OUTLINE

- Welcome & Introductions
- Review goals of SNMA Health Policy and Legislative Affairs national committee
- Discuss “What is advocacy?”
- Inform of the role of physicians and medical students as advocates/activists
- Legislative process
- Case study
- Suggest ways to get involved in health policy
- Conclude/ Next steps
SNMA Health Policy and Legislative Affairs

Goals:
- Spearhead SNMA advocacy efforts
- Educate members about legislative and policy developments affecting medical education and health care
- Seek opportunities to increase SNMA’s voice, brand and influence in health care and education
- Identify key legislation and court cases/decisions in areas, e.g., medical education, health care reform, and minority and women’s health
- Provide opportunities for medical students to advocate on the local, national and international levels

What is Advocacy?

Advocacy Works!
Definition of Advocacy

- Advocacy is a coordinated combination of problem identification, solution creation, strategy development, and actions taken to make positive change.


ADVOCACY

- Physician advocacy is defined as the “action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise.”

ADVOCACY

Two forms:

(1) Health advocacy includes enhancing community health and policy initiatives that focus on the availability, safety and quality of care.

(2) Legislative advocacy relies on state or federal legislative processes to affect change.

Role of Medical Students

- Enter training with a commitment to advocacy
- Community service
- Works in student run clinic
- Interest in public health, policy and efforts related to social change
- Dissipates with time, especially with entry to clinical training
- Busier schedules
- Not true commitment-secondary gain for entry to medical school or desire for early exposure to patient care
Role of Medical Students

- Physicians as advocates for individual behavior-smoking cessation, use of seat belts, vaccination, cancer screening
- Most physicians are politically conservative
- Desire for direct patient care
- Component of medical professionalism
- On the fringe

Role of Medical Students

- Physicians-to-be are very interested in public health and improving the social determinants of health
- Changing realities of medical practice-more employed physicians, work for health systems or hospitals rather than starting own practices
- Increasing complexities of billing private insurance-more interaction with government is not an intrusion

PHYSICIAN ADVOCACY

- The spectrum of physician advocacy and the ways it is manifest are as follows:
  - (1) medical society affiliation (e.g., state health care reform);
  - (2) practice management (e.g., coalition and board leadership, reallocation of resources);
  - (3) parent education (e.g., school board advisor);
  - (4) policy advocate (e.g., coalition building and leadership);
  - (5) patient advocate (e.g., health care advisor for policy maker, liaison to media and health reporter); and
  - (6) hospital physician (e.g., leader in injury prevention).

Perspective: Physician Advocacy: What Is It and How Do We Do It?
Mark A. Earnest, MD, PhD, Shale L. Wong, MD, MSPH, and Steven G. Federico, MD, Academic Medicine, Vol. 80, No. 1 / January 2010
Physicians as Advocates

- Advocacy takes place at every level
- Physicians/medical students can be active at the:
  - Local level (hospital, clinic, health system)
  - State level (issues are unique for each state)
  - Federal level
  - International level

Advocating at the Local Level
Physicians as Advocates

- Physicians are in a unique position to advocate for their patients in times of hardship, vulnerability, distress and uncertainty.

“...The concerns and best interests of the patient are at the core of all decisions and interactions.”

- Physicians should listen to their patients, respect their patients’ autonomy and beliefs, and should allow patients to be fully involved in their healthcare decisions.

- Making decisions for patients or withholding information from the patient is not being an advocate for the patient or allowing the patient to be an advocate for themselves.

Physicians as Advocates

- Key components of physician advocate:
  1. Inform the patient and promote informed consent
  2. Empower the patient and protect patient autonomy
  3. Protect the rights and interests of patients when they cannot protect their own
  4. Ensure patients have fare access to available resources
  5. Support the patient no matter what the potential cost
  6. Represent the views/desires of patients not just their needs


Physicians as Advocates

- Case example #1:

One of your pregnant patients does not own a car and relies on public transportation to make appointments. She is often late or misses appointments. She complains that the hospital shuttle only comes to the bus stop once per hour.

What are some things that you could do to advocate for your patient?
Physicians as Advocates

Case example #1 possible solutions:

You make an appointment with hospital administrators to discuss the shuttle schedule.
You share your patient’s story and advocate for more pick-up times during busy clinic hours.
This could benefit many more patients and increase access and care to the community.

Physicians as Advocates

Case example #2:

You see a 16 year old patient in your clinic and ask her and her mother if she has received the HPV vaccine series. Her mother says no and says that a concerned parent has been spreading information that the vaccine is dangerous and that parents should not have their children vaccinated.

How could you spread factual information about the HPV vaccine in your community?
Physicians as Advocates

- Case example #2 possible solutions:

  Talk to the local school and offer to provide an informational session on the HPV vaccine for parents and their children.

  Offer to create a fact sheet to leave at the school nurse or school physician's office.

