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From the Bedside to Capitol Hill: Student Lobby Day in D.C.

Joseph Schwartz

Of the 535 members and five delegates elected to the 110th Congress, thirteen are physicians. Thirteen. By comparison over half are attorneys. Who do you think pulls a heavier lobby on Capitol Hill? Don't worry. This article is not about tort reform. I'm not nearly well-read enough on the topic to comment on it. As a matter of fact I am not an authority on any of the issues I present here. My purpose is not to educate you on the particulars of revamping the Medicare repayment formula, insuring the uninsured, or student loan deferment. This piece is about how 300 of your peers got their message heard on March 31st with a little help from the American Medical Association (AMA) on Capitol Hill.

My objective, whatever side of the political aisle you sit on and whatsoever your opinion on these issues may be, is to show you how you can be a valuable entity for our profession. Don't kid yourself. You are needed and underrepresented. The AMA does outstanding advocacy work but it, and advocacy groups like it, are nothing without the students and practitioners it represents. You bring personality to the argument. From the lab bench and the bedside to the marble floors and mahogany desks of the Russell Senate Office Building you bring the testimony. Anecdotes pass legislation. So allow me to take you on a quick trip to Capitol Hill and tell you about an inspirational day in D.C. Perhaps you'll glean a few facts for your next cocktail party.

I traveled south a few weeks ago to my home to attend the annual AMA Medical Student/Resident and Fellow Lobby Day in Washington, D.C. Unlike most of the other students, residents and fellows present I quickly registered at the beautiful Hotel Madison on 15th and M and after a few introductions and handshakes, returned to my home across the Potomac River. From my past experience, I no doubt let pass an elegant evening of cocktails and discussion with peers from around the country.

Just after eight the next morning I found myself shaking off the rain with a hot cup of coffee in the back of an ornate banquet hall listening to an Everest-summitting physicist from Georgetown. Dr. Francis Slakey conducted one of the many outstanding legislative briefings that enthralled the audience of 300-plus white coat-clad AMA and AMPAC (the AMA Political Action Committee subsidiary) members that morning. He provided experience-based advice on how to take issues you care about and successfully pilot them through the daunting political process (that is, how to lobby), dispelling assumptions and ambiguity along the way. Then he wowed the crowd with a few simple numbers.

Ten-thousand. That's how many bills get introduced by Congress each year. Four-hundred of those are "real" bills relating to the economy or national security, and only about 30 of those will become law.

Seven. With an average of 250 constituents contacting their elected representative daily, Dr. Slakey presented that each constituent will receive approximately 7 minutes of response time in the form of a letter, email or phone call.

Let's get realistic for a minute. You're a Member of Congress. You've got the minimum required 110,000 district votes that put you in office that you need to be re-elected, 250 of which are calling you every day with an issue or concern and almost 30 bills introduced daily with which you are expected to be familiar. That is why they have a staff and those are the people that really know their issue. So after the morning session, the white coat herd dispersed into 30

groups by state of residence and ascended the Hill to engage staffers and hopefully Members in discussion.

Other speakers that morning motivated the crowd for the afternoon meetings and reviewed the AMA's advocacy agenda priorities, each of which I will touch on later: the AMA plan for insurance reform, medical student debt and Medicare physician repayment.

You might consider lobby day as little more than schmoozing. Many have an aversive attitude to the idea of lobbying and politics due to its presentation in the media and the practices of unprincipled politicians and lobbying practices. Indeed lobbying has come under greater scrutiny over the past two decades with ever-increasing regulation.

I encountered a variety of opinions in sharing my experiences of the weekend. One St. Vincent's Hospital OB attending said in reference to tort reform, "When you call a doctor you get advice; when you call your lawyer you're on the clock." I am not trying to stir up the old docs vs. lawyers fracas, but he brings up a good point. Another likened lobbying to bribing. More importantly he emphasized a dichotomy that exists in our profession: physicians are trained to function as skilled individuals while what we need to be effective advocates is skilled teams with common goals for our vocation. We have hierarchy and teamwork but we are not big business. We make money but we are doctors that place a premium on service, not policy-making. Few go into medicine these days as a business venture. It costs a bit too much up front, which brings me to my first topic on the AMA's advocacy priority list: medical student loan deferment.

Allow me to present a minutia of information I recovered on this short recon tour. Many of you know that the average intern salary is about \$45,000 while the average amount owed for a private education is \$157,000. The 20/220 pathway covers 67% of residents eligibility for economic hardship loan deferment. It was eliminated in October 2007 and was temporarily extended until July 2009 by The Department of Education, but not without disruption and hardship, of which I heard first-hand that day. One attending from UVA in my lobby group mentioned one of her residents with children had to drop residency altogether. One must apply each year for up to three years total for economic hardship deferment which only applies to federal loans such as Stafford, Perkins and Grad Plus. According to Dean Sozzo, "The change will do away with the debt to income ratio and only leave a watered down poverty level calculation which will make very few residents qualify from the deferment and pay and average of over \$350 a month."

