

Do's and Don'ts of Lobbying: Preparing to Speak to Legislators

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Disclosures related to advocacy



- **Healthcare Policy and Legislation Committee Chair (AAPM&R)**
- **American Medical Association Delegate (AAP)**



Outline



- Health Care Advocacy
- What is your 'why'?
- Strategizing your advocacy
- Hill Visits
- Threats to rehabilitation care
- Opportunities and wins!
- Advocacy Pearls

- Questions





Shirley Ryan
Abilitylab.

An Advocate



What is an advocate?



- Speak or write in support or defense of a person, cause, etc.





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Health Care Advocacy



What is healthcare advocacy specifically?



"Action by a healthcare professional to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that they identify through their professional work and expertise."

(Earnest, 2010)

Why be an advocate?



- Challenge yourself
- Be on the front lines of change
- Make a difference for your patients, residents, field
- Follow your passion
- Understand upcoming issues for our field
- Meet people from diverse backgrounds and interests with common goals
- ***Understand how Washington DC works!***

Levels of Engagement



- Interpersonal
- Organizational
- Health System
- Policy

Types of Physician Advocacy



- Patients/Research – ARCC (NU)
- Education – Residency Committee
- Staff/Hospital – IDEA Council
- Local/state - ARCC
- Federal/National – HP&L (AAPM&R), AMA (AAP)
- Global - EDGA

***What is your
'Why'?***



MY 'WHY?'



- MD from King's College London
- Initially Orthopedic Resident at Oxford
- Started residency.....not enjoying ortho...

Immigrant and immigrant physician

- PGY-3 year came to US to do a PhD as part of ortho residency
- PhD at University of Missourifound PM&R
- Residency: UPMC
- Fellowship: Northwestern

PM&R physician

- Physician Scientist: SRALab – treating individuals with osteoarthritis

**- Academic
-Treat individuals
with disabilities**

My background has impacted my 'why'

Types of Healthcare Advocacy



- Patients/Research
- Education
- Staff
- Local/Departmental
- State
- Federal/National
- Global



Identify your passions first!



- The field of PM&R
- Rehabilitation Research
- Musculoskeletal Care
- My Patients
- Residents/Community
- Diversity, equity and inclusion



The Challenge for Physicians



- Over 90% of resident physicians believe advocacy is a physician's duty
- Less than 20% believe they received adequate training

(Wright, 2005; Garg, 2019)

The Challenge with Physicians



- Physicians vote less often than lawyers and the general public
- Physician contributions and lobbying more likely relate to financial incentives than public health initiatives

(Grande, 2007; Wright, 2005; Landers, 2004)

Why do this as a physician?



- The AMA endorses physician advocacy
- The ACGME promotes advocacy; training mandated in some specialties
- Professional societies including AAP, AAPM&R, AMA, ACRM endorse advocacy
- *Big issue in medicine....the lack of understanding of how to appropriately treat and care for individuals with disabilities*

Why aren't more involved in advocacy?



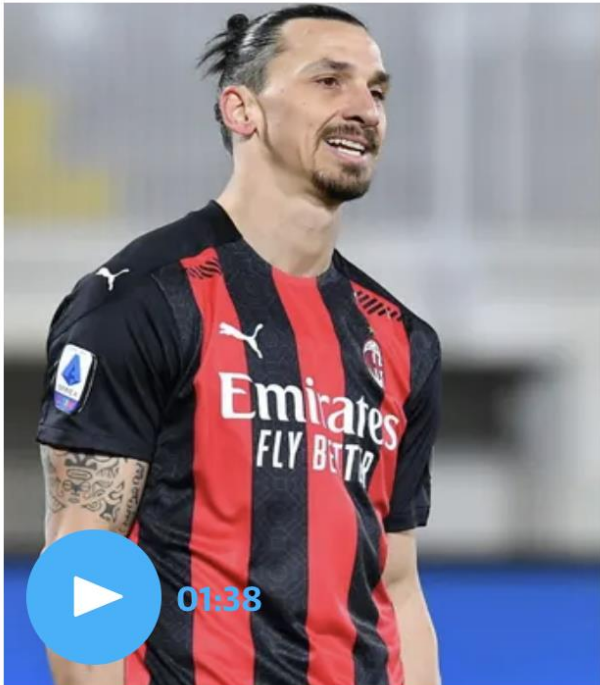
- Medical school admission favors academics over service orientation
- Medical training can isolate physicians from the community
- Advocacy role is ambiguous
- Time constraints
- Perception of institutional disapproval
- Does not impact promotion...no financial incentive
- 'That's someone else's job...not mine'

Arguments against advocacy?



