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Interested in nominating someone for ATS Secretary-Treasurer? Complete these steps.

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Learn more about the new ATS/ALAT membership program, where members of ALAT automatically became ATS members.

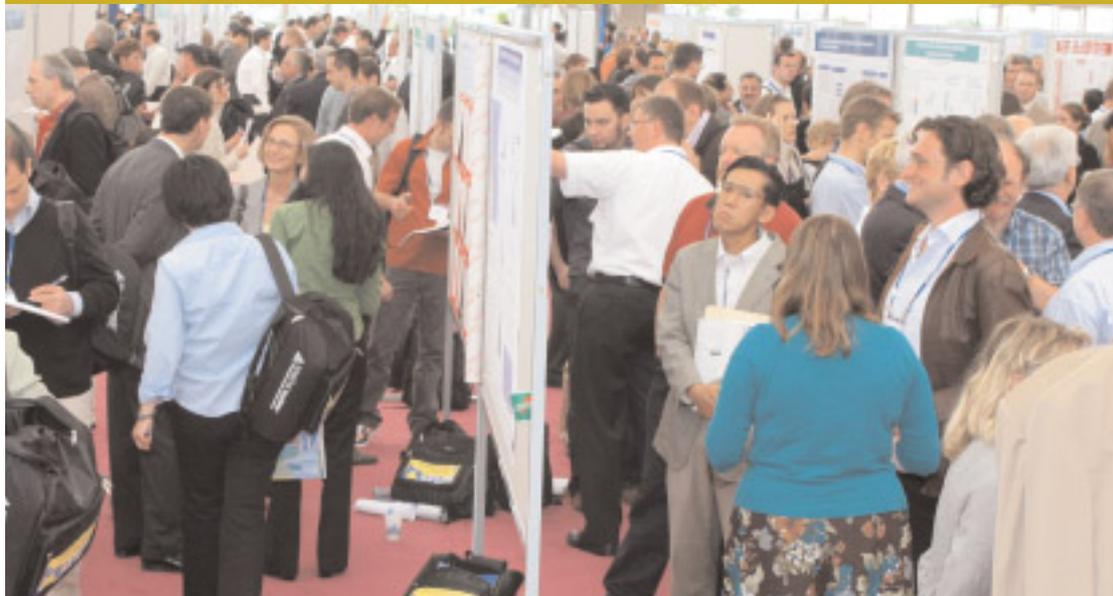
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ON THE

web

Visit the "ATS Legislative Action Center" on the Society's Web site at www.thoracic.org/sections/about-ats/advocacy/take-action-now.html. By entering your zip code, you can find information on government officials, elections, candidates and legislation on issues of interest to the respiratory community, such as stem-cell research, pulmonary rehabilitation, chronic pulmonary disease and tuberculosis control. The site also offers a guide to members of local and national media, instructions on how to contact a member of Congress and information on ATS advocacy efforts in Washington, D.C.

ATS CALLS FOR ELECTRONIC SUBMISSION OF ABSTRACTS FOR 2007



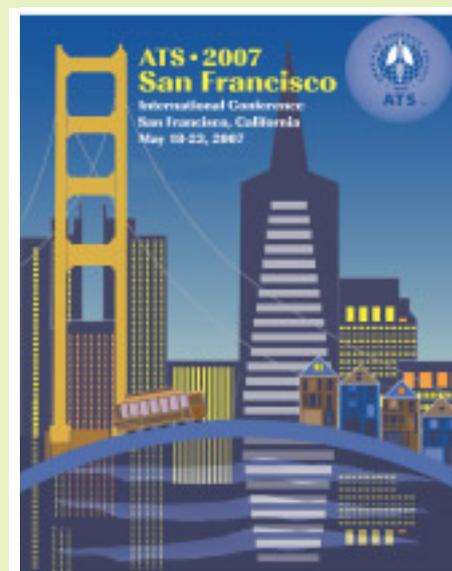
James M. Beck, M.D., Chair of the ATS International Conference Committee, invites you to submit abstracts to ATS 2007 • San Francisco, which will be held May 18 to 23.

Submission of abstracts on all aspects of respiratory disease, critical care and sleep medicine (including basic and clinical science, epidemiology and social, biobehavioral, psychosocial and educational) are welcome for presentation.

"Each year, the meeting becomes more interactive, multi-disciplinary and member driven," Dr. Beck said. "As the largest conference of its kind, it allows attendees from all disciplines to access the most recent, cutting-edge information about what's going on in each field."

The electronic abstract submission deadline is Wednesday, **October 18, 2006** (11:59 p.m. Central Time). For electronic submission of abstracts and instructions, visit the ATS Web site at www.thoracic.org/go.cfm?call4abstracts. The ATS home page, www.thoracic.org, also features a link to the abstract submission site.

The processing fee for online abstract submission is \$70. For more information, contact the ATS International Conference Unit at (212) 315-8658, by fax at (212) 315-8653 or at ats2007@thoracic.org.



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MESSAGE FROM THE PRESIDENT

John E. Heffner, M.D.

