared savings framework. This alternative payment model within fee-for-service Medicare would reward physician-led organizations that take responsibility for the costs and quality of care received by their patient panel over time. It is likely that the creation of an ACO framework will provide new opportunities for oncologists to be paid on the basis of the value of the care provided to Medicare beneficiaries with cancer along the lines of the Innovent approach.

Once a final bill is created, it will be voted on separately by the full House and Senate, and finally, sent to the President to be approved and signed into law. For more up-to-date information on reform bills under consideration and next steps, visit US Oncology's LegisLink action center at <http://www.legislink.com/>.

An Update on SGR

The sustainable growth rate (SGR) is a formula Congress created in 1997 in an attempt to keep Medicare payments from spiraling out of control. According to the SGR, physician reimbursement is set to be cut by 21% on January 1, 2010. Although CMS creates the payment rule around this formula (read more on page 4), Congressional action will override the rule.

The House has separated its SGR reform bill (HR 3961) from the health care reform bill (HR 3962) it passed, and it is expected to take up HR 3961 next week. This bill would permanently eliminate the SGR, removing the built-up overhang from several 1-2 year fixes and instituting new aggregate expenditure targets in two sets: 1) one for evaluation and management services to grow at the Medical Economic Index plus 2%; and 2) one for all other services (excluding lab and drugs) to grow at MEI plus 1%. This, plus the exclusion of Part B drugs from the formula (also now excluded from SGR per the CMS final rule), is expected to result in positive updates for several years.



LLS and Avalere Health Launch Survey on Multiple Myeloma Access Issues

Although anecdotal evidence suggests that many multiple myeloma patients face challenges in accessing care, little has been done to quantify these access issues. To address this lack of information, The Leukemia and Lymphoma Society (LLS) and Avalere Health are launching the first ever survey of the barriers myeloma patients face in their care. Such barriers might include:

- *Problems finding an oncologist that is knowledgeable about myeloma;*
- *Issues related to transportation to and from appointments;*
- *Concerns with the cost of treatment and insurance coverage*

Survey results will inform a public policy proposal to address the specific needs of myeloma patients. LLS and Avalere are asking providers to encourage myeloma patients to participate in this groundbreaking study. If you have patients interested in participating, please ask them to visit <http://lls.avalerehealth.net/MM/>

All responses will remain anonymous and confidential. LLS and Avalere will share the results with participants and encourage patients to forward this opportunity to other interested patients. Myeloma patients in need of information or support services can also contact the LLS Information Resource Center at 800-955-4572 or online at www.LLS.org.

CMS Issues 2010 Physician Fee Schedule Final Rule

On October 30, the Centers for Medicare and Medicaid Services (CMS) announced final changes to policies and payment rates for services to be furnished during calendar year 2010 by over 1 million physicians and nonphysician practitioners who are paid under the Medicare Physician Fee Schedule (MPFS). The MPFS sets payment rates for more than 7,000 types of services in physician offices, hospitals, and other settings.

As you may recall, US Oncology was extremely disappointed with many of the provisions contained in the original proposed rule released earlier this year, which included significant cuts to radiation therapy and medical oncology. US Oncology submitted comments to CMS regarding the fundamental flaws with the manner in which the supporting data was interpreted. In addition, Roy Beveridge, M.D., US Oncology Executive Vice President and Medical Officer, and Matt Brow, US Oncology Vice President of Government Relations & Public Policy met with CMS policy staff about the rule. Bill Taylor, M.D., Chairman of US Oncology's Reimbursement and Public Policy Committee, and Matt Brow also met with the Director of the Center for Medicare Management to share our concerns.

Additionally, through the participation of many physicians, patients, caregivers and employees who contacted their Representatives, US Oncology played a key role in a congressional effort resulting in three individual letters from Congress (two from the House and one from the Senate) to CMS asking that the proposed cuts be readdressed.