Zlatan Ibrahimovic doubles down on criticism of LeBron James

- Milan striker thinks athletes should stay out of politics
- [Ibrahimovic's pursuit of personal capital reaches new level](#)



"I will never shut up about things that are wrong. I preach about my people and I preach about equality, social justice, racism, voter suppression – things that go on in our community," LeBron James

Arguments against advocacy?



- Civic virtues are outside the professional realm
- 'Stay in your lane' (e.g. gun control, climate change)
- Advocacy is 'too political' – politics should not exist in medicine?
- There is no benefit to your career financially



Why is advocacy pivotal?



Results: Seven hundred seventy physiatrists (50.7%) fulfilled the definition of burnout. Only 38% of physiatrists reported not becoming more callous toward patients. The top 3 causes of burnout identified by physiatrists were increasing regulatory demands, workload and job demands, and practice inefficiency and lack of resources. Higher burnout rate was associated with high levels of job stress and working more hours per week. Lower burnout rates were associated with higher job satisfaction, control over workload, professional values aligned with those of department leaders, and sufficient time for documentation. There was no significant association between burnout and sex, years in practice, practice focus, or practice area.

PM&R Journal 2019 Jan 11: pp83-89



Strategizing Your Advocacy



Healthcare Advocacy



- Issues identified through your work
- Example topics
 - Health insurance coverage (Medicaid/medicare)
 - Access to healthcare for individuals
 - Disability advocacy
 - Rehabilitation Research
 - Rehabilitation physician definition
 - GME funding



Where to begin? Have a Strategy!



- **Identify an issue of concern**
- **Gather information**
- **Commit to action**
- **Collaborate with others**
- **Mobilize resources**
- **Sustain the effort**



Promoting Physical Activity in American's Act (S.397)

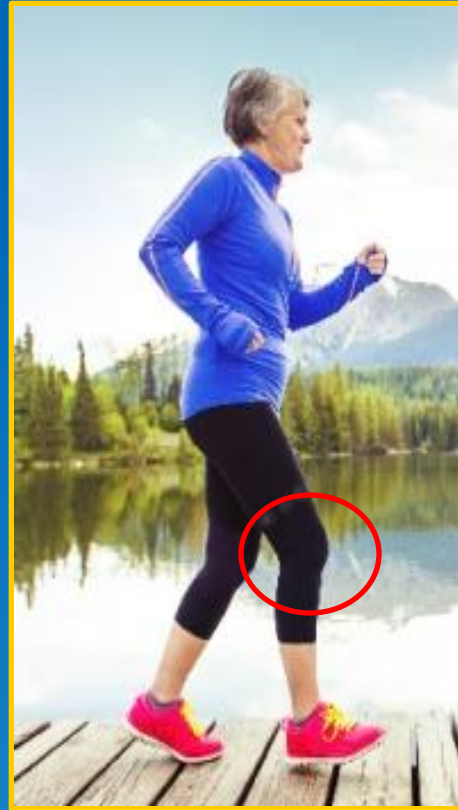


- Direct HHS to *prepare and promote physical activity* recommendations based on the latest scientific evidence at least every ten years
- Also direct HHS, five years after the release of each set of recommendations
 - 1) to publish mid-course report highlighting best practices
 - 2) and continuing issues relating to physical activity among Americans.



Promoting Physical Activity in American's Act (S.397)

- **Identify an issue of concern**

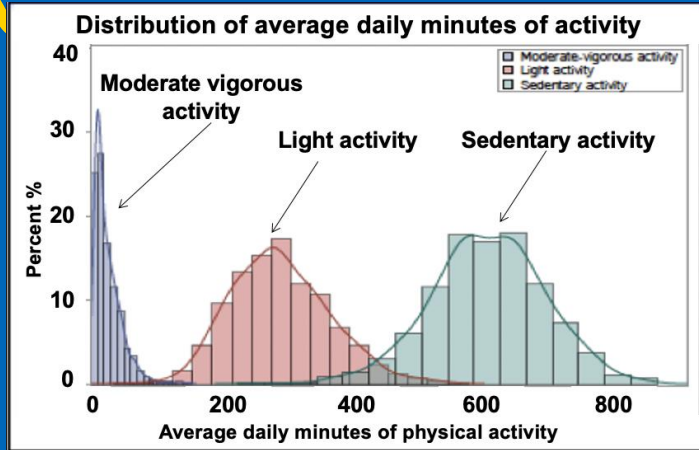


Research Goal:

To develop individual exercise regimens for individuals with knee osteoarthritis

Promoting Physical Activity in American's Act (S.397)

