

**Report to the Leadership Assembly
CHEST 2008
Government Relations Committee (GRC)**

GRC Mission:

To develop and advocate policy positions, educate the membership, make recommendations to the Board of Regents on advocacy initiatives addressing legislative and regulatory issues that impact our members, and to be trusted advisors to legislators and regulators during their decision-making process.*

GRC Vision:

To provide an influential voice in the United States Congress and federal agencies on issues affecting the practice of chest medicine.*

**Please note that the mission and vision of the GRC was developed during the strategic planning meeting in August, 2008 and is a work in progress.*

GRC Is Charged with:

- Identifying legislative and regulatory issues important to ACCP members' ability to care for their patients;
- Prioritizing, developing, and implementing advocacy plans;
- Making recommendations to the appropriate ACCP committee(s) or NetWork(s) for action;
- Collaborating with ACCP committee(s) or NetWork(s) on issues;
- Providing ongoing advocacy education to ACCP members;
- Communicating recommendations and actions to appropriate audiences including members of Congress, as well as the medical community;
- Assisting ACCP Governors and members in building strong relationships with key members of Congress.

Positions developed by the Committee are first brought to the appropriate ACCP stakeholders for comment and input, refined, and then brought to the Board of Regents for endorsement as official positions of the ACCP. The Committee keeps the Board of Regents advised of its activities, and of all other matters under its consideration. The Committee also solicits the views of the membership at large through regular communication with the NetWorks, the US/Canadian Council of Governors, through the ACCP grassroots network, and when appropriate with other partner societies.

The GRC also provides ACCP members an opportunity to participate in the ACCP Capitol Hill Caucus, an education and advocacy forum held annually in Washington DC, during the Spring legislative session.

The scope of policy issues considered by the GRC includes, but is not limited to healthcare workforce issues; tobacco/antismoking issues and other issues dealing with the prevention of lung and heart disease; biomedical research; health care reform, and Medicare.

The 2007-2008 GRC:
Paul D. Banick, MD, PhD, MBA FCCP,
Chair
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Steven Zimmet, MD, FCCP
Brian Carlin, MD, FCCP President,
Association of Pulmonary and
Critical Care Medicine Program Directors
Eric Yaeger, MD, FCCP, National
Association for Medical Direction of

Respiratory Care

William Goodman, MD, FCCP
Counsel of US/Canadian Governors
Michael Nelson, MD, FCCP, Chair
Practice Management Committee

ACCP Staff:
Lynne Marcus, VP Health Affairs
Marla Brichta, Asst VP Health Affairs
Priyal Patel, Program Coordinator
Stacy Seiden, Health Affairs Staff
Terri Berman, Administrative Asst., Health
Affairs

Issues acted upon and/or followed this year included:

- Introduction of The Patient Focused Critical Care Enhancement Act (HR 3886) by Rep. Janice Schakowsky (D- IL 9) and Eric Cantor (R-VA-7) in October 2007 – Senate version (S 718) introduced in February 2007 by Senators Durbin (D-IL) and Crapo (R-ID)
- Medicare payments for physician services (HR 6331)
- The Medicare, Medicaid and SCHIP Extension Act of 2007 (S. 2499)
- The Medicare Home Oxygen Benefit
- Value Based Purchasing/Pay for Performance initiatives
- National ambient air quality standards for particulate matter
- FDA regulatory authority over tobacco product (S 625/HR 1108)
- Potential CDC COPD Action Plan
- The Pulmonary and Cardiac Rehabilitation Act of 2007 (S. 329/H.R. 522)
- Use of educational grants by industry under consideration by the Senate Finance Committee
- Polysomnography credentialing legislation
- Hospital acquired conditions payment recommendations in the Inpatient Prospective Payment System proposed rule
- Office of Human Research Protection definition of quality improvement research
- Supported passage of the Medicare Respiratory Initiative - HR 3968 introduced by Congressman Mike Ross (D-AR) to increase access to medical care for patients with significant respiratory disease
- Participated in Amicus Brief to US Supreme Court, ALTRIA GROUP, INC. AND PHILLIP MORRIS USA, INC., *Petitioners*, v. STEPHANIE GOOD, LORI A. SPELLMAN, AND ALLAIN L. THIBODEAU, to educate the American public regarding the widely held misconception that smoking “light” or “lowered tar and nicotine” cigarettes is a safer alternative to smoking regular cigarettes
- Support for the Family Asthma Act (S 2175/ HR 3904) introduced by Senator Hillary Clinton (D-NY) and Carolyn McCarthy (D-NY-4) drafted with the help of Irwin Berlin, MD, FCCP.

