BUILDING BLOCKS FOR EFFECTIVE ADVOCACY

Health Policy Handbook

for NEPHROLOGY PRACTITIONERS

RPA

Renal Physicians Association

THE ADVOCATE FOR EXCELLENCE IN NEPHROLOGY PRACTICE

Table of Contents

Chapter 1 Building Commitment 1

The Importance of Advocacy to Nephrology 1

What is Advocacy? 1

What is Grassroots Advocacy and Why is it Necessary? 2

The Nephrologist's Role in the Legislative Process 2

Chapter 2 Building Structures – Understanding the Targets to Maximize Effectiveness . . . 3

Grassroots Advocacy and Congress 3

Grassroots Advocacy and the Administration 3

Grassroots Advocacy and State Legislators 4

Working with Lobbyists 4

Political Action Committees (PACs) 5

Chapter 3 Building Relationships 7

Importance of Relationships 7

Identifying your Representative in Congress 7

Know the Role of Your Member 7

The Importance of Congressional Staff 8

Who's Who in a Congressional Member's Office 8

Identifying Key Personnel in the Administration 9

Identifying your State Legislators 9

Identifying Government Relations Professionals 10

Chapter 4 Building An Action Plan 11

Communicating with Congress 11

RPA's Online Legislative Action Center 11

Methods of Communication 12

Communicating with the Administration 14

continued

Working with CMS 14
Working with CMS Contractors 14
Communicating with State Legislators. 15
Building and Working with Coalitions 15

Chapter 5 Building Knowledge and Resources 17
Understanding the Legislative Process. 17
The Committee System. 18
Floor Action 19
Conference Committee. 19
Leadership Structure 19
Understanding the Role of Associations in the Legislative Process 20
Understanding the Role of PACs in the Legislative Process 20
Understanding Medicare 21
How Medicare Coverage Decisions are Made 22
NCAP 24
Taking Action! 25
RPA PAC. 25
NCAP 25
RPA Public Policy Staff 26

Appendix A How a Bill Becomes a Law. 27

Appendix B Key Congressional Committees of the 112th Congress 29

Appendix C Congressional Leadership Structure 31

Appendix D Sample Letters to Congress 35

Appendix E Web Resources. 37

Appendix F CMS Organizational Structure 38

Appendix G Glossary of Legislative Terms. 39

Appendix H Glossary of Regulatory Terms 43

Appendix I Common Acronyms 47

Appendix J RPA PAC Contribution Form. 49

TABLE OF CONTENTS

CHAPTER 1

Building Commitment

The Importance of Advocacy to Nephrology

The Renal Physicians Association (RPA) is the leading advocacy organization for the nephrology community. We have this as one of the highest priorities in order to ensure the nephrologist's ability to provide the best medical services to kidney patients. One of the most effective tools we have is public policy advocacy. This means RPA works to influence and, where appropriate, change laws, regulations, and public programs to accomplish our mission: to promote optimal care utilizing the highest standards of medical practice for patients with renal and related diseases; to promote and protect the professional status of the discipline of nephrology and to serve as a resource for the development of national health policy affecting renal physicians and their patients.

RPA's work in public policy elevates our concerns about our ability to provide care to chronic kidney disease (CKD) patients out of the medical practice and into the halls of Congress, state capitals, and even the White House and federal agencies.

This handbook is designed to make public policy advocacy more accessible to you and enable you to take part in state and federal advocacy efforts. In the following pages you will find easy-to-use tips on such actions as calling, visiting, or writing members of Congress and your state legislators, as well as working with Medicare decision makers and contractors.

Most of the content of this handbook is simple and common sense. Advocacy is not complicated or technical, but does require commitment, time and perseverance.

What is Advocacy?

Advocacy is defined as giving aid to a cause or active support for a cause or position. More specifically, as the term is used throughout this handbook, advocacy is a group effort focused on changing particular public policies. It is an effort to influence government policy in an open and transparent manner and an effort to represent the views of RPA members by making their positions known to legislators, regulators, and other policymakers. Advocacy activities can be implemented on a local, regional, or national level.

Advocacy, especially public policy advocacy, can be challenging because it may involve opposing the government's current stand on specific issues. At the same time, advocacy is an expression of the most basic rights of any constituency to have its voice heard and in that sense it is an essential element of a functioning democracy.

What is Grassroots Advocacy and Why is it Necessary?

Grassroots advocacy is the process by which an organization such as RPA activates its members – the constituents of members of Congress – to contact their elected officials to influence the officials' views on an issue of importance to nephrology practices. Grassroots advocacy does not require any special skill or training. As a nephrologist, you are an expert – an expert at treating patients with kidney diseases and disorders, as well as being a business owner/partner and a community leader.

The advocacy process encourages nephrologists and other members of the nephrology practice team to use their expertise in an open and transparent manner in order to shape public policy and provide oversight of laws, regulations, and policies adopted by the government. Effective advocacy makes crucial, policy-relevant information widely available to several key audiences that influence public policy.

The Nephrologist's Role in the Legislative Process

Most nephrologists are so busy practicing medicine and providing care to the millions of Americans who suffer from chronic kidney disease (CKD) that they have little time to think about how federal legislation and regulatory policies affects their jobs, or how they may be able to influence federal policy. Yet, every day as a nephrologist you encounter situations that relate directly to federal policymaking. For example, you are being required to apply for a National Provider Identifier (NPI) number that will replace all other identifying numbers currently being used with the various payers you conduct business with. The requirement for NPI numbers was a result of legislation passed in 1996, the Health Insurance Portability and Accountability Act (HIPAA). In fact, HIPAA had many provisions that directly affected the way your nephrology practice administered claims and ensured patient privacy. Unless you speak up for the interests of your profession, no one else will. The purpose of this manual is to facilitate your ability to participate in advocacy efforts on these critically important issues.

CHAPTER 2

Building Structures

UNDERSTANDING THE TARGETS TO MAXIMIZE EFFECTIVENESS

Grassroots Advocacy and Congress

Congress is the legislative branch of the federal government. It creates the laws needed to govern, determines which government agencies and programs will be created, and approves all funds spent by the government. Congress has specific powers: to collect taxes, raise armies, declare war, regulate commerce, and provide for the general welfare. Congress can also act more generally by passing any law necessary to execute the powers granted to it by the Constitution.

Congress enacts legislation but cannot implement it. The executive branch (the Administration) is charged with implementation (see below), but Congress does retain oversight power and may investigate how the executive branch has administered the programs or laws Congress has approved.

Congress is divided into two parts, the Senate and the House of Representatives. There are 100 Senators, two from each state. The House of Representatives has 435 members. The number of Representatives allotted to each state is based on the state's population. States with large populations have more representatives. For example, California has 52 Representatives, while North Dakota has just one.

Grassroots Advocacy and the Administration

The Administration is the executive branch of the federal government and is responsible for enforcing the laws that Congress passes. The president, vice president, department heads (cabinet members), and heads of independent agencies carry out this mission.

The Department of Health and Human Services (HHS) is the federal government's principal agency with which RPA works. HHS includes more than 300 programs, covering a wide spectrum of activities including:

- Health and social science research
- Preventing disease, including immunization services

- Assuring food and drug safety
- Medicare (health insurance for end-stage renal disease, elderly and disabled Americans)
- Medicaid (health insurance for low-income people)
- Health information technology
- Financial assistance and services for low-income families
- Improving maternal and infant health
- Services for older Americans, including home-delivered meals
- Medical preparedness for emergencies, including potential terrorism.

The Centers for Medicare and Medicaid Services (CMS) is the agency within HHS that administers the Medicare and Medicaid programs, which provide health care to about one in every four Americans. Medicare provides health insurance for more than 43.8 million elderly and disabled Americans including roughly 400,000 beneficiaries with ESRD. Medicaid, a joint federal-state program, provides health coverage for some 49.1 million low-income persons, including 23.5 million children, and nursing home coverage for low-income elderly. CMS also administers the State Children's Health Insurance Program that covers more than 4.2 million children. The agency was established as the Health Care Financing Administration (HCFA) in 1977 and later became CMS in 2001 with headquarters in Baltimore, MD.