State and Federal Advocacy
Importance of State and Federal Advocacy

- Unique opportunity to share our expertise
- Advocate for our patients and our field
- Educate lawmakers
- Share our voice (that of our patients)
- Contact your representative or congressperson
- Lobby on pertinent legislation that affects ourselves, patients, and/or care that we provide to patients

Advocate vs Lobbyist

- When not for profits advocate on their own behalf, they seek to affect society—appeal to individuals about their own behavior, employers about their rules or government about its laws
- Lobbyist—person hired by cause, organization or business to persuade legislators to support that organization’s goals, specific goals, or, agenda of that business
- Lobbying is advocacy efforts that affect legislation
- Laws limiting lobbying by not for profits (501cs status vs 501c6)
State and Federal Advocacy

- This section will review:
  - Structure of US Congress
  - Timing
  - Legislative Process 101
  - Committees affecting healthcare

Structure of US Congress

- **US House of Representatives**
  - 435 members
  - 2 year terms
  - Re-election every even numbered year

- **US Senate**
  - 100 members
  - 6 year terms
  - 1/3 of senators up for re-election each election year
Structure of US Congress

Speaker of the House and Senate Majority Leaders
- Elected by members of Congress
- Decides which legislation will be brought to the floor

Speaker of the House
- Voted on by the whole House
- Technically does not represent any party
- Appoints committee chairs, calls votes, and signs all bills and resolutions passed by the House

Senate Majority Leader
- Party’s chief spokesman of the Senate
- Controls the floor’s agenda
- Schedules debates and votes

Other important positions in the US House

Majority Leader
- Minority Leader
- Majority Whip
  - Maintains communication between party members and leadership
  - Counts votes on key legislation before a vote
  - Persuades wavering Members to vote with the party
- Minority Whip
  - Keeps party members in line with key votes
- Caucus Chair (Majority party)
  - Unites members around party goals
- Conference Chair (Minority party)
  - Translates party’s priorities into legislation
Structure of US Congress

Other important positions in the US Senate
- President
- U.S. Vice President
- Can only vote in Senate to break ties
- President Pro Tempore
- Second ranking position in the Senate
- Largely honorific
- Title usually held by the most senior Senator of the Majority party
- Majority Leader
- Controls floor agenda
- Schedules debates and votes
- Minority Leader
- Majority Whip
- Ensures party’s discipline in voting
- Minority Whip

Structure of US Congress: Committees

House Committees
- 1. Energy and commerce
- 2. Ways and means
- 3. Budget
- 4. House appropriations
- 5. House science
- 6. Government reform
- 7. Judiciary
- 8. Small business

Senate committees
- 1. Finance
- 3. Budget
- 4. Appropriations Committees

Majority party in each house has control over Committee Chairmanships.
Timing

- Congress convenes every odd year for a 2 year period
- Example: 115th Congress January 2018 to December 2019
- First and Second Sessions

Legislation introduced in the first session carries over to second session

Slate wiped clean and unfinished bills at the end of second session need to be reintroduced

Majority party in each house has control over that chamber’s schedule

Legislative Process 101

- Bill Introduction and Committee Action
  - Any Senator or Representative can introduce a legislative proposal
  - Once introduced—becomes a bill
  - Bill sponsors can recruit other Members to support and cosponsor legislation
  - House bills begin with H.R.
  - Senate bills begin with S.
  - Majority of bills introduced are not passed
Legislative Process 101

- **Bill Introduction and Committee Action**
  - **Committee Chairs:**
  - can choose to hold hearing on a bill
  - can schedule a mark-up of a bill when Committee members can offer amendments, change a bill, and send bill to full House or Senate for a floor vote
  - can take no action on a bill
  - House Speaker or Senate Majority leader can bypass committees and bring legislation directly to the floor

Legislative Process 101

- **Floor Debates and Votes:**
  - When House and Senate pass different versions of the same bill:
    - 1. **Conference:** Process for reconciling 2 bills into one text that can be voted on again by both sides
    - 2. House and Senate leaders of both parties appoint Members to Conference committees
  - When bill passed by both chambers in identical forms, goes to President for a signature
  - President has 10 days except Sunday to sign bill into law or veto bill
Legislative Process 101

Floor Debates and Votes:
- Vetoing a bill
- Vetoed bill goes back to Congress
- Can become a law if approved by 2/3s of House and Senate

Committees affecting health care: House of Representatives

- Health legislation usually goes through Energy and Commerce and/or Ways and Means
- Energy and Commerce Committee:
  - Health subcommittee
  - Jurisdiction over Medicare Part B (physician payments, Medicaid, food and drug safety, and public health
- Ways and Means Committee:
  - Jurisdiction over taxes
  - Health subcommittee
  - Medicare Part A (hospitals) and Part B (physician payment)
  - Provisions of IRB dealing with health insurance payments and health care costs
Committees affecting health care: House of Representatives