Advocacy Milestones:

- Worked in coalition with The Campaign for Tobacco Free Kids, and other medical societies to support final passage of FDA control over tobacco legislation in the House of Representatives. This legislation now moves onto the Senate for consideration.
- Worked in coalition with the AMA and other medical specialties to successfully pass the Medicare Improvements for Patients and Providers Act (H.R. 6331) by a bipartisan, veto-proof majority of 69 to 30. H.R. 6331 contained several important provisions, including: Stopping the 10.6% cut starting July 1, 2008, and an additional 5% cut in 2009 Medicare physician payments and replacing it with a 0.5% increase for the rest of 2008 and a 1.1% increase for 2009; creating national Medicare coverage for pulmonary rehabilitation; delaying the implementation of competitive bidding for durable medical equipment; and repealing the mandated title transfer for oxygen equipment.
- Worked with ATS, NAMDRRC and others to successfully pass a pulmonary rehabilitation benefit as part of The Save Medicare Act of 2008.
- Worked with Representative Jan Schakowsky to identify an additional original Republican cosponsor, Representative Eric Cantor, for the Patient-Focused Critical Care Enhancement Act in the US House of Representatives - H.R. 3886. They introduced this bill in October 2007. Senators Durbin and Crapo introduced the Senate version, S. 718, in February 2007.
- ACCP took the lead, in coalition with ATS, SCCM, NAMDRRC, AACN and AARC, to developing a comment letter regarding proposed changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2009 Rates, specifically to address the proposed CMS policy for serious preventable adverse events, in particular Hospital Acquired Conditions (HACs). We made it clear, and CMS agreed with our recommendations that Ventilator Associated Pneumonia (VAP), Iatrogenic Pneumothorax (IP), Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE), and Delirium in the Critically Ill are not totally preventable adverse events and that they do not meet the statutory requirement for reasonably preventable through the application of evidence-based guidelines. As a result of our comments, ACCP and ATS were invited to participate in a CDC meeting on hospital acquired infections scheduled for mid-September, 2008 to further discuss VAP along with catheter associated bloodstream infections.
- Through Holland & Knight contacts at HHS, and with direction from our legislative counsel Michael Gaba, representatives of the American College of Chest Physicians, Society of Hospital Medicine, American Association of Critical-Care Nurses, American Thoracic Society, and Society of Critical Care Medicine met with top leadership in HHS Secretary Leavitt's office to discuss our concerns regarding recent action by the Office for Human Research Protections (OHRP), and its possible impact on future quality improvement activities. Our goal was to ensure that transparent and effective regulations meet our shared goal of optimal patient care in which improved effective monitoring of future research initiatives is an essential component. As a result of this meeting, it was agreed that the above five societies would draft a document clarifying of the role of Institutional Review Boards and consent in quality improvement initiatives. We also requested that HHS leadership endorse this statement as an appropriate vehicle, which we could make available to our members. The statement would facilitate uniform and consistent communications by these five medical specialty societies with their respective

members and to the broader stakeholder community, including Institutional Review Boards. We want to ensure that all those involved in quality improvement efforts adhere to ethical standards and respect patient welfare and privacy rights without impeding the momentum gained by quality improvement initiatives over the past several years.