CMS works in partnership with state governments and local contractors to help administer the Medicare, Medicaid and SCHIP programs. Medicare's structure and process is discussed in greater detail in chapter 3 of this handbook.

Grassroots Advocacy and State Legislators

With so much focus on Congressional advocacy, state legislatures are often overlooked, yet they are vitally important to the advocacy process, as they often serve as the incubator for public policy innovation. As such, in the absence of federal healthcare policy, many state legislatures address issues that directly affect nephrology practices such as issues dealing directly with Medicaid and state insurance regulations. Further, medical malpractice and access to health care issues are increasingly being taken up at the state level.

Working with Lobbyists

Many organizations establish contractual relationships with federal government affairs representation firms or lobbying consultants to advance their organization's agenda on Capitol Hill or with the executive branch agency making decisions of consequence on issues of interest. Among the services typically provided by these consultants are:

- Information monitoring and reporting services
- Legislative and regulatory analysis
- Arranging meetings with key Congressional or executive branch staff
- Training of organization members in interacting with Congressional staff
- Preparation and promotion of legislative language intended to pursue organizational interests in the legislative process
- Enlistment of legislators supportive of organizational goals
- Overall strategic planning, message development, and guidance in pursuing public policy objectives

Legislative consultants are a valuable extension of an organization's advocacy efforts by their ability to combine historical perspective, tried and proven techniques and trusted relationships with members of Congress in order to help their client organizations get their messages across to key decision-makers.

Political Action Committees (PACs)

Without financial assistance, few political candidates can afford the cost of a federal campaign. The significant role of money in politics can be beneficial to groups and individuals seeking to get their concerns addressed by Congress, as donations to a candidate's campaign can raise the visibility of specific issues with that candidate, ensure face-to-face interactions with the candidate, and help secure their support once in office.

The best way to financially support a candidate is through a political action committee (PAC). In fact, PACs are an important element in financing campaigns. They consist of groups of people with similar interests and concerns that pool their resources to elect candidates to public office. This ensures their voices are heard in the political process and offers candidates additional campaign support in conjunction with individual and political party donations.

RPA established RPA PAC in 2005 to help expand its advocacy and better position itself with lawmakers. Through the voluntary support of RPA members, RPA PAC will be able to help elect candidates, regardless of party affiliation, who share RPA's concerns on major issues that affect nephrologists, nephrology practices, and kidney patients. The existence of the RPA PAC facilitates the ability of RPA to nimbly respond to changes affecting nephrology practice that are the result of legislative or regulatory action.

More information about RPA PAC and how it operates is discussed in greater detail in Chapter 5.

CHAPTER 3

Building Relationships

Importance of Relationships

No one likes a complainer – unless they're family or friends. The same holds true in advocacy. You are not likely to accomplish your goals if you only call on lawmakers to ask for something or complain about an issue that is affecting you. It is useful and worthwhile to identify who you should know, and then establish ongoing relationships with those key players. Building these relationships is not confined only to legislators, but also to regulators, members of industry, and other community leaders and stakeholders.

Identifying your Representative in Congress

Before you begin communicating with your legislators, you must identify who represents you. To find your members of Congress, please visit RPA's online Legislative Action Center at **www.capwiz.com/renalmd** and enter your zip code. Each constituent is represented by two Senators and one Representative. The Representative serves a specific area of population – know as a district – within a state. The two Senators serve the state as a whole.

Know the Role of Your Member

Though any member of Congress can introduce a bill, few can ensure that the bill gets passed or even gets a fair hearing. Identify which (if any) of your members sit on major committees that address health care issues. The three congressional committees that have jurisdiction over Medicare issues are the Senate Finance Committee (SFC), the House Ways and Means Committee (W&M), and the House Energy and Commerce Committee (E&C)—all of which have subcommittees specifically assigned to address health care issues. Thus, if RPA would like a bill introduced in the Senate related to Medicare reimbursement for physician services, we would work with members of SFC in general and the SFC Health Subcommittee in particular. Members of those three committees, and particularly the House subcommittees, are considered "experts" in Medicare policy.

See **APPENDIX B** for a list of committee members serving on the key Congressional committees with jurisdiction over Medicare issues.

However, every member of Congress votes and therefore every member of Congress serve a key role in getting legislation passed. If your Senator or Representative does not currently sit on a committee of consequence to RPA's legislative priorities, they may in the next Congress so developing relationships with them now will go a long way in the future.

To build a relationship with your members of Congress, it's important first to conduct some research to find out on what issues they are most engaged or focused, what their position is on issues of importance to you, and the committees and subcommittees on which they serve. Each Member of Congress maintains a website through the Congress that contains all of this information — **http://www.house.gov/** for the House of Representatives and **http://www.senate.gov/** for the Senate. It is important to keep up to date with their voting records and public statements so you can be better informed when speaking to them.

There are many opportunities available to meet your members of Congress. Members often hold town hall meetings, appear at local civic and charitable events, and attend local and state political functions, all of which are open to the public. It is often most ideal to meet with your legislators in the home state or districts as you may get more time with the senator or representative in that setting. You can also meet with your members by visiting their Washington, DC or district offices for a visit. Congressional visits are discussed in greater detail in chapter 4.

The Importance of Congressional Staff

The "staffer" in a member's office serves a crucial role in making things happen in Congress. Many demands often compete for a member's time, so they rely heavily on their staff to bring issues to their attention and relay their constituents' concerns. Building relationships with staffers is just as, and sometimes more important than building relationships with the member. Congressional staffers are given great responsibility for formulating policy stands so it is imperative that you build relationships with staffers so that you can have a chance to work on legislation with members of Congress.

Who's Who in a Congressional Member's Office

The structure of staff differs greatly in the House and Senate largely depending on the member's role (committee assignments, leadership positions, etc). A Senator's staff may range in size from around 20 to more than 60. A representative's staff is limited to 18 full-time and four part-time staffers. Senators and Representatives also are often assisted on legislative matters by staff of the committees and subcommittees on which they serve (if the legislator is in a leadership role).

Personal Office Staff

Chief of Staff or Administrative Assistant (COS or AA) – The COS or AA is the most senior staff position in a member's personal office and reports directly to the member. This person is typically in charge of the overall operation of the office (assigning work, supervising staff, etc.) and the evaluation of political outcomes of proposed legislation.

Legislative Director (LD) – The LD monitors the legislative schedule and makes recommendations to the member on the pros and cons of each issue.

Legislative Assistant (LA) – The LAs are assigned to work on certain issues or groups of issues based on the member's responsibilities and interests. The LAs assist in performing research and accompanying the member to meetings and hearings. LAs play an important policy role and work with the LD to make sure the member has the necessary information on each issue in order to make informed decisions.

Press Secretary – The press secretary works closely with the national and local media to gain positive exposure for the member.

Scheduler – The scheduler is charged with maintaining the member's calendar and allocating time for hearings, meetings, staff responsibilities, and constituent requests. The scheduler is also responsible for setting speaking engagements, planning trips to the home district, etc.

Other Staffers – Several other staffers assist in running a member's office. Legislative correspondents (LCs) respond to the many letters (and some phone calls) received by members.

Identifying Key Personnel in the Administration

While still a matter of public record, identifying key personnel in the executive branch, administration or agency of consequence is a more difficult proposition, owing in part to the fact that since these regulators are not elected officials, they need you less than legislators running for office every two or six years. This is where the RPA public policy staff can be of particular service. As a result of the long-term involvement RPA has had with the federal government in connection with the ESRD program, RPA staff is knowledgeable about the intricacies of policy development at CMS and other federal agencies, and can be of assistance on most regulatory issues. Alternatively, nephrologists and other members of the nephrology care team can contact personnel at the state and local carrier or contractor level to address issues of concern. Strategies for pursuing issues at the local level are addressed in Chapters 4 and 5.