Organizations like the AMA and AAMC are aggressively lobbying this issue to not only reinstate the 20/220 pathway, but also to expand the deferment period beyond 3 years, to ensure low interest rates, to account for special needs of students with dependents, require greater transparency and reporting by lenders, and instigate a Government Accountability Office (GAO) study on indebtedness. In addition we lobbied for the reauthorization of the Higher Education Act, or HEA, which governs federal student aid programs, which is currently in committee in the form of House and Senate bills: H.R. 4137 and S. 1642. We supported reauthorization of the National Health Service Corps (NHSC), which funds loan forgiveness and scholarship programs to assuage some of the many preclusions to practicing in primary care. Finally we espoused reauthorization of Title VII of the Public Health Service Act, Section 747, which supports primary care training and education. The bottom line is obvious: we need sustained assistance in ensuring that primary care is available to our patients in medically underserved areas. Fundamentally related to this statement is the second topic on the AMA's priority triumvirate: Medicare physician repayment.

Scheduled for July 2008 is a 10.6 percent repayment rate cut, to be followed by an additional 5 percent in January 2009 – with less than three months to do anything about it. While practice costs increase steadily, insufficient reimbursement is the same today as it was in 2001 according to the AAMC. Should these cuts take place, physicians will be unable to afford paying their staff, introduce information technology and most importantly, accommodate Medicare patients, who already have trouble obtaining primary care. This issue directly affects the patient population that can least afford another access barrier to primary care and is compounded by a growing physician shortage that the AMA reports will reach 85,000 by 2020.

Around a conference table surround by paintings and awards in a private room in the magnificent Russell Senate Office Building, we met with Senator Warner's Legislative Correspondent and asked her to support S. 2785, the Save Medicare Act of 2008. Due to the urgency of this issue, we recommended not only cessation of the cuts but positive updates for the next two years, until a much needed solution to the flawed Sustainable Growth Rate (SGR) formula, used to calculate reimbursement, can be found.

During the morning session, another valuable lesson offered was to know both sides of the argument, in this case being: why are rates not being adjusted to reflect practice costs? One piece of that pie is fraud. According to Jim Frogue, Center for Health Transformation, a recent assessment of New York's Medicare system revealed that 40 percent was fraudulent. One example was of a dentist charging the government for seeing over 900 patients a day. Instead of cutting repayment to physicians, perhaps the government should direct their efforts at finding fraud and purging it from the system.

My final meeting of the day was with the legislative assistant to my district's Congressman Jim Moran (D-VA). She was well-versed on all issues I present, taking 20 minutes to entertain my thoughts one-on-one on the Congressman's couch. It was a bit intimidating being in his personal office (easily larger than my Chelsea apartment), surrounded by awards and pictures of presidential hand-shakes. This brings me to another lobbying must: do your homework if you want to educate beyond just support for an issue. And insuring 47 million people will take a lot of homework. Fortunately the AMA has a solid proposal, but the great thing about the people I heard from that day was that they all recognize there are many proposals out there. The point is to get something done soon to help our patients. Another focus of our meetings addressed the uninsured.

One in seven Americans uninsured. Enough uninsured children to equal the population of Sweden. One-third of businesses do not offer insurance and one-half of the rest offer only one or two plans. The AMA is in the middle of a three-year Voice for the Uninsured Campaign to spread awareness of their plan to cover the uninsured 15.6 percent of the U.S. population, most of whom are working families. Important facets include a redirection of the over \$125 Billion that the government spends on a tax exclusion to help people get insurance into a tax credit or vouchers to help lower income classes, encouraging individual choice that will create purchasing power to stimulate the market, and initiate market-based reform to improve competition and reward companies insuring all risk classes. The idea is to keep premiums reasonable for everyone while still protecting high risk patients. Furthermore, the AMA proposes accountability by mandating individuals above 500 percent of the federal poverty level (FPL) to get minimum catastrophic health insurance. As practitioners and consumers we need to stay informed of this issue.

We rely on each other's specialties for referrals, we round as teams and we are part of a multi-professional health care team. In that same light perhaps we could also be part of an

advocacy team. There are many organizations like the AMA that exist to coordinate and represent us and as was pointed out at Lobby Day, support and action are needed by many more. The larger and louder a part of a constituency we become, the more clout we have. Of course, it won't hurt to donate to a campaign either. The point is that in medicine there is a need for a teamwork mentality, both in our professional careers and in our advocacy.

According to a 1996 JAMA article, from 1789 to 1889, 4.6 percent of Congressional seats were held by physicians. In fact, medical practitioners comprised 10.7 percent of the signers of the Declaration of Independence. While we are a minority on Capitol Hill (2.4 percent), our voice is growing, hopefully soon followed by our presence. Historically physicians played a significantly larger role in our country's politics and with our health care system in the state it is, most will agree that this role must be accentuated once again. Indeed, the need for medical leadership has never been greater. More physicians in Congress would certainly increase clout and advocacy efforts, but dedication to our profession precludes entry into politics, at least by means of campaign and election. Physicians are trained to focus on patient care, not policy.

So was my trip worth it? I enjoyed walked through the blooming trees of the Capitol grounds, was impressed as always by the huge oak doors and the marble floor hallways of the Congressional office buildings, and enjoyed a few Guinness at the Dubliner, a local favorite by Union Station. I will follow up with my personal contacts from Senator Webb's, Senator Warner's and Congressman Moran's offices. I will continue to provide them with information about what is important to medical students, young doctors and established physicians. I expect them to tell me what my representatives are doing to improve the health care system and protect a profession that needs their support more and more every year to adequately serve this country.

Whether you come to Washington or write to your district office, make lobbying a part of your life. It's good thing. If the word lobby has a bad connotation for you then call it advocacy. Because that's what it is. It is the indispensable tool that you as a constituent have to educate the officials you elect to make your profession and your life better.