Protein chemists recognize the tight linkage between structure and function in the chemical behavior of enzyme superfamilies. Enzymes within a superfamily are evolutionarily related and retain a conserved aspect of function, such as catalyzing a specific chemical reaction. Combine enough mechanistically diverse superfamilies and an increasingly complex system eventuates into a cell, a tissue, an organ, a whole living...ATS member, and, ultimately, into a group of people, such as the ATS itself.

Within the ATS, the assembly structure represents a set of tightly linked “superfamilies.” Grouped around separate but complementary domains, our 12 assemblies bring together members with unique expertise and shared perspectives to generate statements, guidelines, workshops, scientific research and other intellectual “products.” In my mind, the assemblies function as both the Society’s radar for detecting new challenges and our onboard computer for guiding us toward creative solutions.

The importance of our assemblies is underscored by the fact that every assembly chair sits on the ATS Board of Directors, further linking structure and function. But the ATS ship couldn’t move forward without an engine, which I believe is represented by our committees. “Below decks,” our 27 ATS committees work tirelessly to get us where we need to go. As superfamilies, however, our committees have not been linked as tightly to each other and to the Board as our assemblies.

To achieve the goals and objectives of our new Strategic Plan and initiate continuous strategic planning, we needed a more efficient organizational committee structure. The first step for improving structure-function linkage required us to revise our committee charges. These new charges (<http://thoracic.org/sections/about-ats/committees/index.html>) incorporate elements of the Strategic Plan and identify opportunities for committees to interact. We canvassed ATS officers, assembly and committee chairs, pulmonary critical care program directors and others for names of individuals with the needed expertise to achieve new committee goals.

We took structure-function a step further and identified committee superfamilies—what we call “committee clusters”—with overlapping domains and a need to work together throughout the year. These committee clusters focus on overarching thematic functions: Advancing Practice, Advancing Science, Advancing Global Health, Patient Outreach and Member Outreach. During the International Conference, we introduced the cluster concept to committee chairs, who enthusiastically endorsed the idea.

To improve linkage between committees and the Board, Marc Moss, chair of the Communications and Marketing Committee, will attend Board meetings and report on committee activities and communicate Board deliberations back to the committee chairs. Now the Communications and Marketing Committee not only enhances external communication, but also promotes better communications within the ATS.

Tightening the linkage between our committees, assemblies and other organizational units within our ATS “superfamily” will speed the application of healthcare solutions that our creativity and scientific expertise discover.

This structure-function groundwork has assumed critical importance as we develop a Tactical Plan to achieve our strategic goals. Our assemblies, coordinated by Susanna McColley, chair of the Strategic Planning Committee, and committees, with Marc Moss’s oversight, will, in the coming weeks, generate specific tactics that link to each of our strategies to guide the Society for the next three years.

The implementation of strategic planning is only one of this year’s necessary functions addressed by these structural changes. Numerous other compelling challenges will benefit from better coordination of committee activities. Examples include the following:

The American Board of Internal Medicine recently recognized critical care as a full-fledged subspecialty, and the ATS plans to describe the core competencies of the field. Polly Parsons, chair of the Training Committee, will lead a group responsible for generating a description of those competencies in collaboration with the Education Committee and, eventually, our sister societies.

Atul Malhotra, chair of the Education Committee, is addressing pay-for-performance issues. His committee will work with the Clinical Practice Committee, chaired by Alan Plummer, and the Clinicians Advisory Committee, chaired by Rick Helmers, to develop educational resources for physicians to ensure success in this new reimbursement environment, and to improve the quality of care.

These efforts will rely on implementing best clinical practices as described in ATS guidelines, which will require linkage with the Documents Development and Implementation Committee, chaired by Holger Schunemann. The Information Systems Committee, chaired by Mathias Salathe, is coordinating the efforts of Dean Schraufnagel and Tom Stibolt with Mike Niederman and Don Craven to bring the ATS hospital-acquired pneumonia guidelines to members’ PDAs.

Tightening the linkage between our committees, assemblies and other organizational units within our ATS “superfamily” will speed the application of healthcare solutions that our creativity and scientific expertise discover. By better communicating and coordinating our efforts, we will be more effective as an organization. We will also be more inclusive, offering every member who wants to be a catalyst the support and abilities of a larger “family” equally committed to progress.

I invite you to surf our Web site (www.thoracic.org), learn who is doing what within the committee clusters, and become a transforming agent within your Society. A lot is going on, but much still needs to be done.

NEWS BRIEFS

Lung Disease is Breath-Taking: Help Raise Awareness



You can help raise awareness about lung disease and the Foundation of the American Thoracic Society

by giving patients, family and friends, big and small, the newest tool to bring lung disease to the forefront of charitable giving: the ATS silicone bracelet.

To request a supply free of charge, contact Rebecca E. Hunter, CFRE, the Foundation’s Executive Director, at rhunter@thoracic.org or visit the Foundation’s new Web site at <http://foundation.thoracic.org/foundation>.