Identifying your State Legislators

State and local policymakers and their staffs also should be included on your list of persons to involve in advocacy. With the exception of issues directly addressing Medicare and Medicare funding and coverage policies, many laws dealing with health care issues are passed at the state level. In particular, medical malpractice issues, access to health care, and issues dealing with Medicaid have a better chance of becoming law at the state level rather than at the federal level. You can identify your state legislators through RPA's Legislative Action Center. To find your representatives in the state legislature, please visit RPA's online Legislative Action Center at **www.capwiz.com/renalmd** and enter your zip code.

As with your members of congress, it is important to identify whether your state legislators serve in the legislature leadership or on any committees of relevance to health care issues as well as their positions on issues you care about.

Identifying Government Relations Professionals

In order to accomplish its mission in an effective and timely manner, RPA has dedicated staff with expertise in public policy development and implementation, as well as federal advocacy, who are always available to assist RPA members in their advocacy efforts. RPA's public policy staff serves as the eyes and ears of nephrologists as Congress and the Administration develops and implements policies affecting the work of nephrology practices across the country. RPA's public policy department also serves as a clearinghouse for local policy development and implementation as it occurs.

CHAPTER 4

Building An Action Plan

Communicating with Congress

It is not only your right but also your obligation to let elected officials know how you feel about important issues. It is your responsibility to speak out on matters that affect you. Communication with members of Congress is the primary weapon in an advocate's legislative arsenal. Grassroots communication – through letters, e-mails, faxes, phone calls, and personal visits, do produce results in Congress. If a member is undecided about how to vote on an issue, they often will look to how many of their constituents have weighed in on that particular issue. Or, if they are strongly in favor of or strongly opposed to a certain issue, pressure from their home district may cause them to temper their strong opposition/support or even cause them to abstain from voting on that particular issue.

Grassroots communication, spontaneous or organized, is a member's political and legislative barometer of his or her constituents' opinions, and is therefore rarely ignored.

RPA's Online Legislative Action Center

RPA maintains a Legislative Action Center (LAC) on its website, **http://capwiz.com/renalmd/home/** that helps facilitate the important communication between RPA members and their members of Congress as well as representatives in their state legislatures. The LAC provides all RPA members direct access to detailed biographical information on not only every member of Congress and all national elected officials, but all state legislators and governors, as well as an extended list of local elected officials. This direct access allows RPA members to get in touch with their elected officials at every level of government quickly and easily. The LAC is where all members can obtain information regarding current legislative alerts, the status of legislative issues of concern to RPA, and RPA's issue briefs. Further, the LAC contains a media guide that provides information and e-mail links on members of the media, including local and national newspapers, magazines, television, and radio that would allow RPA to conduct targeted communication campaigns on issues related to CKD to multiple media outlets.

Methods of Communication

1. Writing Letters to your Members of Congress – a written letter provides a readily available record in the legislative office that can be used whenever a member or his or her staff addresses the issue. However, due to heightened security measures, the delivery of postal mail to Congress has been significantly delayed. If you do send a letter via postal mail, expect the congressional office to receive a yellowed, crinkled parcel at least two months after the post date. As a result, e-mail and faxes have become the more effective and efficient ways to communicate your concerns, and members' offices increasingly prefer electronic communications for constituent contact.

2. Fax and E-mail – as a general rule, members of Congress are far more likely to notice your message if you are one of their constituents. In fact, many congressional offices no longer publish public email addresses for general correspondence and instead provide contact forms on their official websites whereby correspondents are required to fill in their addresses and/or phone numbers before the communication is then sent to the members' offices. Those emails coming from non-constituents are then filtered to low-priority status. For all written communications, whether a letter, fax, or email, consider the following tips for maximizing the success of your message:

    - Make the letter brief, concise, and neat.
    - State the purpose of your message clearly at the beginning of the letter. (see **APPENDIX D** for sample letters)
    - Cover only one issue per letter.
    - Include your contact information, including telephone and email address, in case the member's office wants to follow up with you.

3. Telephone Calls – a telephone call can be an effective method of influencing lawmakers, particularly if placed shortly after a written communication. Congressional offices often pay attention to these calls as a measure of voters' sentiment. An outpouring of calls in a short amount of time is just as effective as a mass mailing. Telephone calls are generally taken by a staff member (rarely does a constituent get directly connected to a member unless he/she is a family member or close friend).

    Tips:

    - When you call, ask the receptionist to speak with the legislative aide who handles health care issues (or issue specific to your call).
    - When connected to the aide, let him or her know that you are a constituent and the specific reason for your call.
    - If you don't already know, you may want to ask the staff member for the member's position on the issue.

- It is always a good idea to follow up a phone call with a written thank you letter to the member and personally identify the staff member you spoke with, complimenting the staff member if the interaction was positive.

4. Face-to-Face Meetings – person-to-person visits are the most effective way of letting a public official know about you, your issues, and the RPA. Given a legislator's busy schedule, meetings are sometimes difficult to arrange; however, members will typically do what they can to meet with their constituents. When their schedule will not allow it, members will arrange for their appropriate staff member to meet with constituents in their place. Do not pass up the opportunity to meet with congressional staff. As discussed in Chapter 3, congressional staffers can have significant influence over the course and content of legislation. RPA members are encouraged to maintain ongoing contacts with these individuals.

- In Washington, DC – Since legislators spend the majority of their time in Washington, DC, visiting their DC offices is always a good idea. The first time you visit a legislator, it is natural for you to feel a bit nervous, however, legislators are almost always eager to win your support and are sincerely interested in their constituents' views on legislation. It is important to remember that you are the expert on the subject – you have the information that the legislator needs. Below are some strategies to help.
  - It is important to make an appointment as early as possible.
  - When scheduling a meeting, fax or email a letter to the member's scheduler noting the specific day you will be in Washington, DC and what you would like to discuss.
  - Do not turn down the opportunity to meet with a staff member. Some staff members wield considerable power, and often are able to give more time and attention to issues than legislators can allocate.
  - During the visit, offer yourself as a resource.
  - If possible, invite a patient to accompany you. Do not underestimate the value of aligning with kidney patients, a much larger constituency than nephrology practices.
- In your Congressional District/State – Do not overlook the opportunity to meet with your representatives when they are in their district or state. Many attempt to be in their districts each weekend and Congress generally recesses for a week around major holidays to grant members more time in their districts. Legislators tend to have more time available and fewer distractions when they are in the district. To arrange a district meeting, contact the member's local office.
- In your Office/Facility – The most effective way to deliver your message to your members of Congress is to schedule a visit to your medical practice or local dialysis facility. You represent a community service, a place where many of their constituents receive care, and a place where voters work. Let your representative

and senators see this in action. Facility tours provide an excellent opportunity to not only demonstrate how the entire dialysis team works together to provide care for many patients at a time, but provides the member a positive public relations opportunity to meet with several constituents at once. Kidney patients far outnumber members of the renal care team and are a powerful voting constituency.

Communicating with the Administration

The necessity of communicating with the Administration of whichever political party is in the White House will in all likelihood be a fairly rare event, as most issues of concern to nephrologists and other physicians are most effectively addressed at the federal agency level. The agencies with which RPA most often interacts are the Centers for Medicare and Medicaid Services (CMS), the Food and Drug Administration (FDA), the Centers for Disease Control (CDC), the National Institutes of Health (NIH), and the Agency for Healthcare Research and Quality (AHRQ), among others.

In those instances where communication with the appropriate Administration department is necessary, the recipients of the communication would most likely be the Secretary of Health and Human Services (HHS), head of the Cabinet-level department that is the parent body to all of the federal agencies listed above, or the Director of the Office of Management and Budget (OMB), who is responsible for federal budgeting decisions at the White House. Any RPA member who is considering communicating with either HHS or OMB is urged to interact with RPA leadership and staff in advance of developing their message.

Working with CMS

RPA has a long history of collaborative interactions with CMS on behalf of nephrology, and the participation of RPA member nephrologists in those efforts has been a key element in that success. There are two bureaus or offices within CMS with which RPA most frequently interacts. The first is the Center for Medicare Management (CMM), which houses the Hospital and Ambulatory Policy group (responsible for physician payment policies, among many other issues) and the Chronic Care Policy Group, responsible for addressing issues specific to the ESRD program. The second is the Office of Clinical Standards and Quality (OCSQ), which is responsible for issues pertaining to quality improvement programs and performance measure development. As with other interactions with the Administration, RPA members considering communicating with CMS are urged to interact with RPA leadership and staff in advance of making these contacts.

