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LOBBYING REPC

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required to Complete This Page**

1. Registrant Name ☑ Organization ☐ Individual

MARSHFIELD CLINIC

2. Address ☐ **Check if different than previously reported**

Address1 1000 NORTH OAK AVENUE Address2

City MARSHFIELD State WI Zip Code 54449 - Cou

3. Principal place of business (if different than line 2)

City State Zip Code - Cou

4a. Contact Name	b. Telephone Number ☐ International Number	c. E-mail	5. Sen
Mr. BRENT V. MILLER	(202) 327-5463	miller.brent@marshfieldclinic.org	5783

7. Client Name ☑ **Self** 6. Hou

MARSHFIELD CLINIC 3525

TYPE OF REPORT

8. Year 2007 Midyear (January1-June30) ☑ Year End (July 1-Dec

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date 11. No Lobbying Acti

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☐ $

Provide a good faith estimate, rounded to the nearest $20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSE relating to lobbying activities for this were:

Less than $10,000 ☐

$10,000 or more ☑ $ 155,017.00

14. REPORTING Check box to indicat accounting method. See instructions for descriptic

☑ **Method A.** Reporting amounts using LDA definitio

☐ **Method B.** Reporting amounts under section 6033(Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(Revenue Code

Signature ✓ Digitally Signed By: Brent V Miller Date 07/

US, DST Aces Unaffiliated Individual, Brent V Miller

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

D00009311 4

Registrant MARSHFIELD CLINIC Client Name MARSHFIELD CLINIC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | BUD | Budget/Appropriations | (one per page)

16. Specific lobbying issues

Provisions of the President's FY 2008 Budget and Budget Resolution (S Con Res 21) related Labor/HHS appropriations (HR 3043) related to funding for the Centers for Medicare and Medicaid Services (CMS)

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate

Department of Health and Human Services, Center for Medicare/Medicaid Services, Health Resources and Services Adm Agency for Health Research and Quality, Government Accountability Office, Medicare Payment Advisory Commission, Congressional Budget Office, White House

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Brent	Miller		N/A
Greg	Nycz		N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

00009115

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: BUD - Budget/Appropriations

for implementation of the Medicare program and Medicare Advantage Programs, the provision of Medicare and Medicai services and benefits to patients, incentives to promote electronic health records for all Americans, comparative effecti research at the Agency for Health Research and Quality (AHRQ), and prescription drug benefits.

Provisions in the President FY 2008 Budget and related appropriations legislation including
public health programs in health and wellness and prevention; plant and animal inspections and programs; bioterrorism preparedness -- human, food, animal; human, animal and plant laboratory networks and response networks; Johnes resear eradication; Chronic Wasting Disease eradication and diagnosis; Avian flu; syndromic surveillance; National Institutes of research funding; research on childhood agricultural safety and health; waterborne disease research.

Labor HHS Appropriations, HR 3043, Appropriations for Community Health Centers, Funds for the State High Risk Poo Grants, and Increased Funding for Tele-health Activities. Centers for Disease Control funding to prevent underage drinki

Funding for Dental programs in underserved areas.

30000931116

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Registrant MARSHFIELD CLINIC Client Name MARSHFIELD CLINIC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | MMM | Medicare/Medicaid | (one per page)

16. Specific lobbying issues

Provisions of the President's FY2008 Budget and related appropriations legislation (S Con Res 21) related to implement Medicare Advantage and Prescription Drug Programs,

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate

White House, Department of Health and Human Services, Center for Medicare/Medicaid Services, Health Resources and Administration, Agency for Health Research and Quality, Government Accountability Office, Medicare Payment Advisor Commission, Congressional Budget Office

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Brent	Miller		N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

30000931117

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Printed Name and Title: Brent V. Miller, Director of Federal Government Relations

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ADDENDUM for General Lobbying Issue Area: MMM - Medicare/Medicaid

the provision of Medicare and Medicaid services and benefits to patients, incentives to promote electronic health record Americans, and prescription drug benefits.

Sustainable Growth Rate

Medicare's SGR mechanism unfairly links physician payment updates to factors unrelated to patients' needs and the cos providing patient care. If the SGR formula is not changed, Medicare program trustees predict that Medicare physician pa will be cut by 31% between 2006-2013. Reform proposals include reimbursement updated on a market basket basis, ren prescription drugs from the calculation of Medicare Part B costs, and rebasing Part B to reflect current rather than cumu costs.

Pay-for Reporting and Performance

Currently the prevailing methods of paying for health care in the US neither incent nor reward providing high quality care rising costs of care coupled with the increasing awareness of poor quality care have made clear the need for a transforma the way health care is financed. In the fee-for-service system Medicare currently reimburses for units of service, in a ma that promotes service utilization without regard to quality. This has had the unanticipated, but now recognized effect of economically stimulating growth in the numbers of services provided by physicians. Medicare must implement quality payments for physician services, and capture the data on performance measures utilizing available claims-based data rec through enhanced IT functions.

