President’s Page: Sewing the Seeds of Legislative Success: Grassroots Advocacy

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“It is not a move, even the best move, that you must seek, but a realizable plan.”

When the renowned chess master Eugene A. Znosko-Borovsky made this statement, he may not have realized how pertinent it was to so many other aspects of life. For those of us involved in the practice of medicine, the absolute best treatment option for our patients is not always perfectly clear, but we proceed with a plan of care that we believe is best suited to our patients’ needs and that can yield realizable outcomes.

The physician leadership of the American College of Cardiology (ACC) has also spent the past few years forming what it believes is a realizable plan—and we hope the best move—to make the voice of cardiology better heard in the health policy arena. Over the past decade, the College has laid a solid foundation for an advocacy program that has a potent and recognizable voice with legislators, regulators, and payers. Now, however, the walls and roof of our advocacy house must be constructed.

This fortification requires a series of measured steps—a few of which the College has already taken. First, we established a 501(c)(6), which is nothing more than a new tax structure that will allow the College to expand its advocacy efforts. The ACC as you know it will be called the ACC Foundation, while the 501(c)(6) will be called the ACC. In my mind, there are two components of this expansion that are of particular importance: the establishment of a Political Action Committee, or PAC, and increased state and federal grassroots activities.

It’s not very difficult to understand where these two initiatives figure into the College’s mission. The role cardiologists play in maintaining the health of our country’s citizens is expanding and will only continue to do so. At the same time, serious health care issues like patients’ rights and Medicare reform—issues that affect how cardiologists practice medicine—are topping the agendas of congressional committees and garnering headlines in newspapers across the country.

On August 9, President Bush even used a televised national address to announce whether he would permit federal funding of stem cell research. The president’s address reflected the growing importance the public places on federal funding of stem cell research. The president’s address must be constructed.

The formation of a PAC, which was one of the recommendations from the ACC Task Force for the 21st Century, is a strategic move that transports the College beyond the issue du jour. A PAC is a unique political tool. Its value lies not in what it can do for you today, but what it will do for you next year and the years that follow. In short, a PAC will improve the ACC’s access to important leaders on Capitol Hill. So when an ACC member or staffer calls a member of Congress whose campaign the College has supported financially in elections, their voice will hold as

ESTABLISHING A PAC—SUPPORTING THOSE WHO SUPPORT HEALTH CARE

Historically, the College’s federal legislative efforts have consisted of educating legislators about specific issues through office visits by physician leadership and College staff, letters of support or disagreement on introduced legislation, and testimony before congressional committees.

The formation of a PAC takes the ACC higher on the legislative food chain, allowing the College to make its presence felt not only at election time, but year round. Through the PAC, we will provide financial contributions to candidates who support legislation that is important to the ACC and is consistent with its mission and goals, such as funding for medical research or regulatory reform. The PAC will have a solid governance structure to ensure that decisions about which candidates to support are thoroughly vetted and to establish appropriate fundraising guidelines and goals.

A number of physician specialty organizations have PACs—including the American Academy of Ophthalmology, the American Association of Orthopaedic Surgeons, and the American Society of Anesthesiologists—and have found them to be effective and valuable advocacy tools.

In addition, because PACs have specific legal requirements and are tightly regulated by the government, they are also one of the most appropriate and ethical ways for an organization like the ACC to participate in the political process. Conversely, unlimited contributions from individuals and organizations to political parties—so-called “soft money”—have been the subject of intense debate and are at the heart of campaign finance reform efforts.

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much weight if not more than those who are calling with opposing viewpoints.

The goal of the PAC, I must stress, is not to purchase influence. The goal is to ensure that the voice of cardiologists and our patients can be heard over the loud and powerful din of special interest money and pressure. With that goal in mind, I hope this is an initiative that all members will support.

**GRASS ROOTS THAT GROW INTO BIG TREES**

Of all of the quotes attributed to Tip O'Neil, “All politics is local” is probably the most famous and the most worn, but it’s no worse for the wear. The famed Bostonian was absolutely right. Legislators, state and federal, listen to their constituents’ and local groups’ concerns. They have to, or they cease to be representatives of the people.