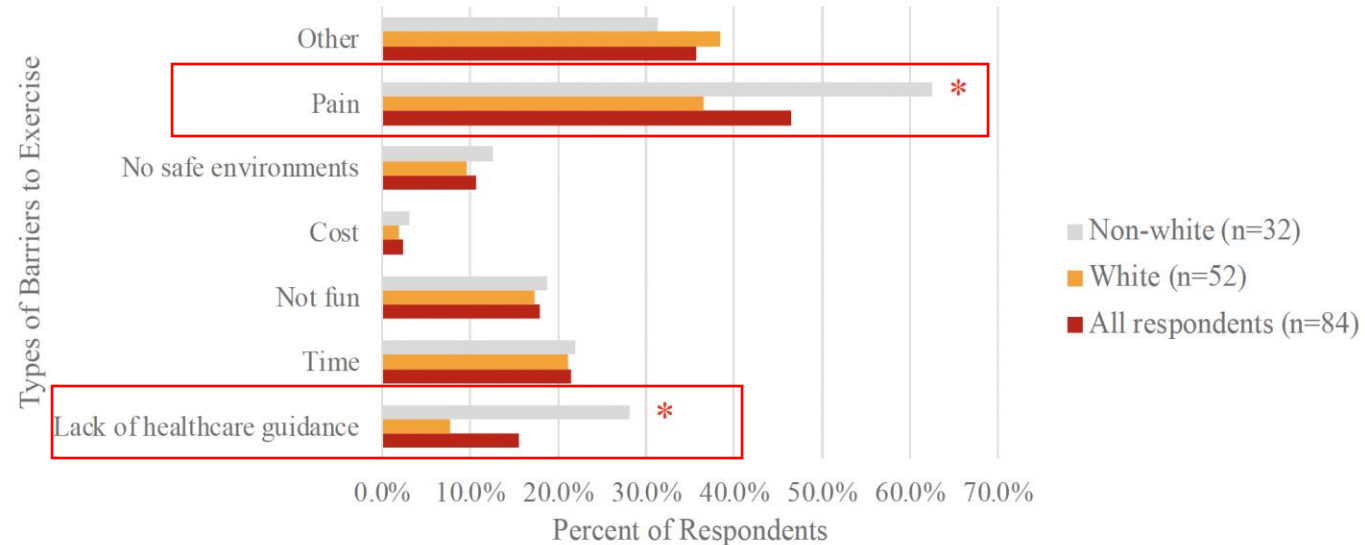
○ Gather Information – using my own research



Type of Activity	Daily Minutes
Moderate vigorous	20.0 (20.0)
Light	283.8 (74.7)
Sedentary	601.5 (86.4)

Jayabalan et al, Arthritis Care and Research 2019

Figure 1. Barriers to Optimal Exercise with Demographic Subgroup Analysis: White vs. Non-white

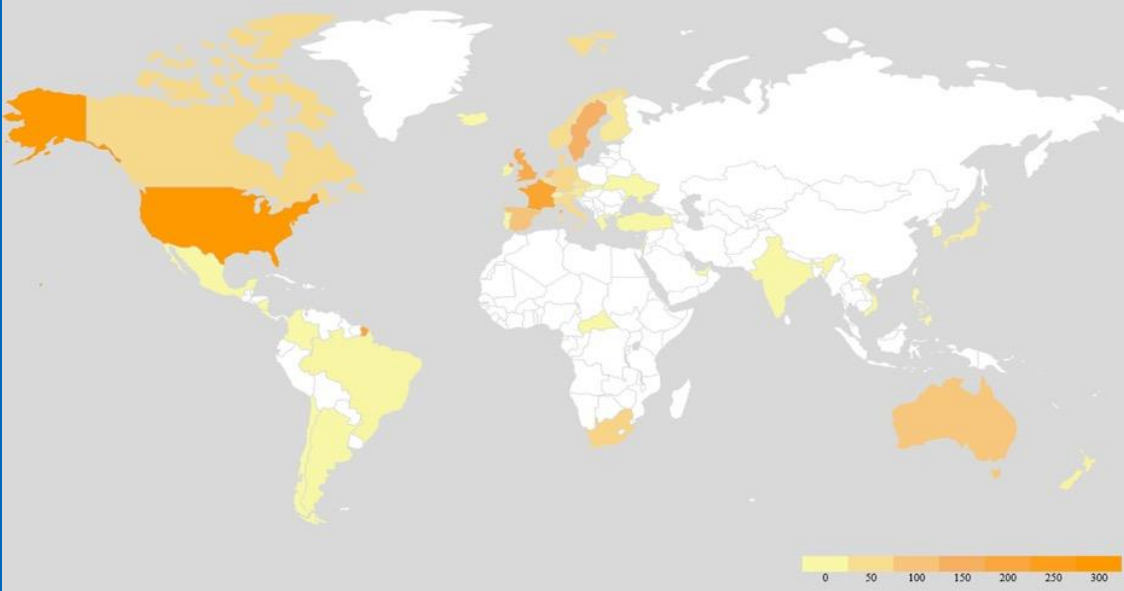


Pier, Fang, Sheth, Jayabalan (AAP, Submitted, 2023)

