American Academy of Pain Medicine

LEGISLATIVE ADVOCACY

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BOB SANER           ADAM CHRISNEY

Powers Pyles Sutter Verville PC
Establishing AAPM Issue Priorities

**Overall Goal:**
- Promote quality care of patients with pain as a symptom of disease and primary pain disease through research, education, and advocacy.

**Legislative Goals - 2007:**
- Increase federal investment in pain research;
- Ensure DEA enforcement of the Controlled Substances Act (CSA) does not also impede pain management.
Legislative Objectives for 2007

AAPM 2007 Legislative Objectives Include:

- Passage of the National Pain Care Policy Act of 2007;
  - The re-drafted ‘Rogers’ Bill – HR 1020.

- Increased appropriations for DoD and/or VA pain research funding;

- Monitor enforcement of CSA laws and regulations;
  - Oppose unnecessary legislative or regulatory restrictions.
ISSUE: Comprehensive Pain Care Legislation

‘Rogers’ Bill - National Pain Care Policy Act:
- Institute of Medicine conference on pain care;
- Boosting funding for NIH Pain Consortium;
- Pain care education and training programs;
- Public awareness campaign on pain management;

New: Military and Veterans Pain Care Act
- Pain care coverage initiatives in military health facilities;
- Pain care standards for TRICARE.
Congress recently doubled NIH funding.

Recently passed H.R. 6164 would:
- Authorize (not appropriate) increases in 2007-2009;
  - The FY 2007 CR provides a $620 million increase – still needs to be passed as of 1/30.
- Establish new, public electronic catalogue and reporting system for all research;
- Limit NIH Institutes and Centers to current 27;
- Create new public review of NIH structure every 7 years;
- Create new strategic planning Division under the Director for NIH reorganization;
  - New Scientific Management Review Board to analyze NIH structural effectiveness;
- Create new “common fund” to identify, support and advance trans-NIH research;
  - Competed over by Institutes, Centers and Independent investigators;
  - New advisory council to review and recommend projects to be funded.

Only pain-specific provision: ‘pain’ to be one of 12 specific categories of research highlighted in a new biennial NIH report to Congress.

For 2007:
- Support National Pain Care Policy Act (sec. 3 and 4),
- House or Senate to revisit NIH Reform or other NIH Research issues?
ISSUE:
*DEA & The Controlled Substances Act*

- DEA enforcement of CSA is having “chilling effect” on pain treatment. DEA “issues” include:
  - Oregon’s physician-assisted suicide law;
  - DOJ interpreting Oregon law & Gonzales v. Oregon;
  - Joint DEA/state/professional “balance” statement;
  - Development & disavowal of DEA’s FAQ document;
  - High visibility prosecutions – Dr. Hurwitz;
  - Prescription monitoring laws pass;
  - Recent DEA rule on multiple prescriptions.

**2007**: progress is unlikely, PRO or CON.
  - Though Brownback bill reintroduction expected.
Issues Members/Staff Might Raise:

Pharmaceutical Issues:
- Internet Pharmacies.

Physician Specific Issues:
- Medicare Payment Issues.
  - SGR Fix – Long-term; Short-term,
  - Quality Measures (P4P, PQRI),
  - Medical Malpractice.
HILL ISSUE: Internet Pharmacies

Prescription drug abuse, especially pain-killers, is an increasing focus for legislators.

Options (threats) under consideration include:

- Prohibit sales w/o prescription or examination + higher penalties;
  - Curb focus on on-line questionnaires.
- Increase Schedule III drug penalties for sales;
- Increase Customs forfeiture laws to include Schedule III drugs;
- Increase use of electronic ID tech for Rx Drugs;
- Reduce individual’s international transporting of Sched. III drugs;

Leading Bills from Last Congress:
- H.R. 840 - Davis/Waxman - Govt. Reform Cmte.

