Congressional & Advocacy Primer
Congressional Leadership: “The 4 Corners”

Leadership Role

- Setting the Agenda & Floor Schedule
- Negotiating Legislative packages
- Assigning responsibilities to Members
## Key Health Care Committees

### House Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Focus Areas</th>
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</thead>
<tbody>
<tr>
<td>Ways &amp; Means Committee</td>
<td>Medicare</td>
</tr>
<tr>
<td>Energy &amp; Commerce Committee</td>
<td>Medicare, Medicaid, Commercial &amp; Public Health</td>
</tr>
<tr>
<td>Education &amp; Labor Committee</td>
<td>ERISA Plans</td>
</tr>
<tr>
<td>Appropriations Committee</td>
<td>All Discretionary Health Programs</td>
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### Senate Committees

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<tr>
<td>Finance Committee</td>
<td>Medicare, Medicaid</td>
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<tr>
<td>HELP Committee</td>
<td>Commercial &amp; Public Health</td>
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<td>Appropriations Committee</td>
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Other Spheres of Influence

**Members in competitive races**
- e.g. Frontline Dems

**Caucuses & Task Forces**
- e.g. GOP Doc Caucus

**Seniority**
- Time served & relationships

**Personality**
- e.g. Rep. Christopher Smith (R-NJ)
Congressional Office Staff

Fast Facts:
- 10,500 Congressional staff
- Average age: 32
- Average Career: 3.1 years

House Offices Stats:
- Average # of Staff: 14
  - DC Staff: 7.5
  - State Staff: 6.5
- 3.46% decline in total staff since 1977

Senate Office Stats:
- Average # of Staff: 41
  - DC Staff: 24 (59%)
  - State Staff: 17 (41%)
- 16.42% increase in total staff since 1987
Legislative Assistant: Workhorse of Congress

Legislative Assistants ("LA") are the primary staffers handling specific policy areas for a Congressional office. Their Responsibilities include meeting with stakeholders, vetting requests, making policy recommendations, interfacing with Committee staff, drafting legislation, writing letters, preparing their MoC for votes and hearings.

- **HOUSE LA’s**
  - Median Salary: $55,306
  - Median Tenure: 1.2 years
  - Portfolio: Multiple issues (e.g. Health care, veterans affairs and agriculture)

- **SENATE LA’s**
  - Median Salary: $76,125
  - Median Tenure: 1.5 years
  - Portfolio: More focused on one area. Sometimes more than 1 staffer working on health.
Congressional Meetings

WHAT TO EXPECT

Meetings typically last 30 minutes (Goes fast!)

Meetings generally have a conversational tone

You will encounter a spectrum of experience and expertise

Staffers may be young

Last minute changes or scheduling conflicts are common
Congressional Meetings

DO’S & DON’TS

DO take time to introduce yourself:
• Federal audiences care about who is saying something as much as what they are saying. Before jumping into the issues, spend a few minutes on introductions & AAHKS background.

You DON’T have to be an expert on Congress:
• you just need to be an expert on what you do. The value you are providing is information about AAHKS issues, your perspective, your patients’ experience.

DON’T worry if you don’t know the answer to a question:
• Just let the staff know that AAHKS will get back to them with their requested information (and let and AAHKS staff or Lobbyists know).

DO listen:
• Meetings are quick, but it’s important to give the Congressional audience space to provide their perspective. Hearing from them can be as valuable as them hearing from us.

DON’T get too political:
• It’s best to play it safe and keep to policy topics and relevant anecdotes from your experience.

DO follow up:
• Advocacy is an exercise in repetition. It takes time to build familiarity, and a relationship. A good start is sending folks a quick note of thanks, mentioning some of the issues you discussed.
The Presentation

EXAMPLE TALKING POINTS & ONE-PAGERS

- **BACKGROUND:** Hip & knee surgeons have the highest rate of participation in APMs. We improve outcomes and save Medicare hundreds of millions every year.

- **PROBLEM:** CMS is punishing doctors for APM participation by ignoring the successful patient ‘preoptimization’ work and slashing reimbursement for total hip and knee replacement surgery.

- **PRECEDENT:** This sends a chilling message to physicians that Medicare may penalize you if you invest too much into value based care.

- **CONGRESSIONAL HISTORY:** Congress sent two Bipartisan letters asking CMS to address this issue, but CMS did not listen.

- **THE ASK:** We hope that you can work with us on a legislative fix to ensure better patient care isn’t penalized, by requiring CMS to account for preoptimization services.
Congressional Schedule

CONGRESS IS RULED BY THE CALENDAR

Days in Session/District Work
Weeks/District Work Periods

• 120 – 190 legislative days

Legislative Deadlines

• Cyclical deadlines tied to Fiscal & Calendar Years
• Sunsetting policies

Election Cycles

• Scheduling & behavioral changes
• Lame duck sessions
### Annual Medicare Payment Regulations
Proposed rules often contain unanticipated surprises (e.g., E&M reform, misvalued codes)

<table>
<thead>
<tr>
<th>ANNUAL REGULATIONS FOR MEDICARE PAYMENT SYSTEMS</th>
<th>Projected Proposed Rule</th>
<th>Projected Final Rule</th>
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</thead>
<tbody>
<tr>
<td>Inpatient Prospective Payment System (IPPS)</td>
<td>Late spring (April/May)</td>
<td>Early August</td>
</tr>
<tr>
<td>Outpatient Prospective Payment System (OPPS)</td>
<td>Summer (June/July)</td>
<td>November</td>
</tr>
<tr>
<td>Physician Fee Schedule (PFS)</td>
<td>Summer (June/July)</td>
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### Administration Advocacy Targets

- **White House Office of Management and Budget**
- **HHS Secretary**
- **White House NEC/DPC/CEA**
  - **Deputy Secretary**
  - **CMS Administrator**
    - **Center for Medicare and Medicaid Innovation (CMMI)**
    - **Center for Medicare (CM)**
      - **Division of Practitioner Services**