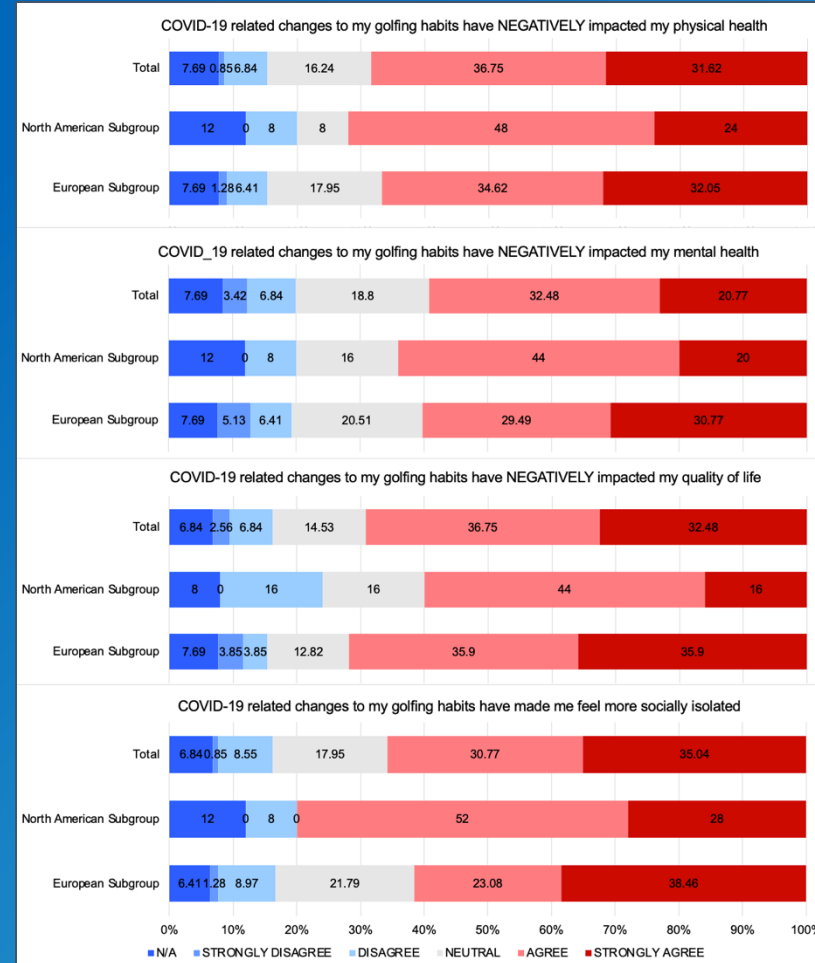


Promoting Physical Activity in American's Act (S.397)

○ Gather Information – using my own research (individuals with disabilities)



Darcy, Jayabalan PM R, 2023



Physical health

Mental health

Quality of Life

Social Isolation

Promoting Physical Activity in American's Act (S.397)

○ Commit to action



Write

Tweet

Compose Your Message

• US Senators

Subject

Co-Sponsor S. 397, the Promoting Physical Activity for Americans Act

Message Body

As your constituent and a professional who understands the benefits of preventive health care, I urge you to support and co-sponsor S. 397, the Promoting Physical Activity for Americans Act.

The Promoting Physical Activity for Americans Act would direct the _____

Enter Your Info

Your Information

Prefix *

First Name *

Last Name *

Email *

☒ Send me text alerts

By providing your mobile number, you agree to receive text messages from American College of Sports Medicine. Message and data rates may apply. Message frequency varies.

Mobile Number *

CEP EP Key Contact *

☐ Yes ☐ No

Key Contact *

☐ Yes ☐ No

Home Information

Street Address *

ZIP Code *

Enter Zip for City and State

☒ Send me email alerts

Send Message

Powered by

votervoice

Member of FiscalNote

Joined ACSM
Voter Voice
Campaign

Promoting Physical Activity in American's Act (S.397)

○ Collaborate with others



Promoting Physical Activity in American's Act (S.397)



- Mobilize resources and sustain the effort



Letters to congressional offices

Sign on letters

Discussions between organizations for
strategy

Hill visits (2024)