For 2007: Oppose or alter such proposals.
HILL ISSUE: Medicare Payments

Medicare policy drives that for Medicaid and commercial insurance. Examples include:

- Rogers pain care bill - mandate for pain treatment in Medicare managed care plans;
- In-/outpatient payments & new tech - implantable devices;
- Proposed payment changes for Medicare ASC pain management;
- Recent IPPS DRG change reduces payment for complex inpatient headache cases;
- Declining conversion factor in time will curtail physician access;
- SGR-fix: Fix for 2007 (freeze at 2005 level instead of a cut) that passed at end of 2006 added quality measure reporting bonus – nearly doubling the cost for a 1-year SGR fix this year.

For 2007: SGR fix & ASC payment reform most likely.
Advocacy

What is a Legislative or Advocacy Day?

– An opportunity for AAPM members to engage and educate Congress on pain-related legislative issues

– Goals:
  - Initiate & develop long-term relationships with policymakers
  - Increase presence of AAPM on Capitol Hill
  - Educate Congressional legislators and their staffs
  - Seek support for legislative improvements in pain care policy
Introduction to Hill Visits:
Why have an Advocacy Day?

- Face-to-face meetings are most effective means to ensure AAPM and pain care issues are heard.
  - Congressmen know you have taken time away from professional responsibilities.

- Congressmen listen to constituents or voters.
  - “All Politics is Local.”
  - Lobbyists and interest groups work in tandem with grassroots.

- Legislative Day is for building long-term relationships.

- It’s easier to respond to a letter saying “no” on your issue than it is to tell you so face-to-face.
Effective Communication

What Gets the Best Results?

1. Spontaneous letters from constituents
2. Office visits by constituents
3. Articles in local newspapers
4. Telephone calls from district opinion leaders
5. Congressional Research Service
...
25. Office Visits from Lobbyists

Source: Nonprofit Lobbying Guide
A Good Advocate:

Pre-Meeting

- Be prepared.
  - Schedule meetings in a timely fashion.
  - Know your message; bring materials; rehearse if helpful.

- Be on time.
  - Call if you’re late or have to cancel.

- Be patient.
  - Congressional schedules change by the minute.
  - You may have to wait, meet in a hallway or travel to another office to catch the member or staff.

- Accept meetings with staff, when necessary.
  - While the member decides whether to support, staff will brief your issue to him and carries out their support.
  - They may be young, but they’re also smart
A Good Advocate: 

*During Meeting*

- **Be Concise.**
  - Meetings may end up much shorter than expected.

- **Personalize Pain Care.**
  - Explain your role in pain care and pain care’s importance to your organization and community.

- **Make Your Request – Stay on Point.**
  - The most common mistake is to forget to make the request.
  - Be specific – cosponsor this bill, sign this letter, etc.
  - Note their responses, level of interest, receptivity.
  - Ask what they can do if they say they can’t support the request.

- **Be Pleasant and Gracious.**
  - Don’t raise unrelated issues or air ‘grievances.’
  - Thank them for their time.
  - Leave folder of support materials (end of the meeting).
A Good Advocate: *Post-Meeting*

- A good advocate is polite, but persistent.
- Advocacy is a long-term process.
  - Having a meeting is just the beginning, and it is not the goal.
- Follow up on and check the status of the request you made in the meeting.
  - *2nd* most common mistake made by advocates is to fail to do so.
- Stay in touch with your legislators back home.
  - Attend town halls, state fairs, etc. – any option open to you.
  - Arrange a tour of your facility.
  - Attend a fund-raiser.
110th Congress

TUMULTUOUS 2006 ELECTIONS:
- Both House and Senate changed to Democratic control after Nov. elections – ending 12 years of Republican dominance.

- Senate has: 50 Democrats, 49 Republicans, 1 Independent.
  - Majority Leader - Senator Harry Reid (D-NV).
  - Minority Leader – Mitch McConnell (R-KY).
    - Note: vote margin is very narrow, particularly as Sen. Tim Johnson (D-SD) has a debilitating brain injury incapacitating him for the near-term.
    - Democrats effectively have a slim 50-49 majority since Sen. Lieberman (I-CT) caucuses with the Democrats.