Help Select the Next ATS Secretary-Treasurer

The ATS Nominating Committee is seeking candidates to be elected ATS Secretary-Treasurer for 2007 to 2008. Remember, the successful candidate will advance through the leadership offices and serve as ATS President in 2010 to 2011.

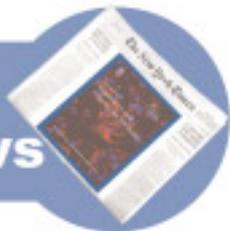
To submit your nomination:

- 1) Get permission from the candidate to submit his or her name. Explain that if elected, he or she will progress through the ATS leadership offices over the next four years, ultimately serving as ATS President in 2010. (Self-nominations are also encouraged).
- 2) Write a nominating letter addressing the qualifications and experience of the nominee in terms of leadership style and skills, scientific and clinical reputation, administrative ability, diplomacy and service to the ATS.
- 3) Obtain the promise of additional letters of support from two ATS members. Attach their names to your letter. The committee will follow up with these individuals.
- 4) Send these materials to the attention of the “ATS Nominating Committee” by fax at (212) 315-8630 or by regular mail at 61 Broadway, 4th Floor, New York, NY 10006.

Journals

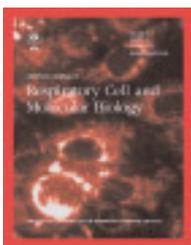


AJRCCM
in the News



As the leading journal in the field of respiratory medicine, the *American Journal of Respiratory and Critical Care Medicine (AJRCCM)* does more than educate ATS members and subscribers. During the last four months, more than 500 media outlets have covered research published in the *AJRCCM* and made it available for public dissemination in newspapers, magazines, medical journals and online venues. Some of the most frequently highlighted articles include:

- **“Bronchial Thermoplasty for Asthma”**
(May 1, 2006)
 - *USA Today*
 - *Miami Herald*
 - *Los Angeles Times*
 - *Seattle Post-Intelligencer*
 - *San Francisco Chronicle*
 - *Arizona Republic*
 - *Wall Street Journal*
 - *Denver Post*
- **“Parental Smoking and Lung Function in Children”**
(June 1, 2006)
 - *CNN*
 - *Investor’s Business Daily*
 - *MSNBC*
 - *AOL News*
 - *Evansville Courier Press*
 - *Tucson Citizen*
 - *Reuters Health*
 - *Yahoo! News*
- **“Procalcitonin Guidance of Antibiotic Therapy in Community-acquired Pneumonia”**
(July 1, 2006)
 - *Washington Times*
 - *Medical News Today*
 - *Science Daily*
 - *British Broadcasting Corporation*
 - *eMedicine.com*
 - *Forbes.com*
- **“Effects of Smoking Cessation on Lung Function and Airway Inflammation in Smokers with Asthma”**
(July 15, 2006)
 - *Washington Times*
 - *United Press International*
 - *WebMD*
 - *Yahoo! News*
 - *Healthy Woman*
 - *Psychiatric Times*
 - *HealthScout*
 - *Media Wire*



AJRCMB
Ask the Editors



In the “Insights in Lung Pathogenesis” section of the August 2006 issue of the *American Journal of Respiratory Cell and Molecular Biology (AJRCMB)*, the editors “reversed roles” and posed a question to readers regarding the future of lung research.

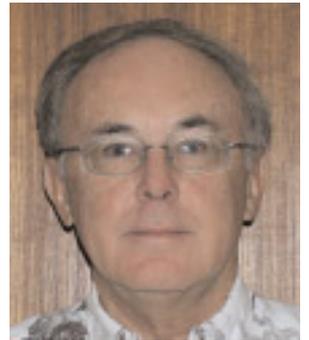
THE QUESTION: “*In order to understand and more effectively treat lung diseases, where should we be in five to ten years? That is, what questions should we be asking? And what technologies should we be using to answer those questions? How should we train the next generation of lung researchers to meet these challenges?*”

The editors hope to start a dialogue among scientists, and they encourage readers to submit brief responses (one or two paragraphs) in the format of a letter to the editor. They note that the National Heart, Lung, and Blood Institute is also wrestling with these issues and might be interested in understanding how journal readers view the future of lung research.

Responses can be sent to Christina Shepherd, Managing Editor of the *ATS Journals* and Website, by fax at (212) 315-6455 or by mail to: American Thoracic Society, 61 Broadway, New York, NY 10006-2755.

SLEEP EXPERT AMONG NEW
ATS FOUNDATION TRUSTEES

Edward J. Morgan III, M.D., Ph.D., an internationally recognized expert in sleep medicine, is the newest appointee to the Board of Trustees of the Foundation of the American Thoracic Society.



Dr. Morgan is medical director of the Global School of Sleep Medicine, based in Honolulu, where he was born. He travels extensively throughout the world, particularly China, where he advises developing countries on the use of Western-style medicine.

A graduate of UCLA Medical School, Dr. Morgan completed residency training and conducted research at the University of Colorado Medical Center and Massachusetts General Hospital. He served his residency alongside ATS President John Heffner, M.D., and past president Sharon I.S. Rounds, M.D.