In 2005, the Centers for Medicare and Medicaid Services (CMS) proposed the Physicians Voluntary Reporting Program (PVRP). In late 2006 CMS renamed PVRP the Physicians Quality Reporting Initiative. (PQRI) In the PQRI program CM on physicians to report on evidence-based performance measures selected with input from the National Quality Forum, t Ambulatory Care Quality Alliance, and the National Committee for Quality Assurance, (NCQA). For reporting purpose physicians will utilize provisional "G- Codes" developed by CMS to indicate whether a patient received a service, did not the service, was not a eligible candidate to receive the service, or would not be considered a patient under the care of the physician at the time of the service. Marshfield Clinic has recommended that CMS allow medical groups to electronicall quality measures in an aggregated, periodic, statistically valid basis to PQRI; and re-focus the PQRI on high cost/high vol disease states.

Marshfield Clinic supports a request for CMS authorization and funding for a multi-center demonstration project with ac vast data resources across multiple states. This proposed project will connect treatments with outcomes and develop qua metrics that reflect the realities of the care setting and the severity of the patient's illness.

30000921118

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: MMM - Medicare/Medicaid

Information Technology

Under current law the capital and operating expenses of installing and maintaining an electronic medical record are assu be part of the overhead expense of a medical practice. Since no more than 5 –10% of the physician population has instal EMRs, CMS' measurement of current physician practice expenses reflect minimal expense associated with IT. Congres provide incentives for EMR adoption, and should establish standards to facilitate the sharing and exchange of data.

S. 1693, the Wired for Health Care Quality Act introduced by Senator Ted Kennedy (D-MA) and Michael Enzi (R-WY) Amends the Public Health Service Act to establish the Office of the National Coordinator of Health Information Techno coordinate and oversee programs and activities to develop a nationwide interoperable health information technology infrastructure.

Payment Fairness for Practice Costs

The formulas by which Medicare's payments are calculated are widely variable throughout Medicare localities, and are ba upon outdated data assumptions regarding the cost and organization of medical practice. Alternatives: CMS should administratively revise its measurements of the costs of practice to assure the validity and fairness of payments; a payme could be established for practice expense; or the present variation (.705 – 1.501) in practice expense could be channeled narrower corridor of adjustment.

Payment Equity

Before MMA '03, Medicare's payments were geographically adjusted based upon erroneous assumptions about the cost hiring and retaining physicians. Congress established a floor payment mechanism for the physician work component of Medicare payment for '04 – '07 to assure that physicians in low payment localities were compensated for their work at l the national average payment amount. This payment floor should be extended indefinitely or geographic adjustment of w should be eliminated entirely.

The Rural Medicare Equity Act of 2007 (S 498), introduced by Senator Russ Feingold, Amends title XVIII (Medicare) o Social Security Act (SSA) to eliminate the geographic physician work adjustment factor from the geographic indices use adjust payments under the physician fee schedule.

Rep. Braley introduced HR 2827, the Medicare Equity and Accessibility Act, along with Rep. Adrian Smith (R-Nebraska) bill will increase the Medicare Part B reimbursement rates in Iowa and other rural states, by making permanent the 1.0 fl the Geographic Practice Indexes for Work and Practice Expense.

00009119

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Printed Name and Title Brent Wahlert, Director of Federal Government Relations