To view the CMS leadership structure, please visit **http://www.cms.hhs.gov/CMSLeadership/50_OrganizationalChartASP.asp#TopOfPage**.

Working with CMS Contractors

CMS contractors are generally your first line of communication with the agency itself. For any issues dealing with Medicare coverage, payment, claims processing or beneficiary inquiry questions, you should always contact your local contractor (whether it is a Medicare

Administrative Contractor—MAC, a Fiscal intermediary—FI, or a Carrier) as the contractor is working on behalf of the agency in those matters. The Contractor Medical Director (CMD) is usually the point of contact for matters dealing with coverage policies, particularly local coverage decisions (LCDs).

Communicating effectively with the CMD and policy staff is essential to being a successful advocate. It is important to first understand what the actual issue or opportunity is before taking any other action. Depending on the nature of the issue or opportunity, the next step is identifying what needs to be changed or resolved. Develop key points to use for the communication and outline what resources you may need in order effectively advocate your issue. When discussing a clinical coverage policy, always have references available. As with other policy makers, peer-reviewed studies have more influence with CMDs than anecdotal evidence, so make sure your facts are in order.

It is important to know the preferred method of communication with the CMD and contractor staff, some prefer email only while others may require all written correspondence. To obtain the contact information for your contractor, visit your contractor's website. You may also find this information through RPA's Nephrology Coverage Advocacy Program (NCAP) website at **http://www.renalmd.org/NCAP-Home/** (login or registration required) and by clicking on "Payer Coverage and Contact Database" to find payer information specific to your state.

Communicating with State Legislators

As with federal health policy, monitoring health policy developments at the state level can be extremely important, to the extent possible, as state laws can impact medical practice and health care delivery as much as federal regulation. State legislatures often serve as incubators for innovative (or far reaching) ideas in health policy development, and the policy development apparatus can often work more swiftly than at the federal level. State and county medical societies can be a good resource for keeping informed on local issues.

In general, communicating with state legislators is similar to communicating with members of Congress. The biggest difference is that state legislators are likely more accessible than members of Congress. Only a handful of state legislatures are full-time, most work on a six to eight month cycle. For most state legislators, their work in the state capitol is a part-time job. Many state legislators maintain their professions while serving in the state house so their availability will depend greatly on their profession and leadership within their legislature.

Building and Working with Coalitions

Building coalitions is key to making an impact on the national, state, and local levels. Advocacy is enhanced by collaborating with others who feel passionate about the same issues that you do, and the greater the number of advocates on one side or another of a particular issue, the greater are the chances of a favorable result. In reaching out to other individuals or groups with similar goals, success depends on more than a common theme; it is equally important to clearly define the issue or purpose for which you are coming together. It is

important to proceed deliberately in forming or joining coalitions, as aligning with inappropriate groups or individuals can be just as counterproductive as aligning with the right organizations is beneficial.

Once formed, the coalition also must clearly define its organizational strategy. Grassroots coalitions depend on cooperation from their members as they strive to expand their base. There must be a strategy developed to keep track of the duties, responsibilities, and qualifications of each member or member organization.

Clear and rapid communication is essential to the success of any grassroots coalition campaign. It is a good idea to establish a grassroots database through e-mail as an efficient way to keep the conversation between coalition members flowing. Constant interaction is a helpful way of developing new ideas and alerting members of recent issues.

RPA participates in several coalitions on a national level to help advance the association's advocacy agenda. For example, RPA is a member of Kidney Care Partners (KCP), a coalition of patient advocates, dialysis professionals, care providers and suppliers working together to improve quality of care for CKD patients, to advance legislation that would modernize Medicare's ESRD program. RPA also works with the American Medical Association and the American College of Physicians on issues that affect organized medicine such as Medicare physician payment reform.

CHAPTER 5

Building Knowledge and Resources

Understanding the Legislative Process

The process of getting a bill through Congress may seem highly complex and technical. Actually, the process itself is fairly simple. What can be confusing to the layperson is

1. the volume of legislation pending before Congress, and
2. the system Congress has for distributing its work.

It is true that Congress handles a great deal of legislation each year, literally thousands of bills. But only a small number of bills will be of particular interest to RPA and the individual nephrologist. As long as you maintain your focus on the legislation that affects your practice and the RPA as nephrology's advocacy organization in Washington, you should have no trouble following the progress, if there is any, of those bills. And once you familiarize yourself with the key committees responsible for handling your issues, following the progress of legislation will become much easier. RPA's Legislative Action Center, **www.capwiz.com/renalmd/home/**, allows RPA members to track the progress of and search for all current legislation being considered by Congress.

The key to deciphering the legislative process is in understanding that legislation is grouped into three main categories:

1. **Authorizing legislation** – A bill that creates a new federal program, extends the life of an existing program, or repeals an existing law. Authorizing bills usually set a limit on the amount of funds that can be spent annually by a program over a period of 3 to 5 years. But it's important to remember than an authorizing bill only establishes the framework for a federal program – it does not provide funds to operate the program.
2. **Appropriations legislation** – A bill that allocates funding for specific federal programs. Unlike authorizing legislation, which remains in effect for 3 or more years, an appropriations bill must be enacted into law every year. Each year, in fact, Congress must pass a series of 13 appropriations bills in order to keep the departments and agencies of the federal government operating.

3. **Entitlement legislation –** A measure that guarantees a certain level of benefits to persons who meet eligibility requirements set by law, such as Medicare, Medicaid, and college student loan programs. Entitlement programs typically do not need to be reauthorized, nor do they require annual appropriations.

Generally speaking, the earlier you get involved, the better your chances of having an impact on decision-making. The further along a bill advances in the legislative process, the more difficult it becomes to change or modify. This is especially true now that Congress often groups several issues into one bill (usually known as an 'omnibus' bill).

The first formal step in the legislative process occurs when one or more members of Congress introduce a bill. But from an advocate's perspective, the work begins much earlier than that. For example, once RPA has identified an issue or a problem that merits special attention, one or two members of Congress should be identified whose philosophy and voting record indicates that they would be willing to play a leadership role in supporting the issue. After extensive discussions with the Senator or Representative and their staff, formal legislation is prepared for introduction. Bills introduced in the House are assigned an "H.R." number (e.g. H.R. 2037) and bills introduced in the Senate are given an "S." number (e.g. S. 605).

Of course, having legislation introduced and getting it enacted into law are two entirely different things. Preventing a bill from languishing in someone's files requires broad support for the issue. In order to do that, a broad spectrum of constituents must contact their own Senators and Representatives and convince them to co-sponsor the bill. This is done is by having the lawmaker's staff contact the original sponsor and ask to have his or her name listed as supporting the bill.

See **APPENDIX A** for a diagram of how a bill becomes a law.

The Committee System

Congressional committees are the "workhorses" of Congress. As the number of issues brought before Congress grows, lawmakers increasingly rely on the committee system to sift through the facts and determine how issues should be resolved. Congress is made up of both standing committees and select committees. Generally, standing committees have the power to generate legislation in their particular areas of jurisdiction, like tax writing or appropriations. Select committees, like the Senate Special Committee on Aging, are primarily advisory in nature.

Most committees delegate specific issues under their jurisdiction to subcommittees, whose job is to analyze each issue and eventually make a recommendation to their parent committee, or full committee as it is more often called. Here again, it is vitally important that constituent contacts be made with the subcommittees as early in the process as possible. In their earliest stages of review, subcommittees welcome and even seek input from interested organizations and individuals, in order to identify friends, foes, and potential obstacles surrounding the issue, in order to avoid being blindsided with a problem later in the process. At this point, letters and personal visits with members of the subcommittee and their staff can have a tremendous effect on the panel's recommendations. In many instances, a

subcommittee will hold public hearings, either in Washington, DC or some other region of the country, where constituents may ask to present their positions.