In accordance with the Foundation’s bylaws, Dr. Morgan will be joined on the Board by two other ATS members by virtue of their positions within the Society: Jonathon Truwit, M.D., the new Council of Chapter Representatives Chair, and ATS Vice President Jo Rae Wright, Ph.D.

Slurping Around
with P.D.W.



In this column, ATS Immediate Past-President Peter D. Wagner, M.D., reports on his search for a great bottle of wine at a reasonable price.

WHITE

2005 Yellowtail Southeastern Australia Chardonnay (\$5 to 7). Don't knock this one until you have tried it, well-chilled, on these hot days. Available in mega-quantities, this is seriously good summer wine for the price. Lovely, very clean, with forward, melon and lemon fruit. Light and spicy vanilla oak is quite apparent but not dominant. It is buttery with nice viscosity from the malo-lactic fermentation. It finishes with a very nice lemony kick that gives it crispness, good length and balance. While not complex or age-worthy, it is delightful and what a bargain.

RED

2003 J. Lohr "Seven Oaks" Cabernet (\$10 to 12). Also widely available (Costco in San Diego has it), this vintage of this bargain standard is better than most (and a tad better than the 2004). Rich dark berry and spice, a quite big wine but not too extracted and certainly not too tannic. It is devoid of the herbacious flavors that sometimes weigh down this wine in other years. Nice length and balance.

Special tip: **2004 Marquis Philips McLaren Vale Shiraz "9"** (\$30 to 40). Available at Costco San Diego for \$30, this is a blockbuster and well-worth the higher price. If you like deep, rich, in your face blackberry fruit with apparent but not intrusive American oak (dill, vanilla-anise), velvety mouth-feel, just the right acidity and soft tannins that make it hard to put the glass down, this is for you. The wine is opaque but not hard, forced or over-extracted, hence the great balance and richness of fruit. A hint is the 16.5 percent alcohol level, meaning the grapes were very, very ripe when picked. This wine should age, but time will tell.

CORRECTIONS

In the June issue of the *ATS News*, the “Outstanding Achievement Awards at ATS 2006 • San Diego” article on page 7 incorrectly listed only three of the four recipients of the 2006 ATS Recognition Awards for Scientific Accomplishment. **Paul T. Schumacker, Ph.D.**, (right), who serves as Patrick M. Magoon Professor and Chair of Neonatal Research at Northwestern University, also received the award, which is given to individuals for outstanding scientific contributions in basic or clinical research to the understanding, prevention and treatment of acute or chronic lung diseases. The ATS apologizes for this omission.



In the July issue of the *ATS News*, the fellow who appeared in the photograph with Drs. Betsy Nabel and Jim Kiley at the Fellows’ Reception in “Highlights from ATS 2006 • San Diego” is ATS member **John J. Osterholzer, M.D.**, of the University of Michigan. He has since completed his fellowship and has transitioned to a junior faculty position.

WHO'S WHO at ATS

Awards 2007

SUBMIT NOMINATIONS BY SEPTEMBER 29TH

JOHN HANSEN-FLASCHEN: HUMANIZING MEDICINE

To John Hansen-Flaschen, M.D., practicing medicine means improving patient quality of life, solving diagnostic dilemmas, training fellows and humanizing end-of-life care.

As Chief of Pulmonary, Allergy and Critical Care at the University of Pennsylvania, he oversees the teaching, research and patient care efforts of more than 40 full-time faculty members. He also regularly attends in the MICU, and has a substantial outpatient practice devoted to diagnostic pulmonary medicine.

"I am really just following in the footsteps of my two predecessors, Robert L. Mayock and Alfred P. Fishman," he said. "While Bob set our standards for sustained, personal commitment to patients, Al laid our foundation for NIH-funded biomedical research."

Humanizing Medicine

While completing his undergraduate degree at Brown University, Dr. Hansen-Flaschen had little interest in medicine. "Until my sophomore year, I thought I'd pursue a career in water pollution control," he said. "That was before I found out that this mostly involved sewage treatment."

Spending a summer in Honduras also helped to change his mind. "I was impressed with how happy people are when they have their health, and how miserable they are when they fall ill and have no recourse," he said. "Having the ability to make people healthy is a calling with remarkable humanity."

After earning his medical doctorate from New York University in 1976, Dr. Hansen-Flaschen began his 30-year tenure at the University of Pennsylvania by completing his internship, residency and fellowship there. He joined the faculty in 1982.

"I've been lucky enough to spend my career in a university hospital that serves inner-city, urban patients, as well as people referred from all over," he said. "As chief of a major research division, I am unusual in the degree to which my career focuses on clinical teaching and patient care."

In the clinic, he focuses on palliative care for patients with advanced lung diseases and respiratory failure. "Many physicians and scientists work to improve the benefits offered by evidence-based medicine, but I've always also been interested in minimizing the burdens, particularly reducing the pain and suffering people experience in the last year of life," he explained.