Finally, Matt Brow and Leonard Kalman, M.D., Chair of US Oncology's Public Policy Steering Committee, were quoted in an October 1 *Inside Health Policy* article about the impact of the proposed cuts to radiation therapy. As quoted in the article, Dr. Kalman said, "Cutting funding for prescribed radiation, which more than 1 million cancer patients rely upon each year in their personal fight against cancer, is quite unsettling — and on behalf of these vulnerable patients, we must work with policymakers to ensure that this dangerous policy is not enacted."

As a result of the determined engagement at all levels of the cancer care community, we are pleased that CMS listened to our concern and revised the MPFS as laid out below:

SUMMARY OF KEY PROVISIONS

CMS estimates that in 2010 the changes in the Final Rule will result in:

- 1% decrease to radiation oncology (versus a 19% decrease in the proposed rule);
- 1% decrease to medical oncology (versus a 6% decrease in the proposed rule); and
- 5% decrease to radiology (versus an 11% decrease in the proposed rule).

Additionally, CMS has directed the following changes to be phased in over a 4-year period; on the whole CMS estimates that in 2013 the changes in the Final Rule will result in:

- 5% decrease to radiation oncology (versus a 19% decrease for 2010 in the proposed rule);
- 6% decrease to medical oncology (versus a 6% decrease for 2010 in the proposed rule); and
- 16% decrease to radiology (versus an 11% decrease for 2010 in the proposed rule).

UTILIZATION RATE ASSUMPTION FOR IMAGING AND RADIATION THERAPY

CMS originally proposed increasing the equipment utilization rate assumption for ALL medical equipment over \$1 million, including radiation therapy equipment. In the Final Rule, CMS exempts radiation therapy equipment from the change, limits the change to MR and CT imaging, and phases the MR and CT change in over 4 years.

PRACTICE EXPENSE UPDATE

The AMA conducted a new survey, the PPIS, which was expanded to include nonphysician practitioners (NPPs) paid under the PFS. The PPIS, administered in CY 2007 and CY 2008, was designed to update the specialty-specific PE/HR data used to develop PE RVUs. The results of the AMA PPIS survey suggest that radiation oncology practice expense per hour increased from \$114 to \$126.66 and medical oncology practice expense per hour have decreased 8% from \$141.84 to \$129.94 even as overall physician practice expenses have increased 42% from \$69.74 to \$99.32. CMS proposed to use PPIS survey data to set PE values in 2010. In the Final Rule, CMS will phase in over 4 years the use of the PPIS data to set PE values, but will not use the PPIS data to set medical oncology PE values.

ELIMINATION OF CONSULTATION CODES

CMS proposed to stop making payment for consultation codes, which are typically billed by specialists and are paid at a higher rate than equivalent evaluation and management (E/M) services. In the Final Rule, CMS finalized the elimination of consultation codes. Practitioners will use existing E/M service codes when providing these services instead. Resulting savings will be redistributed to increase payments for the existing E/M services.

REMOVAL OF PART B DRUGS FROM SGR CALCULATION

CMS proposed removing physician-administered drugs from the definition of “physician services” for purposes of computing the physician update formula in anticipation of enactment of legislation to provide fundamental reforms to Medicare physician payments. While the proposal will not change the projected update for services during CY 2010, CMS projects that it would reduce the number of years in which physicians are projected to experience a negative update. In the Final Rule, CMS finalized the removal of Part B drugs from the SGR calculation.

CMS’ action is expected to significantly reduce the Congressional Budget Office (CBO) score of eliminating or otherwise changing the flawed SGR policy. In practice over the past several years, increases in Part B drug spend have directly resulted in decreases in physician services spending (and more specifically, physician fee schedule values pursuant to the conversion factor) in each year. CMS’ action will avoid such a result going forward.