The ACC Key Contact program is the embodiment of O'Neil's wisdom. The program is a recognition of the power of grassroots politics and the wealth of knowledge and influence we have in the membership of the ACC. Participants in the Key Contact program are called upon to contact their federal legislators to relay the College’s position on important legislation and to let them know how that legislation will affect their constituents. Key contacts work with ACC staff to educate legislators about the issues that are important to the College, sharing their expertise and their perspective as physicians.

The Key Contact program is an example of good grassroots politics in action, and I hope it’s something in which more ACC members will participate. The Key Contact program was bolstered considerably in the early 1990s when Congress decided to eliminate separate payment for electrocardiograms under the Medicare program. The volume of cardiologists’ collective voice was heard through the actions of ACC members who ultimately moved Congress to take steps to restore payment. Since then, ACC key contacts have been called to action on issues as diverse as Medicare practice expense payments to patients’ rights and tobacco regulation and have successfully increased cardiology’s presence on Capitol Hill.

Decisions made closer to home, however, have as big an impact on our lives as the ones made in Washington, D.C. For example, was passed in California in 1994, and most states have enacted some form of this legislation since then. So while state legislatures may not always get the national headlines, they definitely set the national trends.

Many physician organizations have come to realize that they can significantly influence politics on the state level. The ACC must follow this example and begin to play a larger role on the state level through our chapters. Indeed, this is already beginning to happen.

Members of the ACC Alabama Chapter, for instance, were instrumental in securing enactment of the state’s new prompt-pay law that requires health insurers to pay claims submitted by physicians in a timely manner. About 400 miles or so away, the ACC Florida Chapter worked with the Florida Medical Association this summer to successfully promote the enactment of legislation that prohibits insurers from using “all-products” clauses in their contracts. All-products clauses essentially require physicians to participate in all of a health plan’s products as a condition of participation in one product, regardless of patient volume or reimbursement rate. These are significant victories that have a big impact on how physicians practice medicine in these states.

Of course, it’s easy to say that ACC chapters must get more involved at the grassroots level. Time and resources are short, and even when chapters do undertake a concerted effort to influence legislation, there is no guarantee of success. The prospects for success increase, however, as more chapters increase their involvement. As more members of ACC chapters get to know their local legislators, forge alliances with other state physician organizations, and begin to better understand the political process, they experience more success.

This summer, for example, the ACC chapter in California worked with the California Medical Association (CMA) on a very important bill. (The CMA is a prime example of state-level medical might: it is the second biggest political lobbying group in California, and almost no health care-related legislation can move through the state legislature without the CMA’s input.) The bill required, among other things, that cardiac surgeons report outcomes of coronary artery bypass graft (CABG) procedures. Both the chapter and the CMA realized the bill’s shortcomings, and each worked with different legislators to get provisions related to risk adjustment and physician review panels added to the bill.

The California legislation is a perfect example of the impact ACC members can have. At its heart, the bill was an attempt to improve the quality of patient care. But the realities and nuances of CABG procedures and publicly reporting their outcomes are far from black and white. Most legislators, even those who are familiar with health care issues, would not be able to appreciate these realities without being educated about them by a cardiologist or a surgeon. The chapter’s effort was an example of ACC members lending their expertise to a public debate and vastly improving legislation for both patients and physicians.

**BUILDING THE HOUSE, BRICK BY BRICK**

As you can see, the establishment of a PAC and increasing our grassroots activities are by no means unrelated initiatives for the College. Indeed, they should be considered intricately woven components that are dependent on one another. They are part of the movement to make the voice of cardiology echo in the halls and nooks and crannies of
Capitol Hill and state legislatures across the country. They are vital components of the College’s realizable plan to improve the treatment of cardiovascular disease in this country.

And I suggest to you that what we are witnessing—and hopefully participating in—with these initiatives is not just change for the sake of change. It is the growth and evolution of an organization dedicated to improving the care of our patients and our members’ ability to deliver that care.

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