v5.0.0j

ADDENDUM for General Lobbying Issue Area: MMM - Medicare/Medicaid

Medicare Prescription Drug, Improvement, and Modernization Act of 2003 - Public Law No: 108-173:
Title II: Medicare Advantage - Subtitle B: Immediate Improvements - (Sec. 211) Revises the payment system, requiring a
to be paid at a rate at least as high as the rate for traditional Medicare fee-for-service plans. Makes change in budget neu
for blended payments. Increases minimum percentage increase to national growth rate.
Subtitle D: Additional Reforms -
(Sec. 237) Provides that Federally Qualified Health Centers (FQHCs) will receive a wrap-around payment for the reason
costs of care provided to Medicare managed care patients served at such centers. Raises reimbursements to FQHCs in or
when they are combined with MA payments and cost-sharing payments from beneficiaries they equal 100 percent of the
reasonable costs of providing such services. Extends the safe harbor to include any remuneration between a FQHC (or ei
controlled by an FQHC) and an MA organization.
Title IV: Rural Provisions - Subtitle B: Provisions Relating to Part B Only -
(Sec. 412) Directs the Secretary to increase the work geographic index to 1.00 for any locality for which such work geo
index is less than 1.00 for services furnished on or after January 1, 2004, and before January 1, 2007. Since this provisio
expires at the end of 2006 it must be extended or revised. See Tax Relief and Health Care Act provisions below
(Sec. 413) Establishes a new five percent incentive payment program designed to reward both primary care and specialis
physicians for furnishing physicians' services on or after January 1, 2005, and before January 1, 2008 in physician scarci
Directs the Secretary to pay the current law ten percent Health Professional Shortage Area (HPSA) incentive payment fo
services furnished in full county primary care geographic area HPSAs automatically rather than having the physician iden
health professional shortage area involved.
Title VI: Provisions Relating to Part B - Subtitle A: Provisions Relating to Physicians' Services
(Sec. 605) Requires the Secretary to review and consider alternative data sources than those currently used to establish tl
geographic index for the practice expense component under the Medicare physician fee schedule no later than January 1,
Requires the Secretary to select two physician payment localities for such purposes, one to be a rural area and the other c
be a statewide locality that includes both urban and rural areas.
(Sec. 606) Directs the MEDPAC to submit to Congress: (1) a report on the effect of refinements to the practice expense
component of payments for physicians' services after the transition to a full resource-based payment system in 2002; and
report on the extent to which increases in the volume of physicians' services under Medicare part B are a result of care th
improves the health and well-being of Medicare beneficiaries.

20080093120

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: MMM - Medicare/Medicaid

Subtitle C: Other Provisions -
(Sec. 626) Provides that in FY 2004, starting April 1, 2004, the ambulatory surgery center (ASC) update will be the Con
Price Index for all urban consumers (U.S. city average) as estimated as of March 31, 2003, minus 3.0 percentage points.
Provides that in FY 2005, the last quarter of calendar year 2005, and each of calendar years 2006 through 2009, the ASC
will be zero percent.
Provides that subject to recommendations by the General Accounting Office, the Secretary will implement a revised pay
system for payment of surgical services furnished in ASCs. Requires the new system to be implemented so that it is first
effective on or after January 1, 2006, and not later than January 1, 2008.
Requires the Comptroller General to conduct a study for a report to Congress that compares the relative costs of proced
furnished in ambulatory surgical centers to the relative costs of procedures furnished in hospital outpatient departments.
(Sec. 628) Provides that there will be no updates to the clinical diagnostic laboratory test fee schedule for 2004 throug
Subtitle D: Additional Demonstrations, Studies, and Other Provisions -
(Sec. 646) Amends SSA title XVIII to direct the Secretary to establish a 5-year demonstration program under which the
Secretary is required to approve demonstration projects that examine health delivery factors that encourage the delivery
improved quality in patient care.
(Sec. 649) Directs the Secretary to establish a pay-for-performance demonstration program with physicians to meet the
of eligible beneficiaries through the adoption and use of health information technology and evidence-based outcomes me
Deficit Reduction Act (Section 5102) reduced reimbursements for multiple images on contiguous body parts in 2006; t
provision created in statute a basis for payment reductions on the imaging of contiguous body parts that CMS implement
through the rulemaking process in 2005; the DRA also requires that payment rates for imaging services delivered in phys
offices do not exceed payment rates for identical imaging services delivered in hospital outpatient departments beginnin
2007. Clinic recommends that Congress repeal Section 5102, and direct MedPAC and CMS to conduct a comprehensive
of imaging and the geographic variation in services to determine where growth in the volume of imaging services is appr
and develop workable solutions to control inappropriate imaging utilization.

20000931121

Printed Name and Title Brent V. Miller. Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: MMM - Medicare/Medicaid

Medicare Provisions in the Tax Relief and Health Care Act of 2006 (HR 6111)

Increases payments for physician services and implements a quality reporting system for physician services.
· Prevents physician payment cuts in 2007 by freezing payment rates for physician services.
· Provides a 1.5 percent bonus-incentive payment to physicians who report on quality measures in 2007.
· Establishes a $1.3 billion fund to promote physician payment stability and physician quality initiatives in 2008.

Extends the Medicare Modernization Act (MMA) floor on the Medicare work geographic adjustment for physician servi
Establishes a floor on the work component of the physician geographic adjustor in 2007 to raise payments in certain rura

CMS Physician Group Practice Demonstration On September 27, 2002 the Centers for Medicare and Medicaid Servi published a notice in the Federal Register informing interested parties of an opportunity to submit proposals for particip the Medicare Physician Group Practice Demonstration (PGP) project to test a hybrid payment methodology that combi Medicare fee-for-service payments with a bonus pool derived from savings achieved by improvements in patient care management. Marshfield Clinic submitted a proposal for this demonstration and was selected by CMS to participate in t demonstration program, effective April 1, 2005.
Oppose limits on the laboratory CPI update.
Ambulatory Surgical Center Medicare Payment Modernization Act of 2007 H.R.1823 Ambulatory Surgical Center Medi Payment Modernization Act of 2007 introduced by Rep. Wally Herger and Kendrick Meek - Amends title XVIII (Medic the Social Security Act to revise the requirements and the formula for payments for services, including an implantable m device, furnished to individuals in ambulatory surgical centers.