IMPLEMENTATION OF ACCREDITATION REQUIREMENT FOR SUPPLIERS OF TECHNICAL COMPONENT OF ADVANCED IMAGING SERVICES

CMS proposed to enact a requirement in the MIPPA that suppliers of the technical component of advanced imaging services be accredited beginning January 1, 2012 by designating accrediting organizations (AOs) for these suppliers and utilizing the imaging quality standards that have been developed by the AOs. The requirement applies to mobile units, physicians’ offices, and independent diagnostic testing facilities that create the images, but does not apply to the physician who interprets them. In the Final Rule, CMS finalized the implementation of the accreditation requirement for IDTFs, mobile services and physician offices that perform the technical component of advanced imaging services.



GR/PP Team 2009 Activity Snapshot

US Oncology Government Relations and Public Policy Staff Meetings with State Government Officials YTD

- *Governors: 34 meetings with Governors from 24 states*
- *State legislators: 128 meetings with 120 legislators from 27 states*
- *Site visits: 13 visits to 6 practices in 5 states*

2009 Congressional Visits By State

ARIZONA

Arizona Oncology

State Senator Paula Aboud
State Representative Steve Farley
Staff of Senator John McCain (2)

ARKANSAS

Arkansas Oncology Associates

Congressman Vic Snyder
Staff of Congressman John Boozman

COLORADO

Rocky Mountain Cancer Center

Congressman Jared Polis
Staff of Senator Michael Bennet
Staff of Congresswoman Diana DeGette
Staff of Congressman Ed Perlmutter

FLORIDA

Advanced Medical Specialties

Governor Charlie Crist
Congressman Mike Rogers

Florida Institute of Research, Medicine & Surgery

Staff of Congressman Alan Grayson
Staff of Senator Mel Martinez

Ocala Oncology

Congressman Cliff Stearns

South Florida Oncology & Hematology Consultants

Surgeon General Ana Viamonte Ros
State Senator Durell Peadar

MARYLAND

Alliance Hematology & Oncology

State Senator Allan Kittleman
State Delegate Don Elliott (2)
State Delegate Pete Hammen
State Delegate Sue Krebs (3)
State Delegate Shane Pendergrass

State Delegate Nancy Stockdale

State Delegate Veronica Turner

MINNESOTA

Minnesota Oncology

Congressman Erik Paulsen
State Senator Terri Bonoff
State Senator Sharon Erickson-Ropes
State Senator Sandra Pappas
State Senator Julie Rosen
State Representative Larry Hosch
State Representative Tom Huntley
State Representative Sandra Masin
State Representative Kim Norton
State Representative Mike Obermueller
State Representative Marty Seifert
State Representative Kurt Zellers

MISSOURI

Missouri Cancer Associates

Congressman Blaine Luetkemeyer
Staff of Congressman Sam Graves

NEVADA

Comprehensive Cancer Centers of Nevada

Congresswoman Shelley Berkley
Staff of Congresswoman Dina Titus

NORTH CAROLINA

Cancer Centers of North Carolina

Congressman Heath Shuler

OHIO

Hope Center for Cancer Care

Congressman Charlie Wilson
Mayor Jay Williams
Staff of Senator George Voinovich
Staff of Congressman Charlie Wilson

OREGON

Northwest Cancer Specialists

Staff of Congressman Earl Blumenauer
Staff of Congressman David Wu

SOUTH CAROLINA

Cancer Centers of the Carolinas

Senator James DeMint
State Senator Larry Martin
Staff of Congressman Gresham Barrett

TEXAS

Cancer Care Centers of South Texas

Congressman Mike Conaway

Texas Oncology

Senator Chris Dodd
Congressman John Carter
Congressman Louie Gohmert
Congressman Ralph Hall
Congressman Sam Johnson
Staff of Congressman Michael Burgess
Staff of Congressman Chet Edwards
Staff of Congressman Randy Neugebauer
Staff of Congressman Mac Thornberry

US Oncology Headquarters

Senator David Vitter

VIRGINIA

Blue Ridge Cancer Center

Congressman Bob Goodlatte

Fairfax-Northern Virginia Hematology Oncology

Staff of Congresswoman Anna Eshoo
Staff of Congressman Spencer Bachus
Staff of Congressman Mike Rogers

WASHINGTON

Puget Sound Cancer Centers

Staff of Congressman Jim McDermott

Recent Congressional Site Visits

US Oncology's Network members have hosted 75 practice visits to-date in 2009 with local lawmakers. These visits allow us to provide legislators with an up-close view of community cancer care and a better understanding of our issues. We encourage you to work with the GR team to schedule a visit at your practice this year.