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Hill Visits



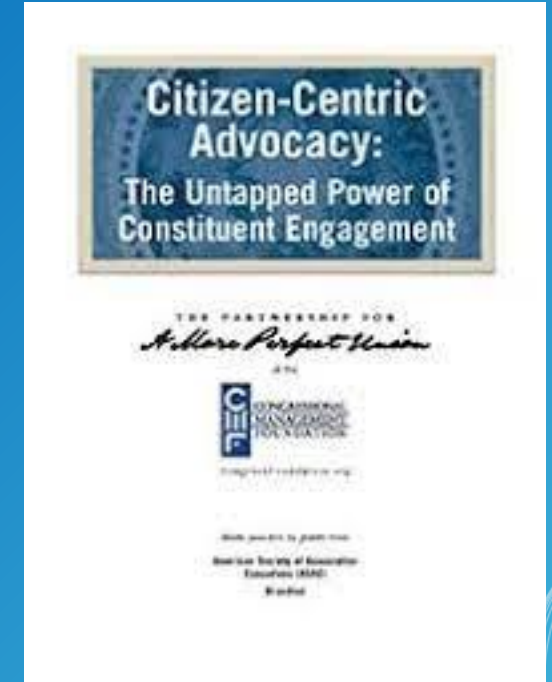
State or Federal Level Advocacy



- Merit of personal stories
 - 79% personal stories helpful
 - 18% receive it regularly

Most need to advance advocacy skills

- 12% of 'constituents prepared'
- Offices recognize an advocate that is rehearsed
- Organize key points and supportive arguments



Keys to Congressional Advocacy



- Conduct a literature review (discovery) of your lawmaker
- Lawmaker motivations and type (newsletter, website, social media)
- 'Their last 10 tweets suggest their most important concerns'
- Champion, Uncommitted, Challenging



Keys to Congressional Advocacy



Senator

Staffer



Congressional Staff



- Varying level of experience
- Conduct groundwork & Research
- 'Gatekeepers'
- Issue experts who recommend policies and actions
- Ensure concerns reach the member
- Could become a future legislator



Stay on Message



- Meeting on behalf of 'X' organization
- Discuss that organizations priority only (unless you're meeting for personal concern)
- Avoid personal issues

Keys to Congressional Advocacy



Greeting and intro – 2-3mins

What is PM&R?! – 2-3 mins

Issue introduction – 2-3mins

Your ask - 2-3mins

Personal story 3-4mins

Supporting information 3-4mins

Closing/Summary and restate ask 3-4mins



Meetings can end abruptly!

Keys to Congressional Advocacy



- Good conversation....but nothing discussed
- Stalling tactics
- No agreement to commitment or follow-up



Taboo Topics



- Legislative policy NOT politics
- Campaign contributions
- Elections or Exchange for Support
- Avoid controversial topics (focus on the issue)



Follow-up



- Summarize conversation and commitments
- Provide additional information and commitments
- **Polite persistent people persuade politicians (five p's)**

THREATS TO REHABILITATION CARE



Threats to and opportunities for PM&R



- Prior authorization
- IRF Review Choice Demonstration

Prior Authorization Survey (RRC)

82% - always or often delays access to care



74% - takes between 2 to 14 days to obtain prior authorization, and for 15%, this process can take 15 to more than 31 days



82% report that patients sometimes abandon treatment



87% report that PA has a negative impact on patient clinical outcomes



92% burden high on physicians and staff



71% report services ultimately approved!

Reforming the use of 'Prior Authorization'



- Congress & the Administration have recognized the trends in:
 - 1) misuse and overuse of prior authorization
 - 2) prioritized reforms to ensure patients are able to receive the care they need without unnecessary delays and denials.

Reforming Prior Authorization



- *Improving Seniors' Timely Access to Care Act* (H.R. 3173 / S. 3018 in the 118th Congress)

- *Goal: streamline prior authorization for frequently approved services and increase transparency.*

- Bill had overwhelming bipartisan support last Congress, but stalled due to high projected "score" from Congressional Budget Office.
- Not yet reintroduced in 118th Congress while champions negotiate more reasonable cost projections in the wake of regulatory adoption.

- **Key Ask: Support Prior Auth Legislation when reintroduced**

Reforming Prior Authorization



Upon reintroduction in the 118th Congress, the bill is expected to:

- Streamline and standardize the PA process for many routinely-approved items and services;
- Ensure PA requests are reviewed by qualified medical personnel
- Establish an electronic PA program

Provide much-needed transparency around PA requirements and their use for Medicare rehabilitation patients and providers

IRF - Review Choice Demonstration



- IRFs submit all medicare fee-for-service claims for review – 100% review
- 5-year project, AL then PA, CA and TX
- Essentially all IRF admissions would be subject to an audit

Consequences:

- 1) Impact patient access ('gatekeeper effect')
- 2) Timeliness
- 3) Physician burden

Advocacy wins!

