



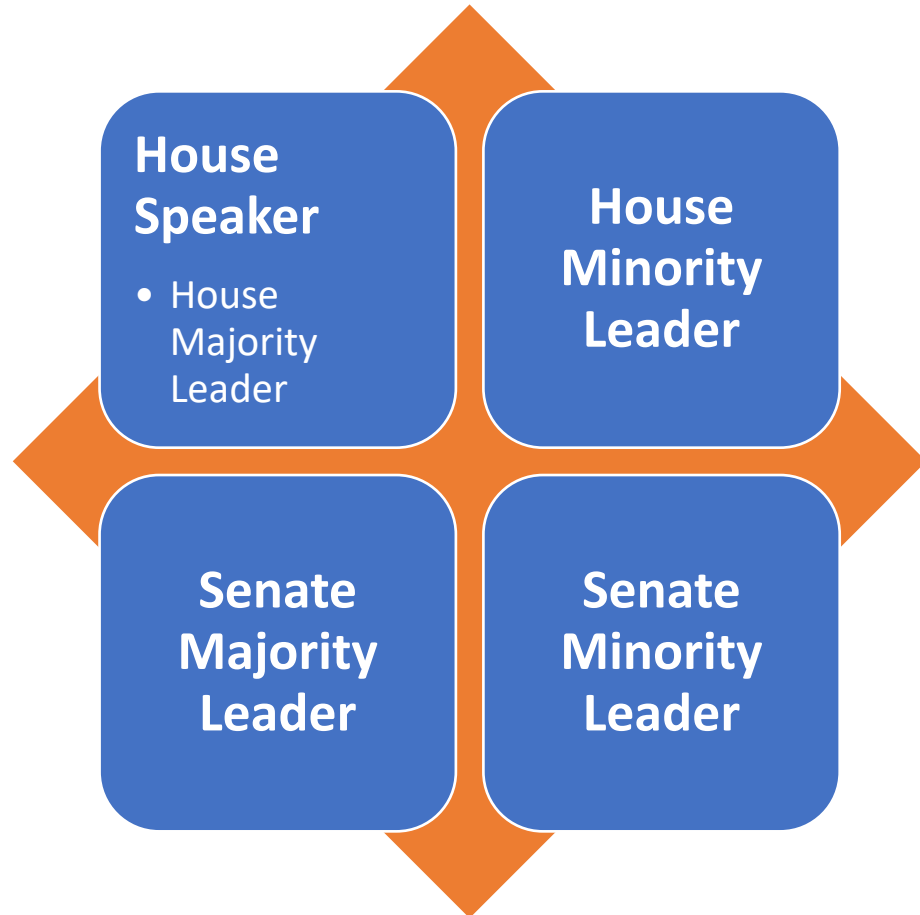
National Health Advisors

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

Ways & Means Committee

- Medicare

Energy & Commerce Committee

- Medicare
- Medicaid
- Commercial & Public Health

Education & Labor Committee

- ERISA Plans

Appropriations Committee

- All Discretionary Health Programs

Senate Committees

Finance Committee

- Medicare
- Medicaid

HELP Committee

- Commercial & Public Health

Appropriations Committee

- All Discretionary Health Programs



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:

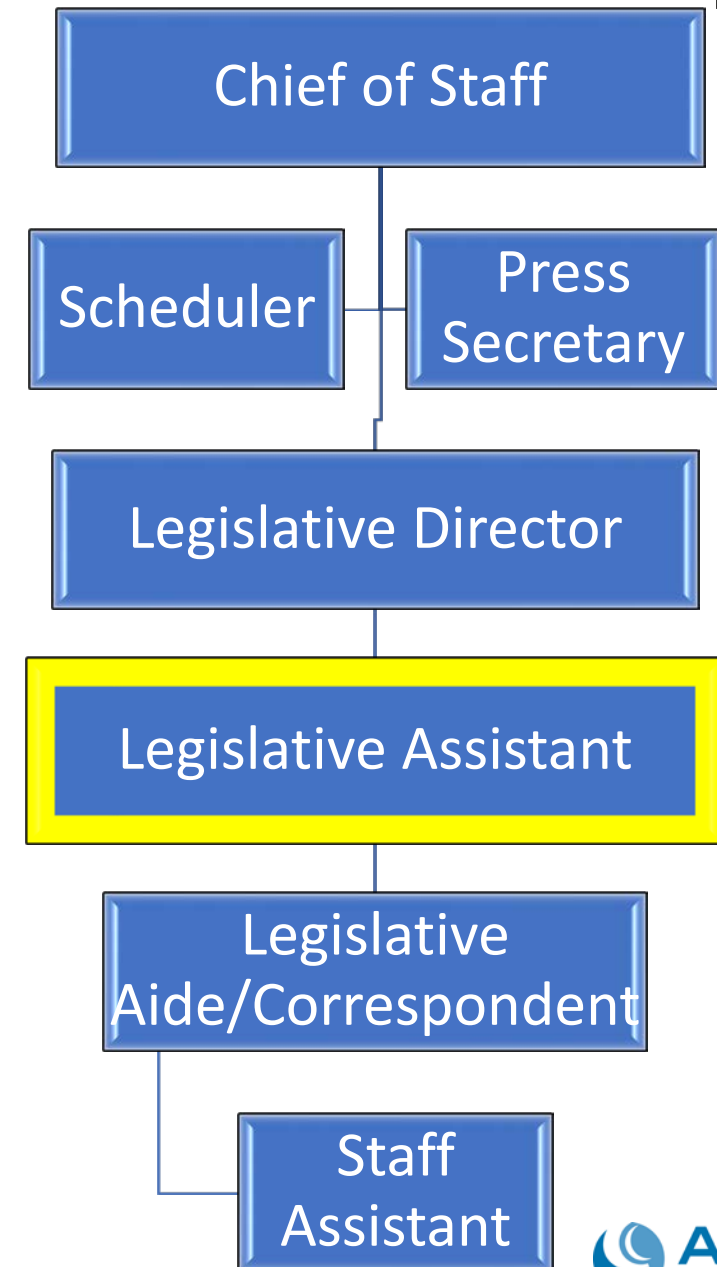
- 10,500 Congressional staff
- Average age: 32
- Average Career: 3.1 years