Cancer Centers of North Carolina host Congressman Heath Shuler (D-NC).



Texas Oncology Plano hosts Congressman Sam Johnson (R-TX).



Alliance Hematology Oncology hosts the Carroll County State Delegation. Pictured above are (left to right) Dr. Flavio Kruter, Del. Nancy Stocksdales, Del. Don Elliott, Sen. Allan Kittleman and Del. Susan Krebs.



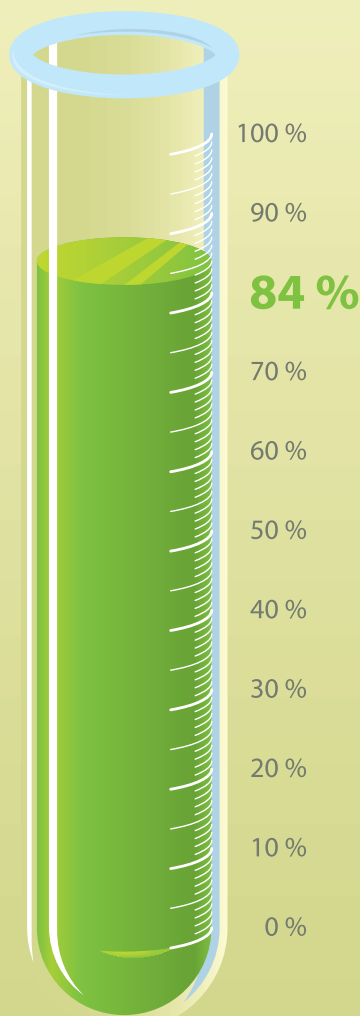
The Hope Center for Cancer hosts Congressman Charlie Wilson (D-OH).



GR/PP Team 2009 Activity Snapshot

US Oncology Government Relations & Public Policy staff have held 411 meetings with 65 allied associations YTD . These organizations and medical societies allow for beneficial partnerships in the public policy arena.

ROOM TO GO TO MEET 2009 GGC FUNDRAISING GOAL



Get Involved with the GGC Today!

US Oncology's Good Government Committee (GGC) is the official Political Action Committee (PAC) of US Oncology and serves as a strong voice for you, your colleagues and your patients in public policy arenas in Washington, D.C. and around the nation. Over the years the GGC has grown in size and scope, becoming one of the largest and most respected PACs in the healthcare arena. Just this year, we have used these funds to support over a hundred qualified individuals who have supported community cancer care.

The continued success of the GGC depends on your direct involvement and support. If you are not already a member of the GGC, please fill out and return the attached payroll deduction form on page 11 as soon as possible. To learn more about the GGC and what it can do for you, contact Matt Brow, Vice President of Government Relations & Public Policy at 202-508-0184 (or Matt.Brow@usonology.com) or visit www.legislink.com.

TOP PRACTICES BY PARTICIPATION IN THE GGC

- USON Vice Presidents & Executive Committee97%
- Alliance Hematology Oncology.....80%
- Willamette Valley Cancer Centers.....80%
- Fairfax – Northern Virginia Hematology Oncology.....62%
- Comprehensive Cancer Centers of Nevada56%

TOP PRACTICES BY CONTRIBUTIONS TO THE GGC

- Texas Oncology \$152,920
- USON Vice Presidents & Executive Committee \$58,380
- Rocky Mountain Cancer Centers..... \$22,300
- Cancer Centers of the Carolinas..... \$21,500
- Fairfax – Northern Virginia Hematology Oncology..... \$16,850