- Budget committee
  - sets federal spending goals and limits
- House Appropriations Committee
  - Directs government spending towards particular programs

Committees affecting health care: Senate

- Health legislation goes to Senate Finance Committee on Health, Education, Labor and Pensions Committee (HELP)

- Senate Finance Committee:
  - Jurisdiction over Medicare, Medicaid and State Children’s Insurance Program (SCHIP)
  - Jurisdiction over health programs funded by specific tax or trust funds

- HELP Committee:
  - Jurisdiction over public health and health insurance
  - Jurisdiction over most of agencies, institutes, and programs of the DHHS including CDC, NIH, FDA

- Budget and Appropriations Committees also important to health care issues
CASE STUDY-NEW YORK DOCTORS COALITION

- **Vision**
  - Better and equally good health for all New Yorkers.

- **Mission**
  - The coalition is a collection of diverse physician and healthcare advocacy groups located or with local chapters in the New York area. The coalition exists to strengthen the voice of doctors advocating alongside our patients and communities. We pursue our mission through a forum for timely and rapid updates on political and social changes; and a structure to pool our knowledge, skills, and resources in planning and coordinating action.

- **Values**
  - Universal and equal access to affordable, high quality healthcare
  - Equity in health through just health and social services, and redress of root causes
  - Meeting health needs of all, especially excluded or stigmatized, patients and communities

CASE STUDY-NEW YORK DOCTORS COALITION

- **Who, What, When, Where, Why, and How?**
  - In late 2016, local New York leaders from national and local medical and health advocacy groups came together. Historic social and political changes lended urgency to establishing, formalizing, and growing the coalition. We now bring together over 20 groups numbering over 20,000 doctors and trainees in and around New York City.
  - We meet face-to-face monthly, and in between by phone, with a shared email network, social media presence and online resources. Each group in the coalition devotes resources and endorses issues and actions on a case by case basis. Resources include: media templates, contacts, & channels; advocacy tools & workshops; and local & national networks.
CASE STUDY—NEW YORK DOCTORS COALITION

**Actions**
- Timely sharing of information and action via email, phone calls, and in-person meetings
- Developing advocacy campaign strategies and tactics
- Targeting local politicians at all levels of government via organization of or participation in in-person visits, phone calls, social media, letter-writing, public events
- Leveraging local and locally-based national media via organization of or participation in: press conferences, op-eds / letters-to-the-editor, social media, and public events

CASE STUDY—NEW YORK DOCTORS COALITION

**Actions**
- Boosting actions of member groups and partners by: supporting logistics, fielding speakers, driving turnout, and amplifying media
- Gathering stories on the impact of policies, systems, programs, services, and conditions
- Mentoring and supporting physicians and physician organizations in other localities and nationally around coalition-building and advocacy
CASE STUDY-NEW YORK DOCTORS COALITION

- **Actions**
  - Actions we have led* or supported. Each action may have involved different members of our coalition.
  - December 2017
    - Protest against Tax Bill for Health Professionals*
    - Toolkit on Tax Bill for Doctors*
    - NYC Vigil to End Gun Violence
    - Letter on Tax Bill to New York Members of Congress*
  - October 2017
    - Letter on Budget Resolution to New York Members of House*
    - Letter on Sims Statue to NYC Mayoral Advisory Commission on City Art, Monuments, and Markers*

- **September 2017**
  - Letter on Cassidy-Graham-Heller-Johnson Bill to New York Members of House*

- **June 2017**
  - Letter on Senate Bill to Senators in 7 States*

- **NYC Vigil to Save US Health Care**

- **April 2017**
  - March for Health NYC
CASE STUDY-NEW YORK DOCTORS COALITION

- March 2017
- Letter on American Health Care Act to New York Members of House*
- Die-in for the ACA
- February 2017
- Health Professionals Protest in Brooklyn
- January 2017
- Do No Harm Medical Student Day of Solidarity
- Women’s March on NYC
- Press Conference Defending Healthcare*

National Medical Association

- Historical basis on founding in 1895
- Black physicians unable to join AMA
- Only medical society to advocate and support Medicaid and Medicare in 1965
- Access to care, physician viability--mission
National Medical Association

- Health policy committee of Board of Trustees
- Congressional Black Caucus meeting-September (only health based content), Washington, DC
- Colloquium on African American Health-March 29-31, 2019 Washington, DC
- National Convention, July 27-31, 2019, Honolulu, Hawaii
- Local affiliates, Regions (6), sections
- House of Delegates-resolutions

Ways to Get Involved

- SNMA
- NMA
- Develop coalitions around specific policy issue of interest—gun violence prevention, reproductive justice, birth equity, health equity, ACA
- Connect with other medical student groups-LMSA, AMWA, AMSA, Medical Students for Choice, specialty based
- Evaluate landscape at medical school, community, hospital
- Work with diversity deans
- Importance of faculty mentorship
- Further education—MPH, MSHP, MHA
- Scholarship