If your Senator or Representative is not on the relevant subcommittee, does that mean you have no influence over the outcome? No. It is true that members of a subcommittee are regarded as "specialists" by their colleagues and therefore, can wield considerable power in deciding whether or not an issue will be advanced through the legislative process. However, your own Senators and Representatives, whether or not they are on the subcommittee, can often be effective intermediaries, depending on their personal or political relationships with the subcommittee members. The more a legislator hears from his non-Committee colleague on one side or the other of an issue can determine its ultimate resolution.

See **APPENDIX B** for Key Congressional Committees on Healthcare issues.

Floor Action

Once a committee has approved legislation, it becomes eligible for debate on the House and Senate floors, where it may be passed, defeated, or amended. Since floor debates are often scheduled on short notice, messages (e-mails, calls, letters) should be prepared well in advance. However, keep in mind that timing is extremely critical. Any communications about legislation that is coming up for a floor debate should arrive as close to the time of voting as possible. RPA monitors the timing of these activities and seeks to keep RPA grassroots members as informed as possible in advance of relevant floor action by sending out e-mail alerts to grassroots volunteers.

Conference Committee

In most instances the House and Senate pass different versions of the same bill. When that occurs, a handful of members from each chamber are appointed to serve on a conference committee, where they attempt to work out a compromise. Representation on the conference committee will usually consist of selected members of the House and Senate subcommittees that originally developed the legislation. In some instances, conference committees may only need to resolve a few issues. Constituents whose Senators or Representatives happen to be on a conference committee can play a crucial role in the deliberations.

The end product of the meetings is a conference report containing the compromise bill and a section-by-section explanation of the compromise that was agreed upon. Once both the House and Senate agree to the conference report, the measure is sent to the President for approval (or veto).

Leadership Structure

Understanding the leadership structure in Congress is just as important as understanding the committee process. The leadership ultimately decides when and how bills are considered for passage. It has become more commonplace for the leadership in both chambers to bypass the committee process and bring legislation directly to the floor for debate and passage.

See **APPENDIX C** for the Senate and House leadership structures.

Understanding the Role of Associations in the Legislative Process

The IRS defines an association as "a group of persons banded together for a specific purpose", and it is in this role that RPA seeks to "serve as a resource for the development of national health policy (positively) affecting renal physicians and their patients" (from the RPA mission statement). Thus, RPA as an association seeks to educate, advise, and inform legislators on issues regarding nephrology care and delivery as laws and policies affecting nephrologists and their patients are developed or refined in Congress. Further, RPA develops documents, tools, and resources necessary for all RPA members (nephrologists, practice managers, advanced practice nurses, and physician assistants) to participate in advocacy on their own behalf as well.

Understanding the Role of PACs in the Legislative Process

Chapter 2 provided a general overview of Political Action Committees (PACs), but understanding their role in the legislative process will underscore the importance of RPA PAC and how it works to advance RPA's public policy agenda.

In short, elected officials need two things: votes and money. While votes originally elevate them to or keep them in office, money raises their visibility and thus enhances their ability to retain their seats, and power. There is much skepticism over the relationship between money and politicians, with good reason. Illegal activities by lobbyists, Congressional bribery scandals and similar episodes have helped create a public perception that Washington is under the control of a few special interests with deep pockets. However, PACs are legal, and were purposefully established to regulate the flow of money to political campaigns in an open and limited manner.

RPA PAC supports those in Congress who are in the best position to help advance RPA's legislative priorities or address RPA's concerns, regardless of party affiliation. However, RPA PAC generally supports more members of the majority party in each chamber. For example, during the 109th Congress (2005-2006), RPA PAC supported more Republicans than Democrats since Republicans were the majority party in both the House and Senate. In the 110th and 111th Congresses, RPA PAC targeted more Democrats since they controlled both chambers. At the onset of the 112th Congress (2011), RPA PAC will shift its focus to supporting more House Republicans than Democrats reflective of their newly gained majority in that chamber.

In general, RPA PAC primarily targets those members who serve on the committees of jurisdiction over health care and Medicare related issues including:

- Senate Finance Committee
- Senate Health, Education, Labor, and Pensions Committee
- House Ways and Means Committee
- House Energy and Commerce Committee

However, RPA PAC targets also include those in the House and Senate leadership who are in a position to make decisions on when and how legislation is brought to their chamber floors for passage.

The RPA PAC grants RPA representatives access to lawmakers. Throughout the year, RPA PAC provides RPA leadership and staff with unique opportunities to expand nephrologists' influence in Washington by attending special events known as campaign fundraisers that enable RPA to shape a political debate and influence the way in which members of Congress think about a particular issue. These events are not tightly scheduled office visits when Members of Congress may be called away to vote or their staff may be distracted by phone calls or other visitors. Rather, they are relaxed and social in nature, offering opportunities where RPA members and representatives can talk about issues of importance to nephrologists at length, often with more than one Member of Congress. These events are an integral part of the political process, and members of Congress and candidates do not forget those who have supported them in their campaigns. The only way RPA can attend these events is by making a contribution to the event from the funds in the RPA PAC.

In fact, RPA members and staff have been able to meet face to face with several members of Congress who serve on the key committees with jurisdiction over health care and Medicare related issues (see **APPENDIX B**). RPA PAC allows RPA members and staff to provide key information to those holding the vote and the ability to frame the issue in a way that may be sympathetic to the practice of nephrology.

The success of RPA PAC is dependent on the amount of money contributed by RPA members. If you do not have the time to develop relationships with your elected officials, contributing to RPA PAC allows RPA representatives to convey that key information on your behalf since RPA staff and/or legislative consultants are not likely constituents of those holding the key votes. For more information about RPA PAC and to make a contribution, please visit the RPA PAC website at **http://www.renalmd.org/PAC-Home/**.

See **APPENDIX J** for a PAC contribution form.

Understanding Medicare

Medicare is a healthcare program for the elderly and disabled. Created in 1965 to improve healthcare benefits for the elderly, the Medicare program extended benefits to disabled individuals and ESRD patients in 1972. The program is administered by the Centers for Medicare and Medicaid Services (CMS), formerly named the Health Care Financing Administration (HCFA). There are three different models of Medicare benefits:

- **Traditional fee-for-service** – known as Medicare Part A and Part B which comprises hospital insurance and medical insurance respectively,
- **Medicare Managed Care** – known as Medicare Part C or Medicare Advantage, and
- **Medicare prescription drug coverage** – known as Medicare Part D.

A complete discussion of CMS and its operations is beyond the scope of this handbook. Therefore, for the purposes of RPA public policy advocacy, the focus will be on Medicare's contractors, companies that administer Medicare services at the local level. Since the creation of the Medicare program, CMS has contracted vital program operational functions (i.e., claims processing, provider and beneficiary services, appeals, etc.) to a set of contractors known as Medicare Fiscal Intermediaries (FIs) and Carriers. Further, FI and carrier contracts have been geographically based, usually by state, but several contractors cover multiple states. The Medicare Prescription Drug and Modernization Act of 2003 (MMA) required CMS to consolidate FIs and carriers into one contractor for both Part A and Part B claims, referred to as Medicare Administrative Contractors (MACs) by 2011. Creation of the MACs consolidates the number of Medicare Part A and Part B contractors, reducing the number from over 30 to just 15.

How Medicare Coverage Decisions are Made

In providing coverage for medical services and products, Medicare services are administered through two sets of regulations: National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). Almost 95 percent of Medicare coverage decisions are made locally by contractors. LCDs can be new, stand alone policies or interpretations of NCDs, but they both have an impact on the practice of nephrology.

National Coverage Determinations – NCDs are regulations that describe the circumstances for Medicare coverage for specific medical services, procedures, or devices. They outline the conditions under which a service is considered to be covered or not. NCDs are binding on all contractors as well as administrative law judges who decide on appeals of CMD decisions. As a result, local contractors cannot make decisions that are counter to NCDs. However, contractors do have some discretion when interpreting NCDs and can expand or restrict coverage for an item or service as long as it does not conflict with national policy. More detailed information about the NCD process can be found in the NCAP Training Manual – *Guiding Nephrologists through the Medicare Coverage Process* – which can be viewed and downloaded at **http://www.renalmd.org/Educational-Materials/**.