AAPM&R Submits Comments to CMS Opposing Review Choice Demonstration for IRF Services

Unfortunately.....



(BTW – my kids watching
the ending of E.T.)

IRF RCD ROLLED OUT....

CMS Review Choice Demonstration Rollout to Begin in August

Policy Areas

Medical Rehab

May 19, 2023

0 534



But...

Physiatrist introduced as Director!

OPPORTUNITIES AND WINS!



Joanne Smith Rehabilitation Innovation Centers Act (S.2834)

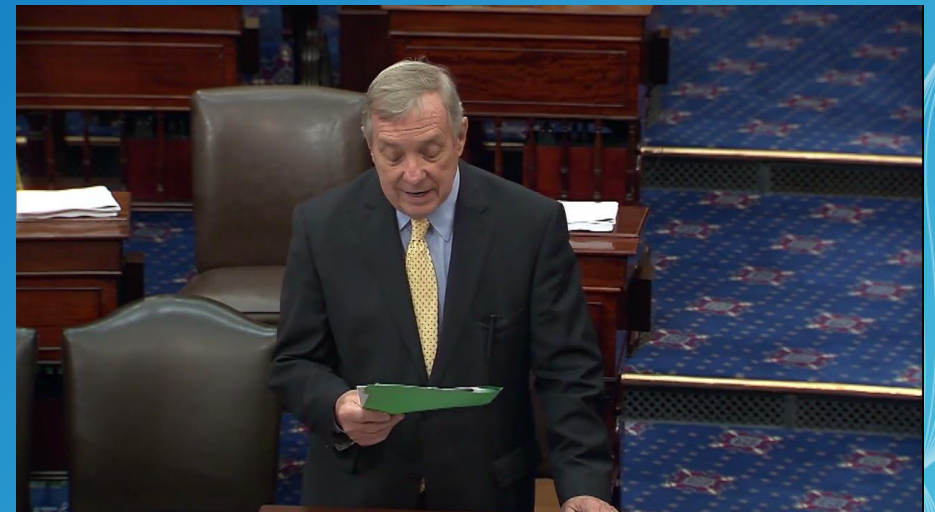


Defines “Rehabilitation Innovation Center” as a rehabilitation facility that:

- 1) Provides care for patients with highly complex conditions
- 2) Conducts multidisciplinary rehabilitation research,
- 3) Educates a high number of medical residents

Directs the Department of Health and Human Services (HHS) to:

- 1) disseminate best practices and lessons from these facilities
- 2) conduct a study on the adequacy of current payment rates for Rehabilitation Innovation Centers.