In addition to publishing more than 80 articles and editing two books on the diagnosis and treatment of lung disease and the ethics of end-of-life care, he coordinates clinical services of the Penn Lung Center.

First as program director, then as division chief, Dr. Hansen-Flaschen has been actively engaged in pulmonary and critical care fellowship training throughout his career. He has overseen the selection and training of more than 100 fellows to date. "Being a mentor has been a really critical element of my professional life," he said. "I owe my students thanks for constantly challenging me and humbling me."

Inside and Outside the Clinic

Dr. Hansen-Flaschen believes that pulmonary medicine provides "rich opportunities" in terms of medical diagnosis. He calls the chest radiograph an "unsurpassed window to human disease."



"I've always been interested in reducing the pain and suffering people experience in the last year of life."

Despite his success as a clinician and researcher—he's been included in "America's Top Doctors" for six consecutive years—he is most proud of the awards he has received for teaching. He has been honored with five major teaching awards at the University of Pennsylvania. In addition, in 2004, he was one of two inaugural recipients of the ATS Assembly on Clinical Problems' Clinician Educator Award and, in 2005, was the first recipient of the Radhika Srinivasan Award for Humanism and Professionalism at Penn.

ATS Involvement

Since joining the ATS 28 years ago, Dr. Hansen-Flaschen has chaired several committees within the Assembly on Clinical Problems. In 1995, he served as the first chair of the ATS State-of-the-Art Course (SOTA). He currently chairs the International Lung Health Committee and is a member of the Education Committee.

"The ATS is the premier international forum for the exchange of information and ideas among scientists, clinicians and teachers," he said. "Through the International Conference and courses like SOTA, the Society really emphasizes translating recent scientific advances into practice."

On a Personal Note

Dr. Hansen-Flaschen lives on the Main Line outside of Philadelphia with his wife, Susan, an advanced practice nurse at the University of Pennsylvania who specializes in AIDS, and their daughters, Lynn and Lauren.

In recent years, he has become an avid photographer. "I got an early digital camera, and decided to photograph people during my commute from the suburbs to the city," he explained. Over a four-year period, he took thousands of photos along historic Lancaster Avenue in Philadelphia, some of which are now displayed along the avenue at the People's Emergency Center and Penn Presbyterian Medical Center.

In another recent project, he photographed residents at work in the hospital, and donated the collection to the American Board of Internal Medicine. "I like to think that my photographs capture the humanity that is such a prevalent part of practicing medicine—and everyday life."

Each year at the ATS International Conference, the Society recognizes leaders in respiratory, critical care and sleep medicine for their extraordinary contributions to, and achievements in, lung disease research, treatment and prevention.

With planning already underway for next year's meeting, the ATS Awards Committee is now accepting nominations for awards and honors to be presented at ATS 2007, San Francisco. Categories include:

- The **J. Burns Amberson Lecture** is delivered in honor of James Burns Amberson, M.D., an international authority on chest disease and tuberculosis. The Amberson Lecturer is an individual with a career of major lifetime contributions to clinical or basic pulmonary research and/or to clinical practice.

- The **Edward Livingston Trudeau Medal** is awarded to an individual with lifelong major contributions to the prevention, diagnosis and treatment of lung disease through leadership in research, education or clinical care. The award was established in 1926 by the American Lung Association (ALA) and is given in honor of Dr. Edward Livingston Trudeau, a founder and the first president of the ALA.

- The **ATS Distinguished Achievement Awards** are given to individuals who have made outstanding contributions to fighting respiratory disease through research, education, patient care and advocacy. Up to two (2) awards may be given each year.

- The **World Lung Health Award** is presented to individuals with recognized contributions to world lung health in the area of basic or clinical research, delivery of healthcare, continuing education or care of patients with lung disease. This award is restricted to ATS members.

- The **Recognition Award for Scientific Accomplishment** is given to individuals for outstanding scientific contributions in basic or clinical research to the understanding, prevention and treatment of respiratory disease or critical illness. Those considered for the award would be recognized for either scientific contributions throughout their careers or for major contributions at a particular point in his/her careers. This award is restricted to ATS members. Each awardee will make a 25-minute presentation on their research. Up to four (4) awards may be given each year.

- The **Public Service Award** is presented for contributions in the public health arena related to respiratory disease and medicine. The candidate must have made a significant lifetime contribution to the field or a unique one-time contribution, and may be a public health figure.

To nominate an individual for any of these awards, write a brief letter about his or her accomplishments and attach the person's CV and publications list. Send this information to the ATS Awards Committee, c/o Fran Comi, ATS Director of Scientific Meetings and Conferences, at fcomi@thoracic.org.

All nominations must be submitted by Friday, September 29. For more information, call (212) 315-8658.

the **ADVOCATE**

MEDICARE 2007 PHYSICIAN FEE SCHEDULE ON BALANCE: GOOD NEWS FOR ATS CLINICIANS

In July, the Centers for Medicare and Medicaid Services (CMS) issued its proposed physicians fee schedule for 2007, which included significant work component increases for several high-volume evaluation and management (E/M) current procedure terminology (CPT) codes, including critical care (CPT 99291 and 99292).

