

What surgeons should know about . . .

Grassroots advocacy at the state level

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Since the “Reagan Revolution,” there has been a gradual and fundamental shift of legislative activity and power from Congress to the state legislatures. Many programs related to health care issues now rest with the states, and minimal federal oversight allows them to implement these programs in a fashion reflective of local structures and cultures. Because of this shift, it has become critically important for surgeons and other physicians to become involved in the legislative and regulatory process at the state level, and the College has devoted resources to assisting Fellows and local chapters in these efforts. Following are some typical questions surgeons ask regarding local advocacy issues and efforts.

Q. We hear the term “grassroots advocacy” used frequently, but what does it really mean?

A. Typically, the term grassroots advocacy refers to individuals, either singly or in groups, lobbying (or advocating) state legislators in their own districts to adopt a particular position on an issue or set of issues. It is “citizens in action,” contacting their elected officials by letter, fax, telephone, e-mail, Web site bulletin board, or in person at a town hall meeting, a Fourth of July parade, or in an official’s office. During an election cycle it can also refer to being involved in an election campaign. While grassroots advocacy applies to federal activities as well, the focus of this article is on the state and local level.

Q. I’m not convinced it is that important to be involved in the legislative pro-

cess at the state level. After all, it seems like elected officials say what we want to hear during an election campaign, but go on to do whatever they want, regardless of what the citizens say. And I have a very busy surgical practice. Why should I bother to get involved?

A. The conventional wisdom is that elected officials vote as they please regardless of what their constituents want, yet this is typically not the case. Lobbyists will tell you that their interactions with state legislators reveal just the opposite: Legislators pay attention to their constituents and generally vote on issues based on their constituents’ views (but only if they know what those views may be). This is why professional organizations like the American College of Surgeons and its chapters encourage their members to contact their elected officials when an important issue is being considered.

A true story to illustrate this point: Years ago in Illinois, a lobbyist for a physician association was advocating for a particular piece of legislation with a local rural legislator who generally voted against the organization. The legislator indicated he probably would vote against it, but his vote ultimately would depend on what his constituents wanted. The bill came to a vote, and the legislator voted for the legislation. The lobbyist couldn’t believe it and asked the legislator why he voted for the bill. It turns out that the legislator heard from three constituents—two said he should support the bill, and one said he should oppose it. So he voted for the bill.

Q. So it is important to contact my state legislative and regulatory officials.

But how should a physician go about doing that? I was trained in medicine and surgery, not in communicating with government officials. What if I say the wrong thing?

A. Sending a written communication to state government officials is not much different from writing a standard business letter (see sample letter, p. 11). Thoughtful, sincere, and precise comments are most helpful and may be used by a legislator or regulator when debating or discussing a bill or proposed rule. When writing a letter or e-mail message, there are a few simple rules to follow:

1. *Format the letter properly with the correct salutation.* The address should be something like this: The Honorable Jim Allen, Address, City, State, Zip. The salutation should be “Dear Representative Allen,” “Dear Senator Allen,” or “Dear Assemblyperson Allen” depending on the office held. For other government officials, the letter should be addressed as you would a business communication, indicating the recipient’s title. If you don’t know the name of your state legislator, visit the Project Vote-Smart Web site at <http://www.vote-smart.org>. Simply scroll down to the bottom of the page to find the box asking for your nine-digit zip code, enter that code, and click on the “Go” button. If you don’t know your zip+ 4 number, the site provides a link for you to do that, too.

2. *Focus on a few key points.* Don’t make the letter too wordy, and use common terms and language (overly technical language is indecipherable to most legislators, who generally have no medical or clinical training). Explain the potential impact on your patients, on quality and accessibility of care, and on your practice. A one-page letter is ideal, but two pages is acceptable. Avoid discussing tangential issues, since they will only confuse the issue and the recipient of the letter and make it look as though you aren’t sure what issue you are addressing.