Local Coverage Determinations – In the absence of NCDs, local contractors have broad discretion to develop local coverage policies or LCDs that can define or restrict coverage for new procedures and devices. Like NCDs, LCDs describe the clinical circumstance under which a service is covered by Medicare to help providers submit correct claims for payment. Under some circumstances, LCDs are mandatory for a service that is never covered, with the intent of triggering an automatic review if a claim is submitted.

LCDs are developed individually or collaboratively by contractors, led by the Contractor Medical Director (CMD). A contractor may develop an LCD for one state or multiple states under their jurisdiction. However, under the MAC system, LCDs will apply to all states in the MAC. LCDs apply only to the contractor that developed them and the areas they cover. These decisions must be consistent with all NCDs and all national payment and coding policies, however LCDs are not binding on administrative law judges, who can override local policy that does not comply with national policies and NCDs. CMS mandates that the evidence supporting local coverage policies must be based on the strongest available scientific/medical information.

- **Carrier Advisory Committees (CACs)** – Each Medicare carrier must convene a CAC to assist in the development of LCDs and work with their CAC peers to resolve issues. CACs are composed of physicians, a beneficiary representative, and representatives from various medical organizations. Each specialty is invited to identify a single member and a designated alternate to serve on each state's CAC. In addition to developing LCDs, the purpose of the CAC is to provide; a formal mechanism for physicians in the state to be informed of and participate in the development of an LCD in an advisory capacity, a mechanism for discussing and improving administrative policies within the carrier's authority, and a forum for exchanging information between carriers and physicians.

  Under the new MAC system, CMS maintains that MACs must convene CACs as well, but at this time it is unclear whether CACs will have input on Part A policies or CAC structures will change by adding facility representatives to CACs in order to address Part A policies. For more detailed information about the CAC process, or to find out who the nephrology CAC representative is in your state, visit the NCAP website at **http://www.renalmd.org/NCAP-Home/**.

Role of the Nephrologist – Nephrologists can play a key role in the development or reconsideration of LCDs by providing advice and input to your nephrology CAC representative as well as the CMD representing your state or territory. CMS mandates that the evidence supporting local coverage policies must be based on the strongest available scientific/medical information. Nephrologists are well suited to identify appropriate examples from the literature specific to kidney diseases and disorders. The literature used to support an LCD should be based on:

- Peer-reviewed evidence from randomized trials or similar definitive studies.
- General acceptance by the medical community, as supported by:
  - Scientific data or research,
  - Consensus of expert medical opinion, and
  - Medical opinion that CMS or local contractors derive from consultations with medical associations and specialty societies, such as RPA, or other health care experts.

Examples of inadequate evidence include testimonials, anecdotes, and limited case studies distributed by sponsors who have a financial interest in the outcome.

Further, nephrologists do not have to be a CAC representative to provide input in the LCD development process. Contractors are required by CMS to solicit comments and recommendations from various groups during this process including health care professionals and provider organizations like RPA. Generally, comment periods are 45 days from issuance of a draft LCD, but it is incumbent on you to sign up with the contractors list serve to receive notification of draft LCDs or ask your state's CAC representative to keep you informed of draft LCDs affecting nephrology.

NCAP

The Renal Physicians Association (RPA) launched the Nephrology Coverage Advocacy Program (NCAP) initiative in June 2003. NCAP's goal is to promote appropriate nephrologists' representation and input on the development of local coverage and regulatory and payment policies affecting renal care and greater participation by nephrology as a specialty in the creation of coverage policies by Medicare carriers, Medicaid and private payers. NCAP continues to evolve as a forum for local leaders in nephrology to discuss the best strategies for promoting awareness of kidney disease and ensuring that coverage and payment policies do not compromise kidney patient care. NCAP is actively involved in educating RPA members about reimbursement, coverage and regulatory issues which impact patient care.

The purpose of NCAP is to provide a forum in which nephrologists from around the country can:

- Ensure that there is appropriate nephrology representation and input into the development of local coverage policies affecting renal care;
- Learn appropriate methods by which they can shape local renal coverage policies; and
- Share information regarding renal coverage policies across state and regional boundaries.

Since its creation in 2003, NCAP has developed several educational materials that can assist all advocates at the local level:

- **The NCAP Training Manual** – *Guiding Nephrologists Through the Medicare Coverage Process*, intended to provide nephrology Carrier Advisory Committee (CAC) representatives and local nephrology leaders with information to help them navigate through the Medicare coverage decision-making process and effectively influence that process.
- Toolkits to use with Medicare carriers when advocating for more effective Medicare local coverage determinations (LCDs) in the area of anemia management. Specifically, the toolkits address the coverage of Erythropoietin-stimulating agents (EPO) and intravenous iron for Chronic Kidney Disease (CKD) patients, not on dialysis. Medicare has specific national coverage policies for both EPO and IV iron when used for ESRD patients on dialysis, but there are no national policies for either therapy for patients not on dialysis.
- The NCAP Website, **http://www.renalmd.org/NCAP-Home/**, contains a comprehensive database of payer contact and coverage information by state such as Medicare carrier and fiscal intermediaries, Medicaid agencies, and nephrology CAC representatives. The website provides links to carrier LCD pages and any state specific information of relevance to nephrologists. In addition, the website features a forum for NCAP members to submit comments regarding carrier interaction or other newsworthy information for real time reporting.

Taking Action!

RPA has made a proactive effort to become more influential in the legislative and regulatory arenas. RPA has hired two full-time staff who work at the national and local levels to influence legislation and regulations affecting our ability provide high quality kidney patient care. RPA also contracts with a legislative consulting team to represent RPA's interests in Congress. RPA created a political action committee (PAC) to support those legislators who care about issues affecting the nephrology profession. RPA also joined Kidney Care Partners – a coalition of consumer, provider, industry and professional organizations – to let Congress know that on key issues the kidney community speaks with a unified voice.

All of these actions are aimed at one goal: **To establish RPA as the preeminent voice of nephrology practices.**

We cannot achieve that goal without your help. Legislators listen most closely to their constituents. **You** are in a unique position to put a face on a problem; to tell your elected officials how the policies they pass judgment on are affecting you, your practice and your patients. RPA has established several advocacy programs at both the national and local levels to help all members further utilize their advocacy skills.

RPA PAC

Recognizing that nephrologists and their practice teams have limited time, an easy way to get involved in federal advocacy is by joining the RPA PAC. Without the support of RPA members like you, the intense lobbying efforts of RPA and the fundraising efforts of RPA PAC will fall short in promoting the interests of RPA members. While insurance companies, big business, and big pharma continue to spend millions on political campaigns to protect their own interests, it is time for physicians of all specialties and their practice teams to step up to the plate and make their voices heard. The best way for you to do that is an investment in RPA PAC.

To make an online contribution or for more information about RPA PAC, please visit **http://www.renalmd.org/PAC-Home/** or see **APPENDIX J** for a RPA PAC contribution form.

Voluntary contributions by individuals to RPA PAC will be used to support candidates for public office who demonstrate their belief in the principles to which the profession of nephrology is dedicated. Contributions from corporations and associations as well as medical practices are prohibited by federal law and cannot be accepted.

NCAP

Discussed in greater detail above, the NCAP program is RPA's local advocacy program developed to empower RPA members at the local level. While originally a program for nephrology CAC representatives, the NCAP program has evolved into a program for all RPA members interested in becoming more active in local coverage, payment, and regulatory issues affecting nephrology practice.