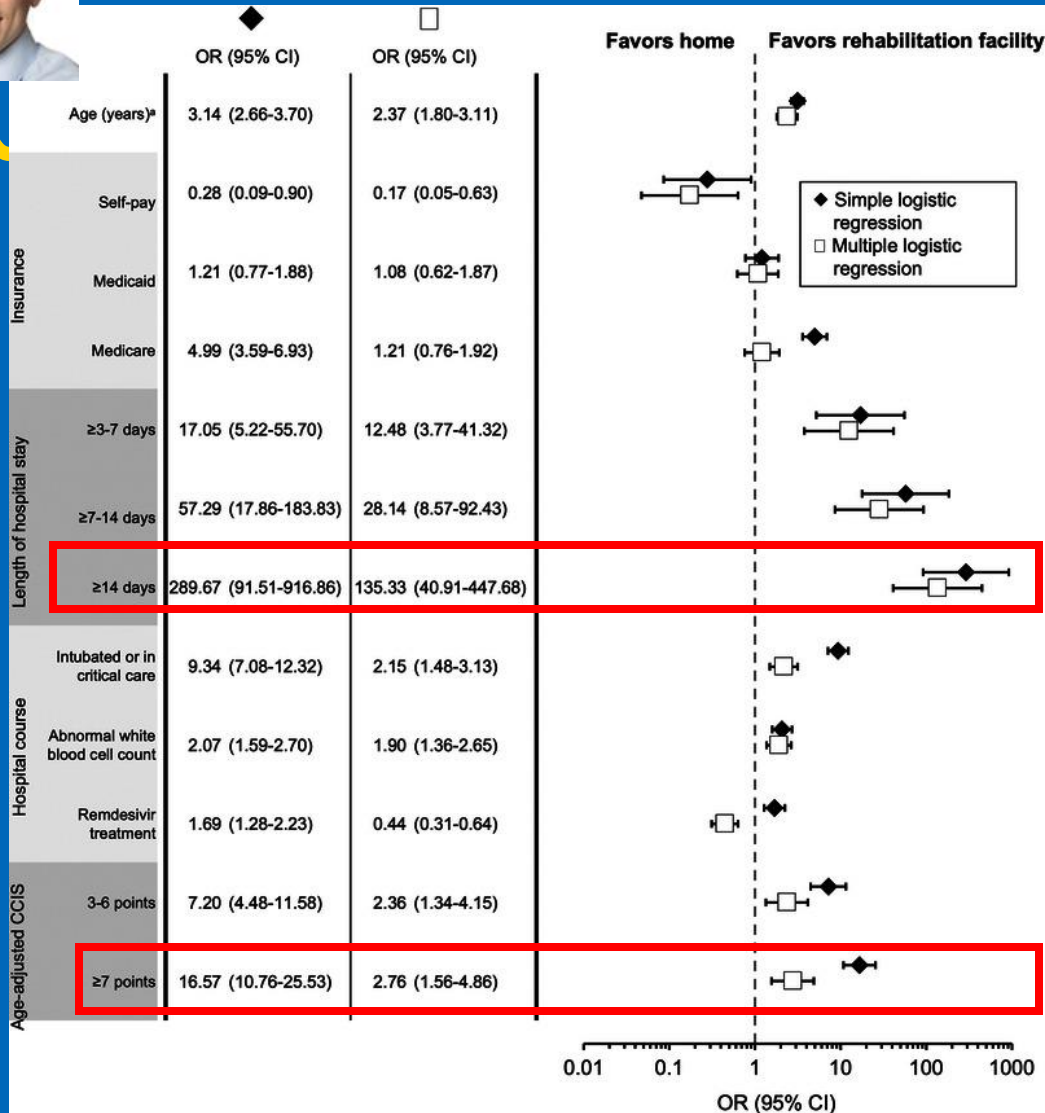


LONG COVID



- Our field has been leaders in treating individuals with Long COVID
- leading the Multi-Disciplinary PASC Collaborative representing more than 40 multidisciplinary Long COVID clinics nationwide.
- Key Ask: Support for Long COVID clinics to continue providing critical treatment for individuals with Long COVID.
- **Legislative Requests:**
 - Support for S. 801 / H.R. 1616 – **CARE for Long COVID Act**
 - Led by Sen. Tim Kaine (D-VA), Rep. Don Beyer (D-VA), and Rep. Jack Bergman (R-MI); Endorsed by AAPM&R
 - Support research into treatment efficacy & disparities, centralize patient data, facilitate CDC patient & provider education, provide resources for people in need of Long COVID-related services (employment, disability benefits, education, etc.)
 - Support for **TREAT Long COVID Act** when reintroduced
 - 117th Congress (S. 4015 / H.R. 7482) – led by Sen. Tammy Duckworth (D-IL) and Rep. Ayanna Pressley (D-MA)
 - Provide grants to support new and existing Long COVID clinics

LONG COVID



Pre-IRF

Lewis & Jayabalan AJPMR, 2023

COVID-19 Study Cohort

	N	Mean Admission Congregate Score, (StDev)	Mean Discharge Congregate Score, (StDev)	Percent change, (StDev)
Mobility	355	6.75 (2.96)	14.58 (3.79)	216% (3.52%)
Self-Care	360	20.54 (7.76)	35.8 (7.18)	174.3% (8.91%)
Cognition	229	25.34 (8.15)	29.8 (4.98)	117.6% (4.69%)

At IRF

Dreyer and Jayabalan, PM R, 2023 (Under review)

Advocacy Wins for Rehabilitation Medicine



NIH designates people with disabilities as a population with health disparities

Designation, new research program and update to NIH mission are actions to ensure inclusion of people with disabilities.

**AAPM&R Submits Comments to FTC
Supporting Prohibition of Non-Compete
Clauses**

CMS Expands Medicare Coverage of Power Seat Elevation

*National Coverage Determination Released; Enthusiastically Applauded by Disability
and Rehabilitation Community*



Shirley Ryan
Abilitylab.

ADVOCACY PEARLS



Advocacy Pearls



- Health advocacy has been endorsed as a physician competency
- The spectrum of advocacy is vast...remember you won't become rich from it
- Fulfilling leadership opportunities
- Your background and perspectives are important and useful
- Remember who you are advocating for and representing
- ***Think about your value structures***

Voter Voice Grassroots Campaigns

Take Action Now

Advocacy	
Current Priorities	>
Academy in Action	✓
Member Action Center	✓
Take Action Now	
Collaborations	>
State Advocacy	>
AAPM&R's Virtual Hill Day	
AAPM&R's Future Leaders Hill Day	
Testimony and Written Comments	
Position Statements	



Urge Your Congressional Representative to Support the "Three-Hour Rule" Bill

AAPM&R has long advocated for improvements to rehabilitation therapy for Medicare patients. As such, we are thrilled to share that Representatives Joe Courtney (D-CT) and Glenn "GT" Thompson (R-PA) introduced a bipartisan bill, co-sponsored by Representative G.K...