3. *Be sure to note a bill number or title of a proposed rule, as well as a brief description of what the bill/rule will do.* Many state legislatures have thousands of bills introduced every year, and referencing a bill only by description of the issue may not mean much to a legislator, as he or she can’t possibly memorize each and every bill. Also, it is better to give him or her a specific bill to endorse since many bills focused on the same themes are often introduced each year.

4. *Avoid starting your letter with a tone of righteous indignation.* A polite, informative tone is the best to use. Stay away from writing an opening sentence saying “as a citizen and taxpayer,” since the legislator can already assume you are both.

5. *When closing, mention the bill number/rule title again and encourage support or opposition.* Avoid using language that might seem threatening; simply recap your main points and encourage action. Also, offer to speak further with the legislator/regulator by providing a telephone number at which you may be reached. Physicians are viewed in a generally positive light and are seen as experts on medical/clinical issues. Legislators and regulators or their staff may very well take you up on your offer and call. And they may even want to meet with you to talk about the issue.

Q. What should I do if I ever have an opportunity to meet with a state official?

A. As with writing a letter, there are a few simple guidelines to follow when meeting with a state legislator or other government official:

1. *Setting up the meeting.* When calling a legislator’s office to set up a meeting, ask for the appointment scheduler. Be flexible with the time you can meet, provide the scheduler with the number of people who will be in attendance, and offer a short synopsis of why you want to meet with the legislator. It is not unusual to be requested to fax

a formal written request indicating the same information, so don't be surprised if you are asked to do so. Also, it is fairly common to be allotted approximately 15 minutes maximum, although it sometimes is possible to get an appointment longer than that.

2. *Confirming the meeting.* Once the time and date are finalized, send a confirmation letter to the legislator as well as any advance informational materials as a way to brief the legislator on what you want to talk about.

3. *During the meeting.* Be clear and concise in your discussion. Bring handouts that briefly summarize your comments to leave with the legislator. As with any other meeting, even if the legislator disagrees with your position, be polite and courteous. Arguing with a legislator or government official is not an effective way to advocate for your position. At the end of the meeting, offer to serve as a resource to the legislator and his or her staff. If questions come up during the meeting that can't be answered, make it a priority to send informational materials addressing them.

4. *After the meeting.* Send a letter thanking the legislator for his/her time. Reiterate the main points made during the meeting. If the legislator agreed to support your position, thank him or her for that support. If no position was stated or the legislator opposed your position, it is appropriate to once again encourage support.

Q. What resources are available from the College to assist Fellows with their state-level grassroots advocacy efforts?

A. The Chicago Office of the Socioeconomic Affairs Department monitors state legislative and regulatory activity and serves as an advocacy resource for chapters. Through an online information service called Lexis®-Nexis® Universe, daily searches are used to identify legislation of in-

terest in each state and the respective status of that legislation. Periodic updates are provided for each chapter, which can then decide whether or when to encourage its Fellows to contact their legislators. Also, if a chapter or Fellow hears that a certain piece of legislation may have been introduced in their state and wants to find out about it, a search can be performed to determine the existence of the legislation and its status. While search services are useful tools and provide volumes of information, they are not all-inclusive. If a Fellow or chapter hears about an issue or potential piece of legislation, it is very important that this information be passed along to Jon Sutton via e-mail at jsutton@facs.org, via phone at 312/202-5358, or via fax at 312/202-5021.

One important benefit of information sharing is that it can be used to alert chapters and Fellows to legislative activity that might be introduced in their states. Most state legislators participate in their own membership association called the National Conference of State Legislatures; when they get together at their meetings, they share various legislative initiatives. Likewise, by keeping the College informed and sharing advocacy materials and information on how they dealt with an issue, chapters allow the College to serve as a "clearing-house" and thereby benefit other chapters by enabling them to utilize these materials and respond in a more timely fashion in their own state.

