



Wisconsin News

American College of Cardiology
1123 North Water Street
Milwaukee, WI 53202



Governor's Message



Michael P. Cinquegrani,
M.D., F.A.C.C

I am pleased to announce that Dr. Peter Rahko has been selected by the chapter to be our next governor-elect beginning at the upcoming ACC meeting in Orlando. He will assume the governor's role in March 2002. As you may know, Peter is a faculty member at UW-Madison where he is an active clinician and has held a number of administrative positions including interim chief of cardiology. Dr. Rahko is no stranger to the operation of large organizations having also served as president of the Northland AHA. I am very pleased that Peter has agreed to take on this responsibility and I look forward to working with Dr. Rahko over the next year.

By now you have received a letter from Drs. Beller and Zipes regarding a proposed change in the tax status of the ACC. Currently, the ACC falls under the IRS code 501(c)(3) that defines it as a charitable, non-profit organization. Under this status, the college is limited as to the amount of resources it can dedicate to lobbying Congress and other advocacy activities. Since these activities are important to the membership, the college leadership has proposed reorganizing the ACC into a 501(c)(6) nonprofit, membership organization. If approved by the IRS, as well as the membership of the ACC, this change would allow the ACC to legally pursue a broad scope of advocacy activities. Scientific, research, and educational activities would continue through the existing ACC which would be renamed the ACC Foundation. Both the Board of Trustees and the Board of Governors support the development of a 501(c)(6) organization to compliment the current 501(c)(3) organization. I believe this is a good move for the college. The ACC you belong to will continue to exist, and the new organization will be able to speak and act more broadly in the public arena on behalf of its members. You will have a chance to vote on this matter at the Orlando meeting.

Another college activity worth mentioning is the ACC Healthcare Reform Initiative. Dr. Tim Garson, past president of the college, has spearheaded this effort based on a personal interest in helping to correct the problem of many people lacking health

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2001 Legislative Issues, Wisconsin Legislature

The following major medical issues are expected to come before the legislature in the current session. These proposals were summarized at the Council on Legislation Meeting of the State Medical Society in February 2001.

Current Issues: Funding for Badger Care. Badger Care is a program to provide essential health care coverage for low-income working families and their children. The Badger Care program has been extremely successful to the point that funding has run out. Senate bill 18/Assembly bill 36 provide for an additional 13.5 million dollars in funding for the 2000-2001 fiscal year.

Medicaid reimbursement for fee for service physician services. Medicaid reimbursement continues to fall behind the rate of inflation. Attempts are being made to increase the Medicaid reimbursement rate from the state side by 5%. In the year 2000, 94.3 million dollars was spent on physicians billing to Medicaid. Wisconsin pays 40% of this amount or 37.7 million. If Medicaid state reimbursement rates were to increase by 5%, the impact on the state budget would be a modest 1.88 million dollars. Given the fact that 100,000 new patients were added to Medicaid/Badger Care programs in the last two years, poor reimbursement rates of Medicaid can become a considerable burden.

Tobacco Settlement money. The state is currently receiving 160 million dollars per year from the Tobacco Settlement. A tobacco control board was set up which has received an appropriation of 23 million dollars. The control board is still formulating its plans and policies. The rest of the money appears to be disappearing into the state general budget. Questions being addressed in the legislature this year will be: 1) How much of the 160 million should go directly to the Wisconsin Tobacco Control Board?, 2) How much of these funds should go directly for reimbursement for Medicaid (the original reason for the lawsuit)?, 3) Should physicians lobby for other uses of the money, i.e. greater amounts used to campaign against smoking, funding for research proposals, more funding for other public health programs?