RPA Public Policy Staff

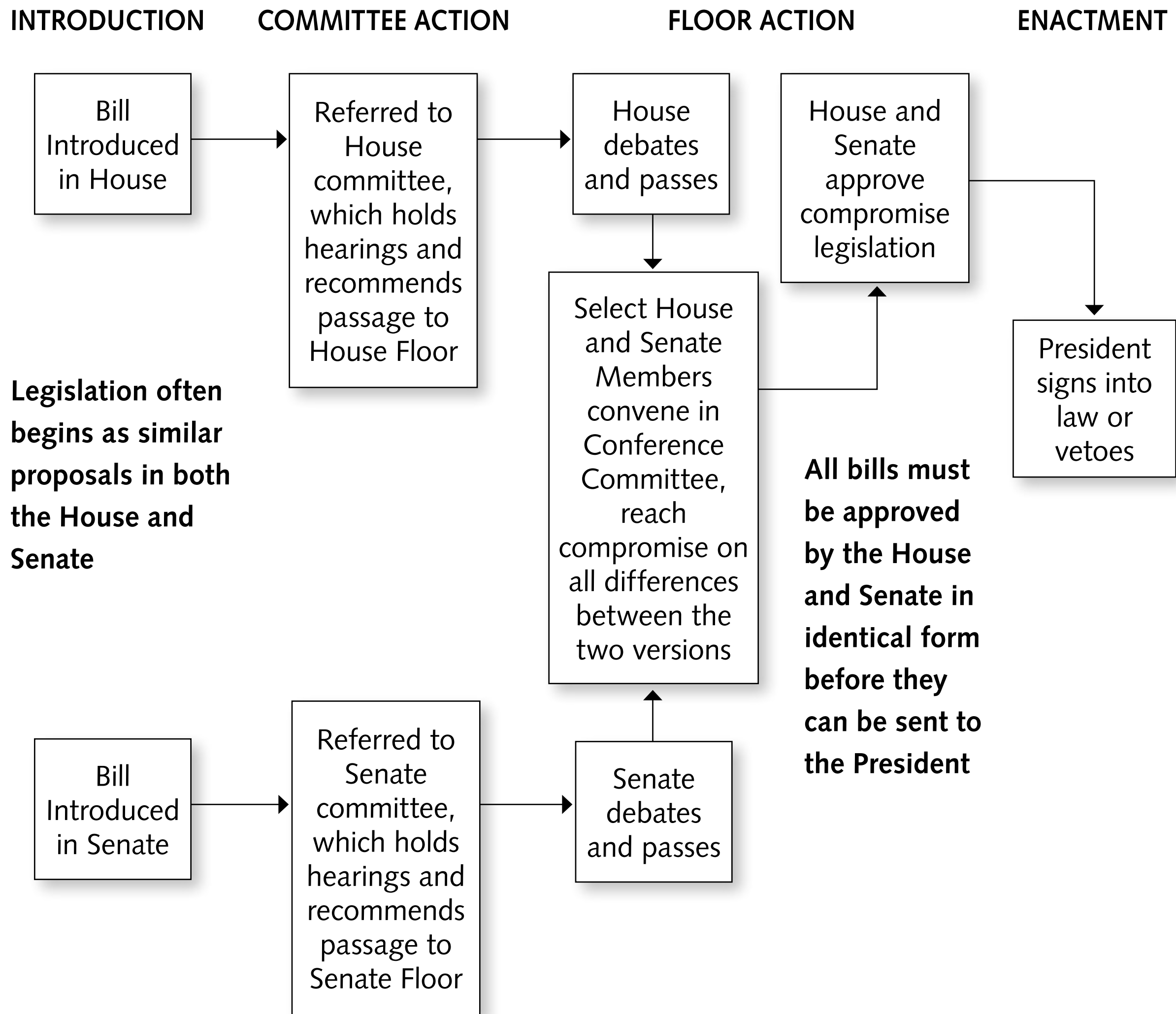
RPA has two full time staff dedicated to advancing RPA's public policy agenda and are always available to assist RPA members with questions or concerns regarding national or local policy affecting nephrology practice.

- **Robert Blaser, Director of Public Policy –** Mr. Blaser is responsible for overall development, coordination, and implementation of RPA's public policy portfolio, including administration of the PAC. Mr. Blaser is specifically responsible for all issues relating to physician payment, including analyses and comments on the Medicare Fee Schedule (MFS), as well as other ESRD and CKD coverage issues. He also provides staff representation at the AMA House of Delegates, the AMA-RUC, and the CPT Editorial Panel. Mr. Blaser has served as RPA's Director of Public Policy since October 2003, and previously as RPA's Director of Federal Affairs since September 1997. From June 1995 to September 1997, he served as RPA's Regulatory Analyst. Mr. Blaser can be reached at (301) 468-3515 or **rblaser@renalmd.org**.

- **Amy Beckrich, Project Manager –** Ms. Beckrich oversees and coordinates the NCAP program and supports various policy committee projects. Ms. Beckrich can be reached at (301) 468-3515 or **abeckrich@renalmd.org**.

APPENDIX A

How a Bill Becomes a Law



APPENDIX B

Key Congressional Committees of the 112th Congress

HOUSE ENERGY AND COMMERCE COMMITTEE Subcommittee On Health	
Jurisdiction regarding Healthcare – Public health and quarantine; hospital construction; mental health and research; biomedical programs and health protection in general, including Medicaid and national health insurance; Food and drugs; and, Drug abuse.	
REPUBLICANS	**DEMOCRATS**
Joe Pitts (PA), Chairman	Frank Pallone, Jr. (NJ), Ranking Member
Michael Burgess (TX), Vice Chairman	John D. Dingell (MI)
Ed Whitfield (KY)	Edolphus Towns (NY)
John Shimkus (IL)	Eliot L. Engel (NY)
Mike Rogers (MI)	Lois Capps (CA)
Sue Myrick (NC)	Jan Schakowsky (IL)
Tim Murphy (PA)	Charles A. Gonzalez (TX)
Marsha Blackburn (TN)	Tammy Baldwin (WI)
Phil Gingrey (GA)	Mike Ross (AK)
Bob Latta (OH)	Anthony D. Weiner (NY)
Cathy McMorris Rodgers (WA)	Henry A. Waxman (CA)
Leonard Lance (NJ)	
Bill Cassidy (LA)	
Brett Guthrie (KY)	
Joe Barton (TX)	
Fred Upton (MI)	

HOUSE WAYS AND MEANS COMMITTEE
Subcommittee On Health

Jurisdiction regarding Healthcare – Programs providing payments (from any source) for health care, health delivery systems, or health research. More specifically, matters that relate to the health care programs of the Social Security Act (including titles V, XI (Part B), XVIII, and XIX thereof) and, concurrent with the full Committee, tax credit and deduction provisions of the Internal Revenue Code dealing with health insurance premiums and health care costs.

REPUBLICANS	DEMOCRATS
Wally Herger (CA), Chairman	Fortney Pete Stark (CA), Ranking Member
Sam Johnson (TX)	Mike Thompson (CA)
Paul Ryan (WI)	Ron Kind (WI)
Devin Nunes (CA)	Earl Blumenauer (OR)
Dave Reichert (WA)	Bill Pascrell, Jr. (NJ)
Dean Heller (NV)	
Peter Roskam (IL)	
Jim Gerlach (PA)	
Tom Price (GA)	

SENATE FINANCE COMMITTEE

Jurisdiction regarding Healthcare – Health programs under the Social Security Act and health programs financed by a specific tax or trust fund.

DEMOCRATS	REPUBLICANS
John D. Rockefeller (WV), Chairman	John Ensign (NV), Ranking Member
Jeff Bingaman (NM)	Charles Grassley (IA)
John F. Kerry (MA)	Jon Kyl (AZ)
Ron Wyden (OR)	Pat Roberts (KS)
Debbie Stabenow (MI)	Mike Enzi (WY)
Maria Cantwell (WA)	John Cornyn (TX)
Robert Menendez (FL)	Tom Coburn (OK)
Thomas Carper (DE)	
Benjamin Cardin (MD)	

APPENDIX C

Congressional Leadership Structure

US SENATE – 112th CONGRESS

President Pro Tempore (Senator Daniel K. Inouye, HI)
Elected by the majority party, and presides over the Senate.