Other ways in which the College provides assistance to chapters include: help with composing letters for Fellows to send to a legislator or legislators; assisting in the development and implementation of basic advocacy strategies (how to communicate with legislators, how to put together a legislative committee, designing appropriate grassroots advocacy activities, and so on); developing and mailing legislative alerts where joint activity is appropriate; sending a letter to state legislators expressing the College's position on a state issue; networking with other medical organiza-

SAMPLE LETTER ON LETTERHEAD

To determine a state legislator: Project Vote-Smart Web site at <http://www.vote-smart.org>

To find a state legislature Web site: National Conference of State Legislatures at <http://www.ncsl.org/public/siteleg.htm>

DATE

The Honorable Jim Allen
Address
City, State, Zip

Dear Representative Allen:

This letter is being written to comment on H.B. 1444, the Prompt Payment of Health Insurance Claims Act. H.B. 1444 is currently before the legislature, and I encourage you to support it.

As a physician and businessman practicing surgery in your district, I can attest to the necessity of H.B. 1444. Currently, our state does not have any law requiring prompt payment of health care claims by health insurance companies or managed care companies. Because of this, it can take up to 90 days before a claim is processed and paid. This is true for claims that are "clean" (requiring no further information) as well as those that are denied due to missing information, which often take longer than 90 days. In fact, it can take 60-90 days to receive a denial notice, and often that notice does not indicate what additional information is needed.

By not paying claims promptly, health insurance companies are able to keep funds in interest-bearing accounts for a longer period of time. While that may be good for their bottom line, it negatively impacts my bottom line, as the cash flow in my practice is reduced accordingly. As such, I am sometimes barely able to meet my monthly financial obligations (payroll, paying of bills, and so on) and have had to consider taking out a short-term loan to cover these business costs. No other business is expected to operate this way, as any other service would be quickly paid for.

Health insurers and managed care companies contract with corporations, small businesses, and individual citizens to provide coverage for health care. These entities do not pay premiums for the purpose of having these premiums sit in interest-bearing accounts while health care services for their employees go unpaid.

In closing, I urge you to support H.B. 1444. This important legislation is necessary and appropriate and will go a long way toward requiring prompt payment for health care claims. Should you wish to discuss this issue further, please call me at (telephone number). I would be pleased to speak with you about it.

Sincerely,

Name
Title

tions; and creating or gathering informational materials on specific socioeconomic issues.

Q. What are some of the current major medical issues being discussed by state legislatures?

A. Some of the socioeconomic issues currently being discussed in state legislatures include scope of practice, prompt payment of health insurance claims, HMO liability for failure to exercise ordinary care, malpractice reform, regulation of office surgery, patient safety, and managed care reform. Thanks to concerns raised by Fellows in Nebraska and Illinois, the issues of certificate of need and audiology are also being monitored.

Q. Does the College provide any written materials for Fellows or chapters to help them with their state level grassroots advocacy activities?

A. Informational resources include the publication of *Currents*, a bimonthly newsletter highlighting state socioeconomic news, and of numerous articles in the *Bulletin*. In addition, *Health Policy Brief* is a publication designed to provide more in-depth information about specific topics. Each six- to eight-page document includes the pros and cons of an issue, the College's position on the issue, a description of state level activity regarding the issue, pending or possible federal approaches, and additional sources of information. The most recent *Health Policy Brief* dealt with timely payment of health insurance claims, and it is anticipated that two more will be written this year dealing with the issues of patient safety and medical necessity. Issues of *Health Policy Brief* published in 1999 examined external review of health plan coverage and treatment decisions and expand-

ing professional liability to managed care organizations. These items can be found on the ACS Web site at www.facs.org/about_college/acsdept/socio_dept/se_pubs/sepubs.html.

Q. How can I obtain copies of the Health Policy Brief or Currents if I don't have access to the Internet?

A. Contact the Chicago Office of the Socio-economic Affairs Department at 312/202-5150 or by fax at 312/202-5021. Staff would be pleased to mail or fax you a copy of these materials. 