2009 GGC FACTS

2009 Goal.....	\$500,000
Raised YTD	\$418,576 (84% of the goal)
YTD Disbursements:	\$399,550
Number of Contributors.....	338
Average Contribution	\$1,251
Percent Payroll Deduction	80%

Good Government Committee 2009 Contributors

\$5,000

Bruce Broussard
 Leslie Busby, M.D.
 Mark Engleman, M.D.
 Sukumar Ethirajan, M.D.
 Lloyd Everson, M.D.
 Thomas Flynn, M.D.
 Jeffrey Giguere, M.D.
 Manish Gupta, M.D.
 Frankie Holmes, M.D.
 Glen Laschober
 Ashutosh Rastogi, M.D.
 R. Dale Ross
 James Sanchez, M.D.
 Phillip Watts
 Nini Wu, M.D.

John Mattern, D.O.
 Carolyn Matthews, M.D.
 Scott McKenney, M.D.
 Robert Mennel, M.D.
 Jeffrey Morton, M.D.
 Eric Nadler, M.D.
 Carl Nuesch, M.D.
 Kevin Olson, M.D.
 Joyce O'Shaughnessy, M.D.
 Michael Park, M.D.
 Gregory Patton, M.D.
 Steve Paulson, M.D.
 Karen Pilley
 Alvaro Restrepo, M.D.
 Robert Ruxer, M.D.
 Frank Saputo
 Michael Savin, M.D.
 Mark Sitarik, M.D.
 Christopher Stokoe, M.D.

Robert Brooks, M.D.
 Glenn Buchanan, M.D.
 Michael Bullock, M.D.
 Elizabeth Campbell, M.D.
 Thomas Cartwright, M.D.
 Leonard Castiglione
 John Caton, M.D.
 Byron Chesbro, M.D.
 Robert Christie, M.D.
 Ernest Cochran, M.D.
 Barry Cooper, M.D.
 Jay Courtright, M.D.
 Mark Crozier, M.D.
 Sreedevi Daggubati, M.D.
 Khoi Dao, M.D.
 Ajay Dar, M.D.
 Mark Davidner, M.D.
 John Davis, M.D.

Gregory Guzley, M.D.
 David Hakimian, M.D.
 Kenneth Hancock, M.D.
 Nicole Hartung, M.D.
 James Hathorn, M.D.
 Ralph Heaven, M.D.
 John Hennessy
 Bill Herman
 Stuart Hinton, M.D.
 Russ Hoverman, M.D.
 John Howard, M.D.
 Sharad Jain, M.D.
 Paul Jardina
 Ben Jones
 Bryan Jones
 Bruce Kaden, M.D.
 Vivek Kavadi, M.D.
 J. Michael Kerley, M.D.

\$2,500 - \$4,999

Thomas Anderson, M.D.
 William Edenfield, M.D.
 Leonard Kalman, M.D.
 Scott Kruger, M.D.
 Mark Saunders, M.D.
 Jerry Barker, Jr., M.D.
 Matthew Brow
 Brennan Cheek, M.D.
 Kathy Christman, M.D.
 James Corwin, M.D.
 Linda Couch, M.D.
 Paul DeCarolis, M.D.
 Claude Denham, M.D.
 Dale Duncan, M.D.
 Carlos Encarnacion-Perez, M.D.
 William Esler, M.D.
 Larry Frase, M.D.
 Timothy George, M.D.
 Jeffrey Greenberg, M.D.
 Mary Hebert, M.D.
 Thomas Hutson, D.O.
 Marc Kerlin
 Colin Koon, M.D.
 Michael Manning, M.D.
 Joseph Martinez-O'Hara, M.D.

Claude Stringer, M.D.
 Bill Taylor, M.D.
 Panagiotis Valilis, M.D.
 David Walker, M.D.
 Michael Zurenko, M.D.