Considerable debate is expected on a **prescription drug assistance plan.** Several different groups are proposing their own plans. Some question whether the state should step forward and even develop a plan at this point since it could be preempted by a federal plan or alternatively if in place before a federal plan is development to result in a loss of net federal funding for prescription drugs in the state. Some major components for the expected proposals are listed below. The initial plans proposed are expected to only cover senior citizens age 65 or greater. This leaves some individuals with chronic disease that are relatively low in income but not low enough to qualify for other plans without any benefit. Major issues 1) Should the plan be extended to those below age 65? 2) What should be a maximum income level to qualify for subsidized pharmaceutical prescription cost coverage? One proposes to cover everybody up to 300% of the poverty level while the second plan would cover people up to 185% of the poverty level, this is the current level to qualify for Badger Care. Most likely patients with the lowest income will receive close to 100% coverage while those at higher levels will receive progressively less coverage. 3) The plans will most likely have a maximum limit and require contribution. These may be effected in several ways. For example, participants may be required to pay a premium to enter the program. In addition, the programs will probably require co-pays similar to managed care plans with a lower co-pay for generic drugs and a higher co-pay for brand name drugs. In addition, there will most likely be a deductible cost perhaps as high as \$500 before the plan begins to pay. 4) There most likely will be some attempt to limit cost of drugs. This could take the form of a state mandate for discounting on pharmaceutical drugs in order to participate in the plan. Attempts to do this in New England states have meet with court challenges which are unresolved to date. Another alternative, well known to all of us, would be to develop a formulary and only allow a payment for drugs in the formulary. 5) Another concern of this type of system is intrusiveness on privacy both from a patient standpoint and also from a physician prescribing profiling standpoint.

Other bills of a health related nature expected to be considered by the legislature include several safety bills including mandatory bike helmets, primary enforcement of seat belt wearing and mandatory use of vehicle headlights when windshield wipers are on.

Peter S. Rahko, M.D., F.A.C.C.
Chair, Government Relations

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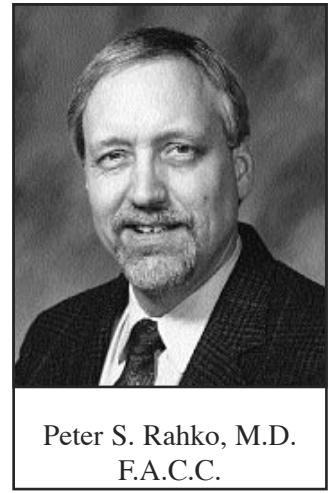
Peter S. Rahko, M.D., is Associate Professor of Medicine in the Cardiovascular Medicine Section at the University of Wisconsin in Madison. He has served on the faculty at the University since 1985. He currently is Director of the Echocardiography Laboratory at University Hospital and also Director of Ambulatory Cardiovascular Services for the Section of Cardiovascular Medicine. He was recently acting chief of the Cardiovascular Medicine Section for 2.5 years.

Dr. Rahko completed his cardiology fellowship at the University of Pittsburgh in 1985. He was a resident in medicine at Indiana University in Indianapolis, Indiana, and is a graduate of the University of Minnesota Medical School in Minneapolis. He attended college at St. Olaf College in Northfield, Minnesota, graduating in 1975.

Currently Dr. Rahko is actively involved in clinical practice at the University in all aspects of echocardiography. He has major teaching responsibilities and also clinical research responsibilities connected with the echocardiography laboratory. In addition, his other major interest is end-stage heart failure. He has worked in the cardiomyopathy clinic for over a decade providing consultative care in end-stage heart disease, transplantation evaluation, and evaluation of novel pharmaceutical therapies for heart failure.

Dr. Rahko's teaching activities span the spectrum from undergraduate lectures on the main campus of the university to lectures to the second year medical school class to clinical teaching of fourth year medical students on the inpatient and consultation services to similar interactions on the inpatient services with medicine housestaff. His primary clinical teaching role is with the cardiovascular medicine fellowship program of the University. He has also participated in several graduate educational programs throughout the Midwest primarily focused on echocardiography, hypertension and heart failure.