Ask Your Representative to Support Multi-Disciplinary Long COVID Clinics

Take less than 5 minutes to contact your federal representatives and ask them to support the TREAT Long COVID Act (HR 7482/S 4015) to expand access to multidisciplinary care for LONG COVID. This bicameral legislation, led by Reps. Ayanna Pressley, Don Beyer, and Lisa...

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Take Action Now

Advocacy	
Current Priorities	>
Academy in Action	✓
Member Action Center	✓
Take Action Now	
Collaborations	>
State Advocacy	>
AAPM&R's Virtual Hill Day	
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Ask Your Representative to Support Multi-Disciplinary Long COVID Clinics

Take less than 5 minutes to contact your federal representatives and ask them to support the *TREAT Long COVID Act* (HR 7482/S 4015) to expand access to multidisciplinary care for LONG COVID. This bicameral legislation, led by Reps. Ayanna Pressley, Don Beyer, and Lisa Blunt Rochester in the House and Sens. Tammy Duckworth, Tim Kaine, and Ed Markey in the Senate, would create a federal grant program to fund the expansion of existing Long COVID clinics (and development of new clinics) and empower health care providers – including community health centers and local public health departments – to treat Long COVID patients in their own communities.

An estimated 10-30% of individuals infected with COVID-19 develop Long COVID, regardless of whether they exhibited COVID-19 symptoms. Due to the

Compose Your Message

- Officials who did not sponsor/co-sponsor the bill S. 4015 (U.S.-117th Congress (2021-2022))
- Officials who did not sponsor/co-sponsor the bill H.R. 7482 (U.S.-117th Congress (2021-2022))

Subject

Support Access to Multi-Disciplinary Long COVID

Message Body

Please support the TREAT Long COVID Act (HR 7482/S 4015) to expand much needed access to multidisciplinary care for LONG COVID. This bicameral

Enter Your Info

Your Information

Prefix * First Name * Last Name *

Email *

Phone Fax

Home Information

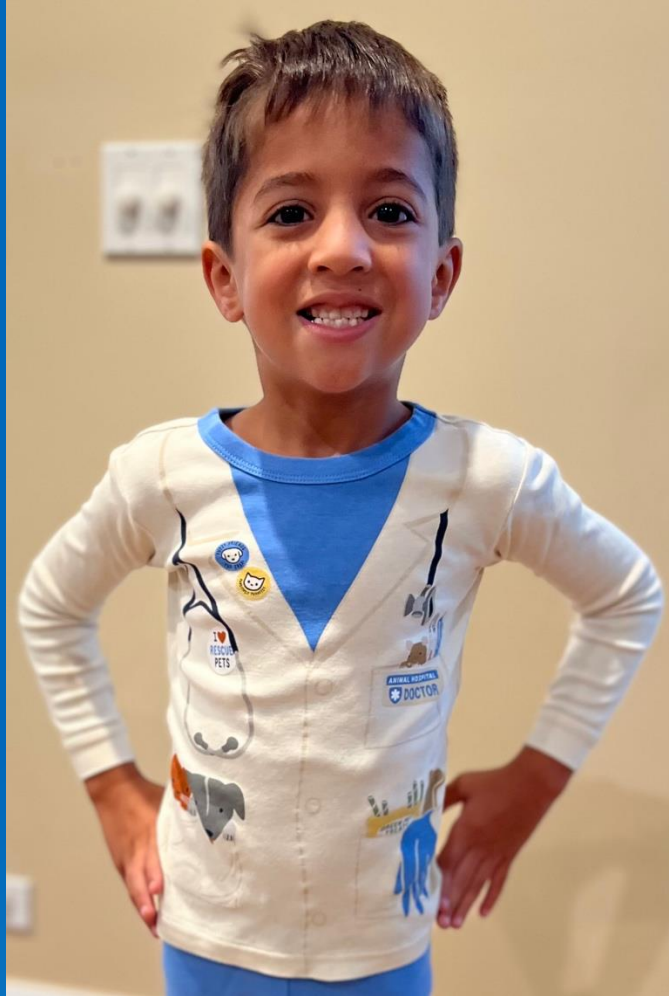
Street Address *

ZIP Code * Enter Zip for City and State

Business Information



My Future



Questions?