- Successfully created and distributed 17 action alerts on issues such as FDA Regulation of Tobacco Products, Stop Medicare Physician Payment Cuts, Support Funding for a COPD Program at CDC, and to address the Critical Care Workforce Shortage by co-sponsoring the Patient focused Critical Care Enhancement Act. These alerts generated 3,274 messages sent by over 1300 ACCP members to Congress and the President.
- Drafted and sent 32 special requests to over 130,000 ACCP members in key congressional districts urging them to take action on specific issues.
- Almost 14,000 ACCP Grassroots Advocates are contacted through the ACCP advocacy database with each advocacy alert.
- Over forty ACCP Governors participated in an advocacy education session during CHEST 2007.
- Twenty-one ACCP Governors attended the 15th Capitol Hill Caucus in April 2008 along with 50 additional attendees to address issues that included the critical care workforce shortage, increased federal funding for asthma research, and FDA regulation of tobacco. Attendees made over 100 visits to members of Congress, which resulted in 6 new co-sponsors for The Patient Focused Critical Care Enhancement Act; and 14 new co-sponsors for the Pulmonary and Cardiac Rehabilitation Act of 2007 (finally incorporated into the Medicare package HR 6331).
- Successfully recruited 370 ACCP Grassroots Advocates.
- ACCP met with the Senate Finance Committee in October 10. Alvin V. Thomas, Jr., MD, FCCP, ACCP President Alvin Lever, MA, FCCP(Hon), CEO met first with the Health Legislative Assistant for Senator Salazar (D-CO) and then with the Majority Staff Chief Health Policy Advisor for Senator Baucus (D-MT), Michelle Easton, to discuss the importance of including pulmonary rehabilitation into the Medicare benefit package.
- John Studdard, MD, FCCP, represented the ACCP at the National Association of Attorneys General Triennial Conference. This conference addressed the efficacy of the states' historic Master Settlement Agreement with the tobacco industry.

Other GRC Activities:

- Changed our working relationship with Holland and Knight (H&K), our Washington DC Legislative Counsel, due to a change in their policy regarding tobacco industry clients, which directly conflicted with ACCP's policy regarding relationships with any businesses that also conduct business with "big tobacco." H&K removed a long-standing self-imposed restriction that prohibited them from defending tobacco companies in litigation where the alleged health risks of tobacco use were at issue. After many conversations to find a solution, the Board of Regents decided that ACCP should seek new representation in Washington DC, and charged the GRC to begin that search with the goal to have new representation in place by Spring of 2009. Until new representation is selected, we will consult with H&K on an issue driven hourly rate basis when approved by the Board.

- Successfully rolled out new ACCP Grassroots Advocacy Website: chestnet.org/advocacy
- Initiated, ACCP First At Home, a grassroots pilot program, with 5 ACCP Governors from the states of North Carolina; California; Nebraska; Massachusetts; and Ohio to increase the number of active ACCP Grassroots Advocates to contact their U.S. Senators and Representative on behalf of chest medicine. A status report on this project will be given at the ACCP Governors meeting at CHEST 2008.
- Conducted the first Grassroots Advocacy Webinar with 38 participants on February 20, 2008. All of the attendees felt that it not only prepared them on the issues presented but also was relevant to their daily practice of medicine. The recorded Webinar has been archived on the grassroots advocacy webpage for others to view.
- Conducted a grassroots electronic survey to determine the issues important to our members.
- Strategic Planning for Health Affairs Division -August 7, 2008. Alvin Thomas, MD, FCCP, ACCP President, the Chairs and Vice Chairs of the Practice Management and Government Relations Committees met at ACCP headquarters, along with the ACCP Health Affairs staff to evaluate the expanding portfolio of activities, to address staff and budget constraints impacting our ability to support these activities; to eliminate the artificial lines drawn between PMC and GRC; to improve Board of Regents (BoR) involvement which is crucial (PMC/GRC need direction from BoR as to what they can do on their own and what the BoR needs to review and approve). The work of this group will be on going.
- Monthly conference calls for full Committee to discuss advocacy initiatives and policy statements, to plan the Caucus, and to keep abreast of congressional issues that impact the ACCP membership. The Chair, Vice Chair, Washington Legislative Counsel, along with ACCP staff, meet weekly by conference call to plan necessary activities and to stay current.

Respectfully submitted:



Paul D. Banick, MD, MBA, PhD, FCCP
Chair, ACCP Government Relations Committee