Slide 1: This talk is designed to introduce you to Advocacy as a physician and help you understand what it means to be an advocate for your patients and your specialty.

Slide 2: The objectives are as follows. By the end of this talk, you should have a basic understanding of the legislative process and recognize how you can be an advocate through various routes.

Slide 3: As physicians, we are in an incredibly powerful position to help facilitate change and be a voice for our patients and our specialty.

Slide 4: What is advocacy? A coordinated combination of problem identification, solution creation, strategy development, and actions taken to make positive change.

Slide 5: There are varying types of advocacy. For example, health advocacy focuses on policy initiatives that focus on safety, availability, and quality of care. Legislative advocacy focuses on the legislative process both at the state and federal level as a strategy to create change through legislation.

Slide 6: It is important to recognize that advocacy can take place at every level of our lives. Whether it is in our residency programs, our hospitals or clinics, at the state or federal level, or even internationally. We can help create change for our patients, our colleagues, and our field locally and globally.

Slide 7: Let’s start with the importance of advocacy at the local level.

Slide 8: As a patient’s physician, we are in the unique position of advocating for our patients in challenging, uncertain, distressing and even vulnerable times.

Slide 9: As the patient’s advocate, the physician should put the concerns and best interests of the patient at the core of all decisions and interactions. The patient’s autonomy should be respected and beliefs heard. Patients should be fully involved in all of their healthcare decisions. By withholding information or making decisions for patients, you do not allow them to be the best advocate for themselves.

Slide 10: These summarize the key components of being the physician advocate. [Because of the importance of each bullet point, it is recommended that you read aloud each point]

Slide 11: Let’s do some case studies [Read case #1 above and facilitate discussion]

Slide 12: This is a possible solution [Read through the possible solutions as listed]

Slide 13: Let’s do the next case [Read case #2 and facilitate discussion]

Slide 14: This is a possible solution [Read through possible solutions as listed]

Slide 15: Let’s do the last case [Read case #3 and facilitate discussion]
Slide 16: This is a possible solution [Read through possible solutions as listed]

Slide 17: Let’s focus on advocacy at the state and federal level

Slide 18: As physicians, we are not only able to advocate for our patients and our specialty but also serve as experts when talking directly to lawmakers. It’s important to share your voice and potentially impact legislation. Physicians can contact their representatives by calling their office, emailing them directly or participating in a lobby day.

Slide 19: Every day, rules, regulations and laws are being implemented that effect how we practice medicine. As an expert in your field, you have the power to be a strong health advocate. You can provide insight into how legislation how either positively or negatively impact patient care.

Slide 20: It is important to recognize the different between an advocate and a lobbyist, however. A lobbyist is hired by an organization, cause or business to persuade legislators to support a specific agenda or goal by the organization, group or business.

Slide 21: Organizations can advocate on their own behalf hoping to affect some aspects of society—whether it be individuals, business or government and laws. Lobbying specifically focuses on attempting to influence legislation. This is important because there are laws limiting lobbying but not other advocacy activities.

Slide 22: Before we discuss advocacy at the state and federal level, it is important to review how bills become laws at the federal level. The state process may vary, but the overall principal is similar.

Slide 23: We will review the structure of the U.S. Congress, timing of legislation, the basic process, and important committees.

Slide 24: As a reminder, there is a U.S. House of Representatives and U.S. Senate. The House is made of 435 members, each in a 2 year term. The senate has 100 members, 2 from each state, with a 6 year term. One-third of the senators are up for re-election each year.

Slide 25: There are two leaders in the House and the Senate. The Speaker of the House is voted by all the members of the House. This person may not represent the majority party. They do determine which legislation is brought to the floor and appoints committee chairs, calls for votes and signs all bills and resolutions passed by the house. The Senate majority leader also controls the floor agenda and represents majority party as the chief spokesperson. This person also schedules debates and votes.

Slide 26: There are also a number of other important leaders in the House of Representatives. The majority leader is selected by a member of the party that controls over 50% of the house. The Whip positions persuade wavering members to vote with their party.

Slide 27: In the senate, the vice-president is the President of the Senate and can break a tie. The senate also has a majority and minority whip position.
Slide 28: These are the committees in the House and Senate. The majority party in each house has control over who will become chair of these committees.

Slide 29: Each congress runs for a 2 year period. For example, the 114th Congress will being Jan 2015-Dec 2016. After the end of the 2 year period, all unfinished bills must be reintroduced. Again, the majority party in the Senate and the House has control over the chamber’s schedule.