- House has: 232 Republicans, 201 Democrats.
  - 2 vacancies (due to deaths) and no independents.
  - Somewhat narrow margin.
Major Committees with Jurisdiction over Pain Issues

- Medicare/Medicaid (Entitlements)
  - Senate Finance Committee (Medicare, Medicaid).
  - House Ways and Means Committee (Medicare A/B/C/D/E).
  - House Energy & Commerce Committee (Medicare B/C/D/E, Medicaid).

- Appropriations Legislation
  - Senate Appropriations Subcommittee on Labor, HHS, and Education (L/HHS).
  - House Appropriations Subcommittee on Labor, HHS, and Education (L/HHS).

- Non-Entitlement Health Legislation (NIH, FDA, DEA, AHRQ, etc.)
  - Senate Health, Education, Labor and Pensions Committee.
  - House Energy and Commerce Committee.
  - House Government Reform.
  - Senate Government Affairs.
Key Members of Congress – Senate

Senate Majority Leader
Harry Reid (R-TN)

H.E.L.P. Committee
Chairman Ted Kennedy (D-MA)
- Ranking Member
  Sen. Mike Enzi (R-WY)

Finance Committee
Chairman Max Baucus (D-MT)
- Ranking Member
  Sen. Chuck Grassley (R-IA)

Labor-HHS Subcommittee
Chairman Tom Harkin (D-IA)
- Ranking Member
  Sen. Arlen Specter (R-PA)
Key Members of Congress – House

Speaker of the House
Nancy Pelosi (D-CA)

Majority Leader
Steny Hoyer (D-MD)

Minority Leader
John Boehner (R-OH)

House Appropriations Committee
Chairman David Obey (D-WI)

Labor/HHS Subcommittee
** Chairman David Obey (D-WI)
(Same as Full Cmte Chair)

L/HHS Ranking Member
Ralph Regula (R-OH)

House Energy & Commerce
Chairman John Dingell (D-MI)

Subcommittee Chairman
Frank Pallone (D-NJ)

Ranking Member
Joe Barton (R-TX)

Government Reform
Chairman, Henry Waxman (D-CA)
(Sponsor of Internet Bill)

Ranking Member
Rep. Tom Davis (R-VA)

Rep. Mike Rogers (R-MI)
(Sponsor of Pain Bill)

Ways & Means
Chairman C. Rangel (D-NY)

Ranking Member
Jim McCrery (R-LA)

Minority Leader
John Boehner (R-OH)

Majority Leader
Steny Hoyer (D-MD)
Introduction to the Appropriations Process

- **February (first Monday): President’s Budget Introduced.**
  - AAPM: Fine tuning agenda; Working with champions as relevant; Preparing any appropriations requests.

- **Feb./ March: House / Senate Budgets Introduced & Debated.**
  - Primary legislative agenda pushed by leaderships in each chamber.
  - Determine spending levels for all Appropriations bills.
  - AAPM: Monitor Approps Request Deadlines.
    - Usually circa May 1 – April 27th this year.

- **April/May: Begin Drafting Appropriations Bills – Hearings Held.**
  - Eventually, AAPM should seek to testify one year.
  - Secondary legislative agenda begins.
  - AAPM: May Advocacy Day

- **June/July: Appropriations Passage Dominates.**
  - Labor/HHS bills frequently not passed until years end.
  - AAPM: Monitoring progress of requests; “thank you,” as necessary.
Introduction to the Appropriations Process

- Aug. - Agency regulations released and finalized.
- Sept. - Dominated by final appropriations and conference action.
- Legislative uncertainty – when is Congress finished?
- AAPM:
  - August is for meeting Congressmen at town halls and state fairs.
  - Sept dominated by preparing for last potential opportunities.

Oct. – Dec.: Does the Flurry Continue?
- Length of remaining Congressional session determined by:
  - Is there unfinished legislative or appropriations business?
  - Degree of partisan rancor.
- AAPM: Monitor final action - opportunities running out.
- AAPM: Take stock of accomplishments; prepare for next year.
Conclusion

2007 – First step to a new level in AAPM advocacy.

Refine Congressional target list and start building on quantity and quality of contacts.

Identify Federal issue priorities.


Build membership commitment to advocacy.