How a Bill Becomes a Law and How Physicians Can Influence the Process

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The American Medical Association Code of Medical Ethics includes twelve Principles of Medical Ethics. Principle III states, "A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient." Principle VII states, "A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health."[1] Together these principles call physicians to advocate for their patients when existing laws or regulations do not serve their best interest. As physicians, we are uniquely qualified to fulfill this responsibility since we see first hand the good and the bad of our health care system.

Organized medicine's role in this process is mainly in two areas, legislative advocacy and political action. On the legislative side, we lobby the state legislature on bills that affect physicians and patients, and we lobby the Health Department, Governor's office, and other state and local agencies about regulations they promulgate. We have bills introduced to improve health care delivery and oppose bills that harm patients and physicians. On the political action side, we support and try to help elect those political candidates that are friendly to medicine.

Lobbying

As physicians we have been taught how to assess and treat disease. We ask the right questions and assimilate the information we get from the physical examination and ancillary studies to diagnose the condition. Once we make a diagnosis, we come up with a treatment plan. Simply put, we identify a problem, get the information we need to figure out how to deal with it, and then formulate a plan of action.

The legislative process is nothing like this. What seems like a simple solution to a straightforward problem is hardly ever the way lawmakers resolve an issue. In the legislative arena, a problem is either brought to the attention of a legislator by a constituent, or by some event that raises public awareness of an issue. More often, a special interest group asks to have a bill put in for them. The legislative sponsor may or may not have first hand knowledge of the topic, but the group that brought the issue forward typically educates them. The bill is assigned to a committee where hearings are held on the merits of the bill. Amendments are made based on testimony in the hearings, and the committee votes whether to send the bill to the full chamber for a vote. On the floor, the members can amend a bill again, but once it passes both houses, it goes to the Governor for signature. If he signs it, it becomes law.

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While this sounds like a reasonable process, it can get bogged down in so many places. While legislators are charged with making law, they rely on lobbyists to educate them so they understand the issue more fully.

Just as one physician may seek advice from another physician consultant, a legislator may ask for clarification on a health-related bill from the Medical Society. Our lobbyists use time spent with legislators to explain the goals of the Medical Society, and to educate legislators on the merits of our bills. We also point out the shortcomings of our opponents' bills.

Lobbying is the process of trying to influence the votes of a legislative body. The term "lobby" in its political context refers to the lobbies in the House of Commons. For centuries, the lobby of the Parliament was the place where the public could go to speak to their members of the House of Commons. An American legend holds that the term lobbying originated at the Willard Hotel in Washington, DC, a block from the White House, where those seeking favors would wait in the hotel's lobby in order speak to Ulysses S. Grant, who was frequented the lobby for a cigar and brandy. The association between the Willard Hotel and lobbying probably arose because of the intense lobbying of government after the Civil War.[2]

There is always an outcry about the influence of special interest groups on legislation. While there are abuses by well-funded self-interested organizations, special interest groups are not all bad. The Rhode Island Medical Society is a special interest group. We not only advocate for physicians, but we also advocate for patients. Each year we ask to have between eight to fifteen bills introduced for us, and we follow about 200 more that could affect physicians or health care delivery. The other bills we follow deal with such things as insurance regulations, scope of practice, liability reform, and public health.

Getting a bill introduced is only the first step in the process. Bills are debated in committees that then decide whether the bill should go to the full chamber for a vote. It is in committee that the fate of the bill is chiefly decided. This is where proponents of the bill have to defend it, and opponents have the opportunity to amend or kill it.

The problem physicians face in the legislative process is that many feel that legislators will do the right thing if you can just explain to them why they should vote for or against a bill. Unfortunately, it does not work that way. There are several competing interest groups with different perspectives that will argue why you are wrong and they are right. Since legislators are not experts in all things, they rely on lobbyists and their constituents to educate them. Sometimes the winner is not necessarily the side with the "right" or "moral" argument, but the side with the most persistent and visible supporters. Our lobbyists work with bill sponsors and committee members to fine-tune language. Sometimes small dif-

ferences can be worked out this way, but often, controversial bills require testimony during committee hearings where all interested parties have a chance to present their support or opposition.

Lobbying legislators is an important part of any legislative strategy, but one of the most powerful actions is having a physician testify before a legislative committee. This is an opportunity not only for RIMS to present to the committee our perspective, but also for the committee to ask questions. No physicians currently serve in the Rhode Island state legislature, so there are no "in-house" experts. Since we are small businesses, we know all about the cost of insurance premiums for our employees. We also know about the tragedy of the uninsured and underinsured, about abuses by insurers, and the burden of state and federal regulations. That gives us credibility in committee and that carries considerable weight in the legislature's eyes.

Political Action Committees

As far as having access to legislators, lawmakers must be willing to meet with you and be, if not sympathetic to our opinion, at least willing to listen. This access comes not only from being available to discuss issues with them, but comes from friendships made through supporting their candidacy.

Individuals may contribute to political campaigns, but a special interest group, union, or corporation cannot do so directly. They may only contribute through a **political action committee (PAC)**. PACs receive and raise money from a "restricted class." AMPAC, the federal PAC for the AMA, can solicit or receive contributions only from AMA members, member spouses, and AMA staff, or from members of state medical associations, their spouses, and association staff.

RIMPAC is the state PAC for the Rhode Island Medical Society.

Federal election laws consider AMPAC and state medical association PACs one and the same, so federal contribution limits apply to the aggregate contributions to AMPAC and the state medical association PAC. AMPAC contributes to federal Congressional campaigns, while RIMPAC contributes to state and local campaigns. RIMPAC is not a federally registered PAC so it cannot contribute to federal campaigns.

At least as far as AMPAC and RIMPAC are concerned, political contributions do not buy votes. Contributions are used to support and help elect those legislators who are friendly to medicine. Medicine-friendly lawmakers are more willing to discuss with physicians issues important to physicians, and are more receptive to supporting physician-initiated legislation. Well-funded special interest groups are well-funded because their constituents contribute to their PAC.

If you are in medicine, you are in politics.

Physicians as a group have not had the kind of high PAC participation rates as other groups, and that has meant there are fewer dollars available to support candidates who support us. It takes a lot of time to testify in person or campaign for a candidate, but it takes very little time to write a check. Contributing to AMPAC and RIMPAC are both ways RIMS members can live up to the AMA's Principles of Medical Ethics.

Conclusion

Lobbying, testifying, and PACs are critical components of physicians' advocacy. All of these things take time and money. Your Rhode Island Medical Society and AMA dues help support lobbying efforts, and your PAC contributions help support medicine-friendly candidates. Physicians as a rule have been stingy with association dues and with political contributions. Meanwhile, the trial bar, the hospital association, insurance and pharmaceutical industries have all been very active. Without physician support, fighting those interests that conflict with ours is more and more difficult.

If you don't like where things are or where things are going, you **have** to get involved in order to effect change. If you are members of RIMS or the AMA, your dues dollars are hard at work. If you are not a member because you don't think RIMS or the AMA represents you, you are wrong. These groups have to represent a variety of opinions and positions and in order for them to represent yours you have to be involved and let them know. You cannot complain if you sit back and let others do the work. Not everyone has the time or proclivity to testify in committee, but being active in organized medicine helps define our policy, and your dues dollars support our lobbying efforts. PAC contributions do not buy votes but do help with access and this is how things work. Physicians can no longer be above the political process. If you are in medicine, you are in politics. You just need to decide if you are going to be part of the process or a helpless bystander.

References

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