20000931122

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Registrant MARSHFIELD CLINIC Client Name MARSHFIELD CLINIC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR Health Issues (one per page)

16. Specific lobbying issues

The Genetic Information Nondiscrimination Act of 2007 (H.R. 493), introduced by Rep. Louise Slaughter (D-NY) amen Employee Retirement Income Security Act of 1974 (ERISA)

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Brent	Miller		N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

00009123

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: HCR - Health Issues

and the Public Health Service Act to expand the prohibition against discrimination by group health plans and health insur issuers in the group and individual markets on the basis of genetic information or services to prohibit: (1) enrollment an premium discrimination based on information about a request for or receipt of genetic services; and (2) requiring genetic testing.

30000931 24

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Registrant MARSHFIELD CLINIC Client Name MARSHFIELD CLINIC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | MED | Medical/Disease Research/Clinical Labs | (one per page)

16. Specific lobbying issues

Oppose limits on the laboratory CPI update.
Lab Competitive Bidding -- The MMA '03 has required that HHS conduct a demonstration program on competitive biddi clinical lab tests

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate

White House, Department of Health and Human Services, Center for Medicare/Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Brent	Miller		N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

30000093125

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: MED - Medical/Disease Research/Clinical Labs

furnished without a face-to-face encounter between the Medicare beneficiary and the hospital personnel or physician per
the test. CMS views the competitive bidding design as a means to establish new lab fees based on costs. The current lab f
schedule is hopelessly outdated, and should be revised, but we urge caution regarding the structure and comprehensiven
demonstration. Competitive bidding will subordinate timeliness and specimen integrity in lab analysis to bulk quantity ar
at the expense of quality patient care. Lab fee schedule changes should be consistent with the emerging emphasis on qual
performance-based reimbursement.

30000931126

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Registrant MARSHFIELD CLINIC Client Name MARSHFIELD CLINIC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | TAX | Taxation/Internal Revenue Code | (one per page)

16. Specific lobbying issues

According to the Joint Committee on Taxation, health-related organizations make up the largest percentage of Section 50 non-profit organizations, accounting for almost 60 percent of total revenues of the 501(c)(3)s.

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Brent	Miller		N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

00009127

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

ADDENDUM for General Lobbying Issue Area: TAX - Taxation/Internal Revenue Code

provide meaningful, low-cost alternatives to litigation for challenging patent validity and harmonize U.S. patent law with patent law of most other countries. Among the major changes in the approved legislation would be moving the United St from a "first to invent" to a "first inventor to file"- a patent system that exists in other countries. Marshfield Clinic supp adopting a "first inventor to file" system, but not if the statutory framework creates an environment that is ripe for the m and misappropriation of inventions. Clinic support is contingent upon changes to the Patent Reform Act to include of tv provisions: no narrowing of the current blanket grace period which encourages researchers to publish their discoveries a achievements; and an oath or sworn statement should be required for all applications. Violations of an oath or sworn sta could be subject to criminal penalties for false or fraudulent statements.

30000923128

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

Registrant MARSHFIELD CLINIC Client Name MARSHFIELD CLINIC

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | CPT | Copyright/Patent/Trademark | (one per page)

16. Specific lobbying issues

The Patent Reform Act of 2007, (HR 1908) introduced by Rep. Howard Berman, (D-CA) contains a number of provision to improve patent quality, deter abusive practices by patent holders,

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
Brent	Miller		N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

Printed Name and Title Brent V. Miller, Director of Federal Government Relations

00009129

ADDENDUM for General Lobbying Issue Area: CPT - Copyright/Patent/Trademark

provide meaningful, low-cost alternatives to litigation for challenging patent validity and harmonize U.S. patent law with patent law of most other countries. Among the major changes in the approved legislation would be moving the United St from a "first to invent" to a "first inventor to file"- a patent system that exists in other countries. Marshfield Clinic supp adopting a "first inventor to file" system, but not if the statutory framework creates an environment that is ripe for the m and misappropriation of inventions. Clinic support is contingent upon changes to the Patent Reform Act to include of tv provisions: no narrowing of the current blanket grace period which encourages researchers to publish their discoveries a achievements; and an oath or sworn statement should be required for all applications. Violations of an oath or sworn stat could be subject to criminal penalties for false or fraudulent statements.

30009130

Printed Name and Title Brent V. Miller, Director of Federal Government Relations