Slide 30: Any Senator or Representative has the ability to develop a legislative proposal. Once their legislation is introduced, it becomes a bill and receives a number. In the house, all bills start with H.R. and in the Senate, S. The bills sponsor or sponsors can recruit other Members to sign on as a co-sponsor. Committee chairs can then choose to hold a hearing on the bill. They also schedule what’s called a “mark-up” of a bill. At this time, committee members can offer amendments of the bill, change it, or send the bill to the House or Senator floor for a vote. The committee can also choose to take no action on the bill. The leader of the House or the Senate can bypass committees and bring the bill directly to the floor for a vote. However, the majority of bills are not passed.

Slide 31: When a bill is brought to the floor, the Senate and the House have different rules. In the House, a simple majority is needed to pass the bill. In the House, there is a limit number of amendments that can be offered to the bill on the floor. And there is a time limit to how long a bill can be debated. In the Senate, any 1 senator can amend, slow down or stop a bill at any time. A filibuster is when a senator stands on the floor and speaks without resting for the entire time in order to delay action on a bill. Only a vote of 60 votes, called a cloture vote, can end a filibuster. If 60 votes are not obtained, the bill is pulled from the floor with no further action.

Slide 32: When the House and Senate pass different version of the same bill, a conference must take place to reconcile the 2 bills into a common text by both the House and the Senate. The leaders of both bodies appoint members to this committee. Only when the agreed upon identical bill passes both chambers, does it go to the President for signature. The President than has 10 days to sign a bill into law or veto the bill.

Slide 33: If the president vetoes the bill, it is sent back to congress. The bill can become a law if it wins 2/3’s approval from the House and Senate.

Slide 34: In the House, health legislation typically goes through the energy and commerce committee or the ways and means committee. The energy and commerce committee, has jurisdiction over Medicare Part B while the Ways and Means Committee has jurisdiction over taxes, Medicare Part A and Part B and provisions of the IRS dealings with health insurance and health care costs. When reviewing key members of the house, often advocates and lobbyist will look at what committee the member sits on.

Slide 35: In the Senate, Health legislation typically goes through the finance committee of the health, education, labor and pensions committee (HELP). The finance committee has jurisdiction over Medicare, Medicaid, and the State Children’s health insurance program. The HELP committee has jurisdiction over public health and health insurance. They also have jurisdiction over health care agencies, including the CDC, FDA, and the NIH
Slide 36: Now that we have had that review, you can see how you can target your advocacy and the importance of understanding the legislative process. ACOG has excellent resources for staying involved and keeping up-to-date with key legislation affecting our field. There are also opportunities to get involved at the state level as major legislation can pass at the state level that can positively or negatively impact our profession.

Slide 37: If you are interested in lobbying opportunities, look at your local medical society or legislative committee if your state has one. Every year, ACOG hosts a congressional leadership conference to lobby on Capitol Hill on key legislative issues that all ACOG members are welcome to attend. Before you go, check out the dos and don’ts of lobbying!

Slide 38: Let’s review this next case. [Read the case aloud and facilitate discussion]

Slide 39: This is a possible solution [Read through possible solutions as listed]

Slide 40: Let’s move onto case #5. [Read the case aloud and facilitate discussion]

Slide 41: These are possible solutions [Read through possible solutions as listed]

Slide 42: Let’s review this final case. [Read through the case aloud and facilitate discussion]

Slide 43: These are possible solutions [Read through possible solutions as listed]

Slide 44: In addition to domestic advocacy, international advocacy opportunities also exist. ACOG is often called to respond to an international issue or event that affects women’s health. See an example here. This link also has a list of international organizations that are in need of Ob/Gyn services.

Slide 45: Let’s review the final case for international advocacy. [Read the case aloud and facilitate discussion]

Slide 46: These are possible solutions [Read through possible solutions as listed]

Slide 47: Let’s recap advocacy opportunities at the local level. [Read through various opportunities to the group]

Slide 48: Let’s recap advocacy at the state and national level. [Read through various opportunities to the group]

Slide 49: And finally, let’s recap advocacy at the international level. [Read through various opportunities to the group]

Slide 50: Remember, as physicians we have the power to advocate for our patients no matter how big or small the issue is. Always thing about how you can advocate for your patients.

Slide 51: Stay involved! Your voice is incredibly important to our patients, your career, and our field!
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