By law, every five years, the CMS must work with the physician community to review the relative value of codes and to adjust those that are under-valued or over-valued. This process is called the 5-Year Resource-Based Relative Value Update Committee (RUC) review.

Medicare reimbursement for physician services has three main components: physician relative value of work, or RVW, (55 percent), physician practice expense (40 percent) and physician professional liability costs (5 percent).

Overall, the CMS accepted the medical community's recommendation to increase the physician work value of 299 CPT codes, but rejected its recommendation for 123 other codes. Of the rejected codes, the CMS increased slightly the work value for 3, retained the current value for 48 and lowered the value for 72.

While the increases in the physician work component for these E/M codes are good news for the pulmonary and critical care communities, several factors will adjust these gains.

1. Legally, changes resulting from the 5-Year RUC review must be implemented in a budget-neutral fashion by Medicare. To offset increases in Medicare expenditures caused by the E/M family and other CPT codes increases, the CMS has proposed cutting the physician work value for all CPT codes with a physician work value by 10 percent.
2. The CMS has also proposed a new method of capturing and valuing physician practice expense costs, which make up approximately 40 percent of Medicare reimbursements. The new system, which will be implemented over the next four years, is expected to increase Medicare reimbursement to pulmonary physicians by an additional 2 percent during this period.
3. The Medicare sustainable growth rate factor (SGR), the formula which calculates reimbursement, is flawed. If not corrected, payments to physicians are projected to be cut by five percent in 2007 and additional cuts are expected through 2011.

To date, Congress has twice intervened by putting the SGR formula aside and mandating a more appropriate Medicare conversion factor. While pressure on Congress to prevent the projected 2007 cut mounts, it is unclear if action will be taken before the November elections.

Although in the worst-case scenario, the gains in the physician work value may be offset by SGR

E/M CODES CMS PROPOSES INCREASING TO ACCOUNT FOR BUDGET NEUTRALITY

CPT Code	Descriptor	2006 RVW	2007 RVW	10% Budget Neutrality Adjustment
99213	Established Patient Office Visit	0.67	0.92	0.83
99214	Established Patient Office Visit	1.10	1.42	1.28
99215	Established Patient Office Visit	1.77	2.00	1.80
99221	Initial Hospital	1.28	1.88	1.69
99222	Initial Hospital	2.14	2.56	2.30
99223	Initial Hospital	2.99	3.78	3.40
99231	Subsequent Hospital	0.64	0.76	0.68
99232	Subsequent Hospital	1.06	1.39	1.25
99233	Subsequent Hospital	1.51	2.00	1.80
99251	Inpatient Consult	0.66	1.00	0.90
99252	Inpatient Consult	1.32	1.50	1.35
99253	Inpatient Consult	1.82	2.27	2.04
99291	Critical Care, 1 st hour	3.99	4.50	4.05
99292	Critical Care, each additional 30 minutes	2.00	2.25	2.03

cuts in the conversion factor, the pulmonary and critical care community will fare better than more procedure-dominated specialties, which would likely see significant cuts.

Ideally, Congress will act to prevent the SGR cut, the anticipated gains under the new physician practice expense system will materialize, and gains in physician work values will cumulatively mean increased reimbursement for high-frequency codes. Results will vary by practice: Physicians who bill a significant volume of high-level E/M codes will see the greatest increases, while those who submit a high volume of procedures may experience cuts.



CLEAN AIR
ATS Meets with EPA Administrator on Clean Air Standards

In July, William Rom M.D., M.P.H., Chair of the ATS Environmental Health Policy Committee, and other representatives from the medical community met with Environmental Protection Agency (EPA) Administrator Stephen Johnson to discuss the forthcoming EPA standards for particulate matter pollution. By court order, the standards (part of the Clean Air Act) must be revised by September 27.

During the meeting, Dr. Rom outlined the "robust and growing body of scientific literature that supports the need for a more stringent standard on particle pollution," and highlighted recent studies that describe the mechanisms by which particle pollution causes adverse respiratory and cardiovascular effects.

ATS Comments on NAAQS Review Process

Last month, Dr. Rom also participated in an EPA workshop that focused on the National Ambient Air Quality Standards (NAAQS), which regulate pollutants like particulate matter, ozone, nitrogen oxide and sulfur oxide. The workshop provided a forum for public discussion on the EPA's proposal to change how the standards are set.

Although he acknowledged that many of the proposed changes would improve the standard-set-

ting process, he noted that some "appeared to be designed to limit the ability of EPA career scientists to have input on the process, while simultaneously strengthening the authority of the political appointees at the EPA to set the agenda for the standard-setting process."

RESEARCH

President Vetoes Stem Cell Research Legislation Passed by House and Senate

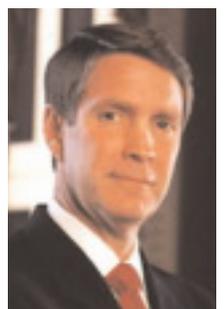
In July, President Bush vetoed the Stem Cell Research Enhancement Act (S. 471) the same day that it was approved by the Senate.

