

State Advocacy: Establish Relationships, Find Lobbyists

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A new feature of the AMCLC is an “open mic” session in which those attending the meeting have an opportunity to bring up issues to the ACR Council leadership. This year, a short program of invited speakers made presentations, after which the audience reacted to the presentations and also brought up related issues.

Vice Speaker Alan D. Kaye, MD, hosted a vibrant session on the need to cultivate strong state government relations. Because states have many laws that affect radiology practice that are also often the proving ground for new ideas at the federal level, and given that “all politics is local,” the importance of effective lobbying, monitoring of state legislative activity, and building legislative relationships at the state and local levels was at the center of much of the discussion [1,2]. An effective presence in state capitals is crucial, and chapters are encouraged to invest resources in lobbyists who specialize in health care and can best represent their causes. As Bob Achermann, JD, executive director and lobbyist for the California chapter of the ACR, stated, “I don’t read x-rays, so you shouldn’t do your own lobbying.”

Some audience members remarked that the consistent presence of a lobbyist can help monitor what is often a rapidly changing legislative landscape. It was further stated that lobbyists can be very helpful in the tracking and interpretation of specific bills on state legislative agendas. The process of identifying and monitoring bills of interest to

radiologists can be quite tedious. Additionally, lobbyists provide access to legislators, facilitating legislative relationships with radiologists, who can serve as trusted resources. Audience members also indicated that lobbyists can facilitate the focus on radiology issues, as opposed to general medical issues. This is of critical importance because there may be conflicts between radiology and the other specialty groups in the house of medicine (eg, self-referral). Preparation, knowledge, and integrity are the keys to success in any lobbying effort. On the other hand, it was pointed out that lobbyists can be expensive (a significant challenge, especially for the smaller state chapters) and must be carefully monitored by state chapters’ legislative committees to be certain that they are not working at cross purposes.

An electronic survey of the attendees during the session indicated that 51% retained lobbyists for their state chapters on annual contracts, while 6% hired lobbyists on an as-needed basis, and 43% did not use lobbyists at all. It is interesting that 31% indicated that their state chapters rarely or never were involved in legislative or regulatory initiatives, while 40% were involved every year. For 55% of the respondents, the responsibility for monitoring state legislative bills rested primarily in the hands of chapter lobbyists or executive directors, while 29% used the ACR and their state medical societies, and 16% used their chapter presidents or legislative chairs. Seventy-six percent of respondents indi-

cated that state legislative reports were regular parts of their chapter meeting agendas, and 67% of state chapters had legislative committees (80% with unspecified term lengths for the committee chairs).

Panel speakers heading up the discussion included

- W. Ross Stevens, MD, chair of the ACR State Government Relations Committee;
- William Wolff, MD, state legislative committee chair of the New York Radiological Society;
- Phil Pinsky, JD, long-time government relations consultant for the New York Radiological Society;
- Jonathan Breslau, MD, president of the California Radiological Society, who provided a case study on self-referral in the state;
- Robert Achermann, JD, long-term executive director and lobbyist for the California Radiological Society; and
- Mark Glickstein, MD, past president of the Radiological Society of Connecticut.

Examples of legislative issues recently addressed at the state level included

- radiation safety,
- radiologist assistant licensure and scope of practice of non-radiology-trained personnel,
- certificates of need,
- dental computed tomography,
- teleradiology,
- self-referral and inappropriate economically motivated utilization of imaging,

- imaging equipment “sham” lease arrangements,
- the in-office ancillary exception,
- tort and medical liability reform,
- balance billing by hospital-based physicians,
- the corporate practice of medicine,
- insurance regulations, and
- coverage mandates.

The audience was reminded that the ACR State Government Relations Committee is set up to disseminate information to keep chapters abreast of developing issues, produce ammunition in the form of regional data and studies (eg, Jean Mitchell’s study on self-referral patterns in California), provide trend analysis to chapters, and distribute legislative updates. The ACR has dedicated staff members to assist chapters with their state legislative and regulatory issues, will assist chapters with testimony, and maintains a database of legislative developments in the states. The staffers will also carefully scrutinize bill language and amendment language, advise members and chapters of the effects of the proposed and passed legislation, and provide model legislation on emerging issues [3].

A substantial portion of the session revolved around the importance of “relationships” and “continuity” in effective government relations. Dr Wolff (the legislative chair) and Mr Pinsky (an attorney and lobbyist), both from the New York chapter, stressed that continuity and relationship building can be facilitated by longer terms of office for legislative committee members and chairs than are frequently the case with other state chapter officers. All participants stressed the importance of developing relationships with politicians early in their careers by recurrent direct contact and fund-raisers. Equally impor-

tant is the establishment of these relationships with radiologists early in their professional careers [4]. Establishing long-term relationships while politicians remain in state legislatures also ensures a consistency of dialogue, develops a measure of trust, and establishes confidence for the future. Moreover, members of state legislatures often are elected to national office, a point stressed by Dr Breslau with respect to his experience in California with former state legislator Jackie Speier (D, Calif), a longtime proponent of strengthening anti-self-referral laws who now serves as a congresswoman from California’s 12th district.

Maintaining close relationships with legislative staffers was also pointed out as being critical. One panel member said, “It used to be that state legislators were there until they expired or were found in bed with a sheep. Now there are term limits.” Charles Williams, MD, (of Florida) reinforced this point, saying, “Legislators are like diapers. They need to be changed often and for the same reason.” Hence, legislative staff members frequently remain in their positions much longer than legislators. It was recommended that chapters establish relationships with health care staffers and get to know them, understand their knowledge base, and educate them about our concerns.

Not to be overlooked are relationships with state regulators and staffers. When facing the challenges of ensuring the appropriate implementation of policy decisions, the most successful approach lies in using connections in state advisory committees and government regulatory agencies, such as states’ departments of health and education. Building coalitions with prominent interest groups may also supplement your activities. For in-

stance, the Texas and Connecticut chapters have found support from state business and insurance associations for their initiatives to control costs, including limitation of self-referral. Participants from Texas indicated that they had recently adopted a new approach by establishing the Coalition for Ethical Imaging [5], which regional businesses and insurance companies are now supporting.

Comments from the audience included remarks about working with state medical societies. One member indicated that “the 800-pound gorilla” in state health care politics is state medical societies. They are usually the big players in this process. However, Dr Glickstein pointed out that although it is good to rely on state medical societies to represent radiology on issues that are of concern to the general medical community, radiologists should take responsibility for those specific to our specialty. The audience survey indicated that 25% of the state chapters rely solely on their state medical societies for legislative and regulatory surveillance (sometimes dangerous because of potential conflicts of interest). Alternatively, it was pointed out that sometimes, butting heads with state medical societies can be counterproductive and that we may need to come to some level of common interest, basing it on quality and patient safety [6]. It was further advised that each state chapter should try to ensure that a trusted member is actively involved in the state medical hierarchy at all times.

More than 31% of the attendees felt that the effectiveness of their chapters in handling legislative affairs was less than optimal (<50% quartile effectiveness). Hence, there is an urgent and pressing need for

improvement. The primary purpose of the session at the AMCLC was to provide a forum for sharing information about various approaches to achieving effective state government relations, as well as sharing anecdotes about recent legislative actions, successes, and failures in some states that could potentially affect the initiatives in others, or at the federal level. Once again, it was emphasized that to

raise the odds of success in politics, radiologists must use the multi-pronged approach of building relationships with politicians, health care lobbyists, state medical associations, and regulatory bodies.

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