\$1,000 - \$2,499

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 Edward Agura, M.D.
 Ivan Aksentijevich, M.D.
 Thomas Alberico, M.D.
 Burton Alexander, M.D.
 Heather Allen, M.D.
 Jay Andersen, M.D.
 Daniel Atienza, M.D.
 Larry Barker, M.D.
 Rebecca Barrington, M.D.
 Dolores Basden, M.D.
 Scott Bearman, M.D.
 Roy Beveridge, M.D.
 Arvind Bhandari, M.D.
 Grant Bogle
 James Bordelon, M.D.
 Stephen Boswank, M.D.
 David Bronsweig

Rolando De Cardenas
 Greg DeAtkine
 Margaret Deutsch, M.D.
 Nicolaas DeWette, M.D.
 Nicholas DiBella, M.D.
 Yuhoe-Gia Dice, M.D.
 Philip Dowling
 David Dunning, M.D.
 Fred Ekery, M.D.
 Maha Elkordy, M.D.
 James Ellis, M.D.
 Susan Escudier, M.D.
 Anne Favret, M.D.
 John Feigert, M.D.
 William Fintel, M.D.
 Thomas Fisher, M.D.
 John Fleagle, M.D.
 Maria Flores, M.D.
 Peter Francis, M.D.
 David Friedman, M.D.
 David Fryefield, M.D.
 Yousuf Gaffar, M.D.
 Lawrence Garbo, M.D.
 Julie Gemmell, M.D.
 Edward George, M.D.
 Jerome Goldschmidt, M.D.
 Andrew Greenspan, M.D.

John Kessler, M.D.
 Pankaj Khandelwal, M.D.
 Edwin Kingsley, M.D.
 Robert Kirby, M.D.
 Chris Knight, M.D.
 Peter Kovach, M.D.
 Alan Kritz, M.D.
 John Kessler, M.D.
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 Robert Kirby, M.D.
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 Peter Kovach, M.D.
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Richard McKittrick, M.D.
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Marcus Neubauer, M.D.
Gregory Orloff, M.D.
Mark O'Rourke, M.D.
Rupesh Parikh, M.D.
James Parker
Dipti Patel-Donnelly, M.D.
Sumalatha Patibandla, M.D.
Luis Pineiro, M.D.
Robert Pluenneke, M.D.
Sashidhar Reddy, M.D.
Mark Redrow, M.D.
Robert Reid, M.D.
John Reilly, M.D.
Dianne Richardson
Nicholas Robert, M.D.
Roger Rodgers, M.D.
Patricia Rodriguez, M.D.
Virgil Rose, M.D.
Carlos Rubin de Celis, M.D.
Howard Saiontz, M.D.
David Salinger, M.D.
Shaker Saman, M.D.
John Sandbach, M.D.
Manuel Santiago, M.D.
Robert Sayre, M.D.
Todd Schonherz
Burton Schwartz, M.D.
Scot Sedlacek, M.D.
Spencer Shao, M.D.
Maureen Sheehan, M.D.
Kathleen Shide, M.D.
Ather Siddiqi, M.D.
Ernie Sims
Paramjeet Singh, M.D.
Christopher Sirridge, M.D.
Charles Smith
Harry Smith, M.D.
John Smith, M.D.
Edward Soo, M.D.

Stephen Sorgen, M.D.
Alexander Spira, M.D.
Gary Spitzer, M.D.
Scott Stone, M.D.
Valiant Tan, M.D.
Daniel Tell, D.O.
Lewis Terry, M.D.
Mark Thompson, M.D.
Joseph Vegso
Jay Walls, M.D.
Katherine Wang, M.D.
Frank Ward, M.D.
Ralph Weinstein, M.D.
Merideth Wendland, M.D.
Geoff Werth
Jeannette Wilcox, M.D.
James Wilder, Jr., M.D.
Lalan Wilfong, M.D.
Michael Willen, M.D.
Tim Wright
David Young
Alexander Zweibach, M.D.

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