The bill passed in the Senate by a vote of 63-37, four votes shy of the two-thirds majority needed to override a presidential veto. ATS President John E. Heffner, M.D., had sent a letter encouraging senators to support the legislation because of the enormous potential of stem cell research in addressing some of the most pressing health needs in the United States.

If passed, the legislation would have significantly altered federal policy by requiring the government to conduct and support embryonic stem cell research, regardless of the date on which the stem cell lines were derived, and provided that the embryos used were originally created for in-vitro fertilization; would otherwise be discarded; and were donated by fully informed, consenting individuals.

The Senate considered the bill for two days under a unique set of procedural rules: Sixty votes were required for it to pass, as opposed to a simple majority. The legislation had already been approved by the House of Representatives.

"I am pro-life, but I disagree with the president's decision to veto the Stem Cell Research Enhancement Act," said Senate majority leader Bill Frist (R-TN). "Given the potential of this research and the limitations of the existing lines eligible for federally funded research, I think additional lines should be made available."



Bill Frist (R-TN)

NEW!

ATS/ALAT JOINT MEMBERSHIP PROGRAM

On July 1, 2006, the American Thoracic Society (ATS) and Asociación Latinoamericana del Torax/Associação Latino Americana de Torax (ALAT) implemented a joint membership program, in which members of ALAT automatically became members of the ATS. The program is open to pulmonary, critical care or sleep medicine specialists residing in Latin America and the Caribbean, whether or not they belonged to ALAT or ATS before the program began.

During the first year, members do not pay ATS membership dues. However, they do receive unrestricted online-only subscriptions to current issues of the three ATS journals (*AJRCCM*, *AJRCMB*, and *PATS*), as well as all the other benefits of membership, including discounted registration rates to attend the ATS International Conference and other educational programs. To learn more about the ATS/ALAT joint membership program, please send an e-mail to memberinfo@thoracic.org or call +1 (212) 315-8698.

NUEVO!

ATS/ALAT PROGRAMA DE MEMBRESÍA CONJUNTA

Desde el 1º de Julio de 2006, la American Thoracic Society (ATS) y la Asociación Latinoamericana de Tórax (ALAT) han implementado un programa de membresía conjunta, donde todos los socios de la ALAT automáticamente se convierten en socios de ATS. El programa esta abierto a neumólogos, terapeutas intensivos y aquellos especialistas que se dediquen a medicina del sueño que residan en Latinoamérica y en el Caribe, hallan estado inscriptos o no a la ALAT o ATS antes que comience el programa.

Durante el primer año, los miembros no deberán pagar la cuota de ATS. Tendrán acceso a las publicaciones on-line de ATS (*AJRCCM*, *AJRCMB*, y *PATS*), es decir no reciben la revista en papel, pero reciben todos los otros beneficios de ser miembros de la ATS, incluyendo descuento para la inscripción del próximo congreso de la ATS y otros programas educativos. Para tener mayor información sobre este programa de membresía conjunta, puede enviar un e-mail a memberinfo@thoracic.org o llamar a +1 (212) 315-8698.

NOVO!

ATS/ALAT PROGRAMA COMUM DA SOCIEDADE

Desde o 1ro de Julio de 2006, a American Thoracic Society (ATS) y a Associação Latino-americana de Tórax (ALAT) implementó um programa de membresía conjunta, onde todos os sócios de ALAT automaticamente ficam convertidos em sócios de ATS. O programa esta aberto para pneumonologistas, especialistas em UTI, também a aqueles que trabalham com medicina do sono y que vivam em latinoamerica o no caribe. Tenha o não estado inscritos no ALAT o ATS antes do começo do programa.

Durante o primeiro ano, os membros deveram pagar a quota de ATS. Vão ter acesso a publicações on-line de ATS (*AJRCCM*, *AJRCMB*, y *PATS*). Não vão a receber a revista impressa no papel mais vão receber outros benefícios por ser membros do ATS, incluindo descontos para a inscrição do próximo congreso do ATS y outros programas educativos. Para ter maior informação sobre esse programa de membresía conjunta, pode enviar um e-mail a memberinfo@thoracic.org o ligar a +1 (212) 315-8698.

NEW ASSEMBLY LEADERSHIP: 2006 ELECTION RESULTS

During the 2006 ATS International Conference in San Diego, elections were held at the 12 assembly business meetings. For all 12 assemblies, Program Committee chair-elects were elected. In seven assemblies, the new assembly chairs, who will serve from 2007 to 2009, were also elected. Below are the results:

- **Allergy, Immunology & Inflammation (All)**
2007---2009 Assembly Chairman—Patricia W. Finn, M.D.
2006---2007 Program Committee Chair-Elect—Ray S. Peebles, Jr., M.D.
- **Behavioral Science (BSA)**
2006---2008 Assembly Chairman—Gregory B. Diette, M.D.
2006---2007 Program Committee Chair-Elect—Lynn Gerald, Ph.D., M.S.P.H.
- **Critical Care (CC)**
2007---2009 Assembly Chairman—Amal Jubran, M.D.
2006---2007 Program Committee Chair-Elect—Brian P. Kavanagh, M.D.
- **Clinical Problems (CP)**
2006---2007 Program Committee Chair-Elect—Gerard J. Criner, M.D.
- **Environmental and Occupational Health (EOH)**
2007---2009 Assembly Chairman—Kent E. Pinkerton, Ph.D.
2006---2007 Program Committee Chair-Elect—Rebecca Bascom, M.D., M.P.H.
- **Microbiology, Tuberculosis and Pulmonary Infections (MTPI)**
2006---2007 Program Committee Chair-Elect—Shawn J. Skerrett, M.D.
- **Nursing (NUR)**
2006---2007 Program Committee Chair-Elect—Gerene S. Bauldoff, Ph.D.
- **Pulmonary Circulation (PC)**
2007---2009 Assembly Chairman—Jahar Bhattacharya, M.D.
2006---2007 Program Committee Chair-Elect—Deborah A. Quinn, M.D.
- **Pediatrics (PEDS)**
2007---2009 Assembly Chairman—Pamela L. Zeitlin, M.D., Ph.D.
2006---2007 Program Committee Chair-Elect—Thomas W. Ferkol, M.D.
- **Respiratory Cell and Molecular Biology (RCMB)**
2006---2007 Program Committee Chair-Elect—Lynn M. Schnapp, M.D.
- **Respiratory Neurobiology and Sleep (RNS)**
2007---2009 Assembly Chairman—Mary J. Morrell, Ph.D.
2006---2007 Program Committee Chair-Elect—Geraldo Lorenzi-Filho, M.D.
- **Respiratory Structure and Function (RSF)**
2006---2007 Program Committee Chair-Elect—Eric A. Hoffman, Ph.D.

For more information about the ATS 2006 assembly elections, please contact Monica Simeonova, Associate Director of ATS Assembly Programs and the Public Advisory Roundtable (PAR), at (212) 315-8696 or at msimeonova@thoracic.org.

CONFERENCES, COURSES AND MEETINGS

Activities sponsored or endorsed by the ATS and its chapters are listed in **bold**.

DATE & PLACE	TITLE	CONTACT
August 25 to 28 Chicago, Illinois	“Multi-disciplinary Care of Thoracic Surgery Patients: Clinical Updates, Case Forums and Hands-on Workshops,” sponsored by the American College of Chest Physicians	Phone: (800) 343-2227 www.chestnet.org
September 2 to 6 Munich, Germany	“16th Annual ERS Congress,” sponsored by the European Respiratory Society	Phone: + 41 21 213 0101 Fax: + 41 21 213 0103 www.ersnet.org
September 6 to 10 Sedalia, Colorado	“2006 Grover Conference on the Pulmonary Circulation,” sponsored by the ATS, American Heart Association, National Heart, Lung and Blood Institute, American Physiological Society and Pulmonary Circulation Foundation	Phone: (212) 315-8640 Fax: (212) 315-6489 www.thoracic.org/sections/about-at/asssemblies/pc/news/pages/grover2006.html
September 7 to 10 Eltville-Erbach, Germany	“International Colloquium on Lung Fibrosis,” sponsored by the University of Giessen Lung Center	Phone: +49 641 99 42502 E-mail: andreas.guenther@uglc.de www.iclf2006.com
September 8, 2006 Columbus, Ohio	“Solid Organ Transplant for the Intensivist,” sponsored by Ohio State University	Phone: (614) 293-8061 E-mail: dresbach.7@osu.edu http://ccme.osu.edu
September 14 to 16 Philadelphia, Pennsylvania	“2006 International Workshop on Functional Lung Imaging,” sponsored by the University of Pennsylvania School of Medicine and the UPHS-Department of Radiology	Phone: (215) 662-6982 E-mail: cme@rad.upenn.edu Web site: www.uphs.upenn.edu/fig/nav_W2006/penncourse2103.html
September 15 to 16 Northbrook, Illinois	“Detection and Management of Depression and Anxiety in COPD,” sponsored by the American College of Chest Physicians	Phone: (800) 343-2227 Web site: www.chestnet.org
September 27 to 30 Indianapolis, Indiana	“Integrative Physiology of Exercise, Discovery and Application of Cardiovascular, Pulmonary and Metabolic Science,” sponsored by the American College of Sports Medicine	Phone: (317) 637-9200, ext. 135 E-mail: jsenior@acsm.org www.acsm.org
October 4 Cincinnati, Ohio	“Spirometry for Physicians,” sponsored by the University of Cincinnati, Department of Environmental Health	Phone: (513) 558-1234 Fax: (513) 475-7711 www.DrMcKay.com
October 18 Hartford, Connecticut	“Connecticut Thoracic Society Annual Meeting,” held in conjunction with the American Lung Association of Connecticut’s “Women’s Health Conference and Luncheon”	Phone: (860) 289-5401 www.alact.org