In addition to these clinical responsibilities, Dr. Rahko has been a member of the Wisconsin Chapter of the ACC since its inception. He has served on several chapter committees and also has testified before the Medicare Carrier Advisory Board. He has also been active in the American Heart Association serving for several years on the research committee and peer review committee. Recently he participated in reorganization of the American Heart Association and the Regional Affiliates and served as the first president of the Northland Affiliate of the AHA. He currently is completing his term on the Board of Governors of the Affiliate and completing his term as immediate past president. In his role at the AHA, he has also spent considerable time with the Advocacy Committee and testified before the State Assembly and Senate in favor of the recently passed bill on public access defibrillation. He also has fostered joint communication and joint activities regarding advocacy between the Wisconsin Chapter of the ACC and the advocacy groups of the AHA. In the past, with several other Wisconsin ACC members, Dr. Rahko was a member of the review committee for the Cooperative Cardiovascular Project and also participated in quality assurance activities in atrial fibrillation and heart failure.



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insurance. He has developed a set of principles for health insurance reform that have been reviewed by the Boards of Trustees and Governors. The main points of this proposal include: Public and private financial support for insurance availability, tax credits indexed against income and contingent upon purchase of insurance, insurance pools for small businesses and individuals for the purpose of competitive rates, and incremental expansion of insurance for all people starting with coverage for children and individuals with low incomes. These represent reasonable goals for the bettering of the healthcare system, but given the scope of the problem it is unlikely that a single organization will be able to promote the magnitude of change required to fix the system. On the other hand, a coalition of specialty organizations may be able to exert the influence needed to push forward these or like ideas. Regardless of the outcome, I admire Dr. Garson's initiative in undertaking a set of problems most in the healthcare industry have been trying not to face.

On the local level, last December we cosponsored a successful meeting with the Illinois Chapter in Chicago. Our speakers included Drs. Tanvir Bajwa, Stuart Berger, and Gordon Olinger. The Illinois Chapter has received excellent feedback from attendees regarding the quality of the presentations and their overall response to the meeting. This is the second time we have participated in a joint meeting with Illinois, an idea originated by past governors Drs. Sam Wann and Jim Dove (IL). Illinois alternates their annual meeting with a downstate location, so a joint meeting will not occur for two years. If we pursue a joint meeting again, it is my hope we will sponsor the meeting in Wisconsin. I anticipate a fall meeting for our chapter this year, and the planning will start in the near future.

Speaking of meetings, the chapter will sponsor a reception during the Orlando meeting on Monday March 19 between 6:30 to 8 PM at the Rosen Centre Hotel, Salon 24. A councilors meeting will precede the reception in the same room starting at 5:30 PM. I would like to thank Merck for their generous support of our reception. If you are attending ACC in Orlando, please make a point of coming to the Wisconsin reception. I look forward to seeing you there.



Wisconsin Chapter -
American College of Cardiology
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**You are invited
to the ACC
Wisconsin Chapter
Reception in
Orlando, Florida**

Monday, March 19, 2001

6:30-8:00 pm

Rosen Centre Hotel



Salon 24

9840 International Drive
(across the street from
the Convention Center)



Sponsored by: Merck & Co.

Constitution-Bylaws: Proposed Amendments

The following represents a summary of the proposed bylaws changes, subject to a vote at the March 19, 2001, Annual Business Meeting in Convention Center Room 230B at 9:15 a.m.:

- ◆ The constitution has been merged with the bylaws.
- ◆ The objectives section of the bylaws has been updated to reflect the College's current mission statement.
- ◆ The membership section was updated to reflect current membership processing practices of the Credentialing and Membership Committee.
- ◆ A new section was added outlining the terms for resignation and removal of members.
- ◆ The number of standing committees named and required in the bylaws was reduced to enable greater flexibility in the future.
- ◆ A clarification was adopted that the president must recommend to the Board of Trustees which committees and task forces are formed, rather than the president holding that exclusive authority (this change reflects state law, which permits only Boards to create committees).
- ◆ A new section was added outlining the terms for removing officers from office for cause.
- ◆ Descriptions of the offices of secretary and treasurer and the chief executive officer were updated to reflect modern definitions.
- ◆ The roles of the Board of Governors and the Board of Trustees were clarified.

To review the current complete bylaws and constitution of the ACC, and the complete revised bylaws, please visit the ACC Web site at www.acc.org. In addition, questions may be directed to the College at 800-435-9203 or via e-mail at advocacydiv@acc.org.