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



National Health Advisors

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 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.



AAHKS
AMERICAN ASSOCIATION OF
HIP AND KNEE SURGEONS

AAHKS is asking Congress to ensure that physicians are not penalized by Medicare for participating in innovative value-based care.

HIP & KNEE SURGEONS ARE LEADING VALUE-BASED CARE

AAHKS is proud that hip & knee surgeons are approaching 50% participation in alternative payment models (APMs): the highest rate of any subspecialty.

Physician-led APMs have improved outcomes and reduced patient days in the hospital, saving Medicare hundreds of millions of dollars.

These outcomes have been achieved by physicians working to optimize patient health weeks and months prior to their surgery to ensure they realize the best surgical outcomes.

THE APM-FFS DATA GAP

Hip and knee surgeons are being penalized for their innovative work in APMs. The patient ‘preoptimization’ work that made APMs successful is being ignored by the traditional Medicare fee schedule. Because so many hip and knee surgeons participate in APMs and provide preoptimization services to patients, this caused a major cut to Medicare coverage of hip & knee replacement.

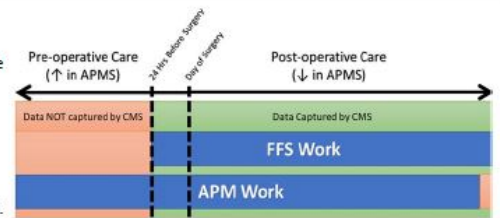
ABOUT AAHKS

ABOUT: Established in 1991, the American Association of Hip and Knee Surgeons (AAHKS) is the foremost national specialty organization of physicians with expertise in total hip and knee replacement (arthroplasty).

MISSION: To advance hip and knee patient care through education, advocacy and research. Members conduct research in this area and are experts on evidence-based care and the risks and benefits of lower extremity joint conditions.

Visualizing the problem:

Currently, Medicare only recognizes work done 24 hours prior to a hip/knee replacement and 90 days after. Subsequently, CMS is ignoring the preoptimization work that AAHKS physicians do with patients to drive better outcomes and less costly care. More work is being done for the benefit of all, but CMS is capturing less.



The diagram illustrates a timeline centered on a vertical dashed line representing the '24 hrs. before surgery' point. To the left of this line is 'Pre-operative Care (↑ in APMs)' and to the right is 'Post-operative Care (↓ in APMs)'. Below the timeline, two horizontal bars represent data capture: an orange bar for 'Data NOT captured by CMS' covers the pre-operative period, while a green bar for 'Data Captured by CMS' covers the post-operative period. Within the green bar, a blue section represents 'FFS Work' and a smaller blue section represents 'APM Work'.

A SOLUTION FOR VALUE BASED CARE

It is in the best interest of Medicare Beneficiaries, the Medicare Trust Funds and physicians dedicated to value based care that CMS modernize its legacy fee-for-service processes to recognize physician preoptimization work. AAHKS asks that Congress enact legislation that:

- Temporarily reverses the 2021 cuts to total hip and knee arthroplasty surgery; and,
- Tasks CMS with establishing a consistent permanent methodology for accounting for preoptimization services, in consultation with stakeholders.

AAHKS members are continuing to advance patient care through the development and improvement of alternative payment models. We need Congress's help to smooth this speed bump in the road to value-based care to continue this innovative work.

Contact: Joshua Kerr, Deputy Executive Director

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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

U.S. HOUSE VOTE SCHEDULE						
FEBRUARY 2022						
STENY HOYER						
MAJORITY LEADER						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Votes Postponed until 6:30 PM	2 Votes	3 Votes	4 Last Votes 3:00 PM	5
6	7 Votes Postponed until 6:30 PM	8 Votes	9 Votes	10 No Votes	11 No Votes	12
13	14 District Work Day	15 Committee Work Day	16 Committee Work Day	17 Committee Work Day	18 District Work Day	19
20	21 <i>Presidents' Day</i> District Work Period	22 District Work Period	23 District Work Period	24 District Work Period	25 District Work Period	26
27	28 Votes Postponed until 6:30 PM					

Key Information for Regulatory Advocacy

IMPORTANT RULEMAKING & ADVOCACY TARGETS

Annual Medicare Payment Regulations

Proposed rules often contain unanticipated surprises (e.g., E&M reform, misvalued codes)

ANNUAL REGULATIONS FOR MEDICARE PAYMENT SYSTEMS	Projected Proposed Rule	Projected Final Rule
Inpatient Prospective Payment System (IPPS)	Late spring (April/May)	Early August
Outpatient Prospective Payment System (OPPS)	Summer (June/July)	November
Physician Fee Schedule (PFS)	Summer (June/July)	November

Administration Advocacy Targets