Democrats

- **Majority Leader (Senator Harry Reid, NV)**
  Elected by the majority party. Serves as the principal "voice" for the legislative priorities of the majority party. Sets the legislative agenda for the Senate.
- **Assistant Majority Leader, Democratic Whip (Senator Dick Durbin, IL)**
  Drums up support for the majority party position on key votes, and works to maintain lines of communication between the majority leadership and the rank-and-file Members.
- **Conference Chairman (Senator Harry Reid, NV)**
  Leads the Democratic conference, which is used to organize and communicate with members of the Democratic party.
- **Democratic Policy Committee Chairman (Senator Charles Schumer, NY)**
  Leads the Policy Committee in developing majority policy positions. Serves as the party's communicator and educator on key policy issues.
- **Democratic Senatorial Campaign Committee (Senator Patty Murray, WA)**
  Principle fundraising vehicle for Senate Democrats. May provide financial assistance to promising candidates for the Senate.

Republicans

- **Minority Leader (Senator Mitch McConnell, KY)**
  Elected by the minority party. Serves as the principal "voice" for the legislative priorities for the minority party.
- **Assistant Minority Leader, Republican Whip (Senator Jon Kyl, AZ)**
  Drums up support for the minority party position on key votes, and works to maintain lines of communications between the minority leadership and rank-and-file members.

- **Republican Conference Chairman (Senator Lamar Alexander, TN)**
  Leads the Republican Conference, which is used to organize and communicate with members of the Republican party.
- **Republican Policy Committee Chairman (Senator John Thune, SD)**
  Leads the Policy Committee in developing majority policy positions. Serves as the party's communicator and educator on key policy issues.
- **National Republican Senatorial Committee (Senator John Cornyn, TX)**
  Principle fundraising vehicle for the Senate Republicans. May provide financial assistance to promising candidates for the Senate.

US HOUSE OF REPRESENTATIVES – 112th CONGRESS

Speaker of the House (Rep. John Boehner, OH)

Elected by the majority party. The Speaker has several formal duties including, but not limited to, calling the House to order, referring bills to committees, recognizing Members for speaking purposes, and signing bills passed by the House.

Republicans

- **Majority Leader (Rep. Eric Cantor, VA)**
  Speaker's likely successor should that position become vacant. Serves as an advocate for the legislative priorities of the majority party and sets the legislative agenda.
- **Majority Whip (Rep. Kevin McCarthy, CA)**
  Drums up support for majority party positions on key votes, and works to maintain lines of communication between majority leadership and rank-and-file Members.
- **House Republican Conference (Rep. John Carter, TX)**
  Leads the Republican Conference, which is used to organize and communicate with members of the Republican Party.
- **Republican Policy Committee (Rep. Tom Price, GA)**
  Leads the Policy Committee in developing majority policy positions. Serves as the party's communicator and educator on key policy issues.
- **National Republican Congressional Committee (Rep. Pete Sessions, TX)**
  Principle fundraising vehicle for House Republicans. May provide financial assistance to promising candidates for the House.

Democrats

- **House Democratic Leader (Rep. Nancy Pelosi, CA)**
  Elected by the minority party, and serves as the primary advocate for the minority party's agenda.
- **House Democratic Whip (Rep. Steny Hoyer, MD)**
  Drums up support for minority party positions on key votes, and works to maintain lines of communication between minority leadership and rank-and-file members.
- **Democratic Caucus Chair (Rep. John Larsen, CT)**
  Vehicle used by Democrats to organize and communicate with their members. Caucus Chairman presides over meetings of all House Democrats.
- **Democratic Congressional Campaign Committee (Rep. Steve Israel, NY)**
  Principle fundraising vehicle for House Democrats. May provide financial assistance to promising candidates for the House.

APPENDIX D

Sample Letters to Congress

REQUESTING SUPPORT ON AN ISSUE

The Honorable (Representative's first and last name)
(Office location)
US House of Representatives
Washington, DC 20515

Dear Representative (last name):

I am writing to ask you to become a co-sponsor of H.R. 1298, the "Kidney Care Quality and Improvement Act of 2005", a bipartisan bill introduced by Representatives Dave Camp (R-MI) and Jim McDermott (D-WA) on March 16, 2005.

I'm a practicing Nephrologist and I treat patients who suffer from kidney failure. Four hundred thousand Americans have irreversible kidney failure – also known as End-Stage Renal Disease (ESRD). ESRD is fatal unless a patient receives one of two types of treatment – dialysis or kidney transplantation. Transplantation is limited due to the shortage of donor organs, so the vast majority of my patients have to undergo dialysis treatments for 3-4 hours, 3 times a week in order to stay alive. They're able to get this treatment only because the cost of their treatment is covered by what's called the Medicare ESRD program.

ESRD patients require careful monitoring and constant evaluation. But quite frankly, the program has not kept pace with the rising costs and complexities that go along with treating these difficult cases. Furthermore, the program is woefully underfunded. In fact, it's the only part of the Medicare program that isn't updated every year to account for rising treatment costs and inflation.

The bill I'm asking you to co-sponsor addresses these problems by (1) requiring an annual update of the payment rate for treating patients in kidney failure, and (2) urging CMS to implement policies that encourage home dialysis when that's the best course of treatment. The bill also calls for studies that link pay-for-performance, and programs that increase public awareness of how to prevent or treat chronic kidney disease.

Better care for patients means better quality of life, improved rehabilitation, fewer medications, and fewer hospitalizations. Congress should ensure high quality kidney care and improve the Medicare ESRD program.

I respectfully ask for your support of H.R. 1298 and thank you for your continued leadership for our district.

Thank you for your help!

Sincerely,

(Your name)

THANK YOU FOR MEETING/SPEAKING WITH

The Honorable (Member's first and last name)
US House of Representatives
Washington, DC 20515

Dear Representative (Last name):

I am writing to thank you (your staff, insert name of appropriate staff member) for taking the time to meet with (or speak to) me on (insert date and time if appropriate) about the importance of ensuring high quality of care to the 400,000 Americans suffering from irreversible kidney failure including many of your constituents.

I was pleased to hear your interest in improving the Medicare End Stage Renal Disease (ESRD) Program that would result in better quality of life, improved rehabilitation, fewer medications, and fewer hospitalizations for this vulnerable population. As I indicated during our discussion, I am happy to be a resource to you if you or your staff (insert name) has any questions about ESRD and how ESRD care is delivered.

Thank you for your continued leadership for our district.

Sincerely,

(Your name)
(Your contact information)

THANK YOU FOR COSPONSORING

The Honorable (Member's first and last name)
US House of Representatives
Washington, DC 20515

Dear Representative (Last name):

I am writing to thank you for cosponsoring H.R. 1298, the Kidney Care Quality and Improvement Act of 2005", a bipartisan bill introduced by Representatives Dave Camp (R-MI) and Jim McDermott (D-WA) on March 16, 2005. Better care for kidney patients means better quality of life, improved rehabilitation, fewer medications, and fewer hospitalizations. This bill will ensure high quality kidney care and improve the Medicare ESRD program.

Again, my sincere thanks for your support of H.R. 1298.

Sincerely,

(Your name)
(Your contact information)

APPENDIX E
Web Resources

RPA'S PUBLIC POLICY INFORMATION
http://www.renalmd.org/Legislation-Regulation-Compliance/
A timely and relevant resource that provides the latest information on legislative and regulatory activities affecting nephrology practice.

RPA's ADVOCACY ACTION CENTER
http://capwiz.com/renalmd/home/
RPA's letter-writing tool for contacting members of Congress and state legislators.

RPA's POLITICAL ACTION COMMITTEE
http://www.renalmd.org/PAC-Home/
Information about RPA PAC, including online contribution form.

RPA'S NEPHROLOGY COVERAGE ADVOCACY PROGRAM (NCAP)
http://www.renalmd.org/NCAP-Home/
State by state information on Medicare, Medicaid and private payers, including contact information for Medicare contractors in each state.

THE U.S. HOUSE OF REPRESENTATIVES
http://www.house.gov
Information about your representatives, the committees they serve on, and current legislation under consideration by the House.

THE U.S. SENATE
http://www.senate.gov
Information about your two Senators, the committees they serve on, and current legislation under consideration by the Senate.

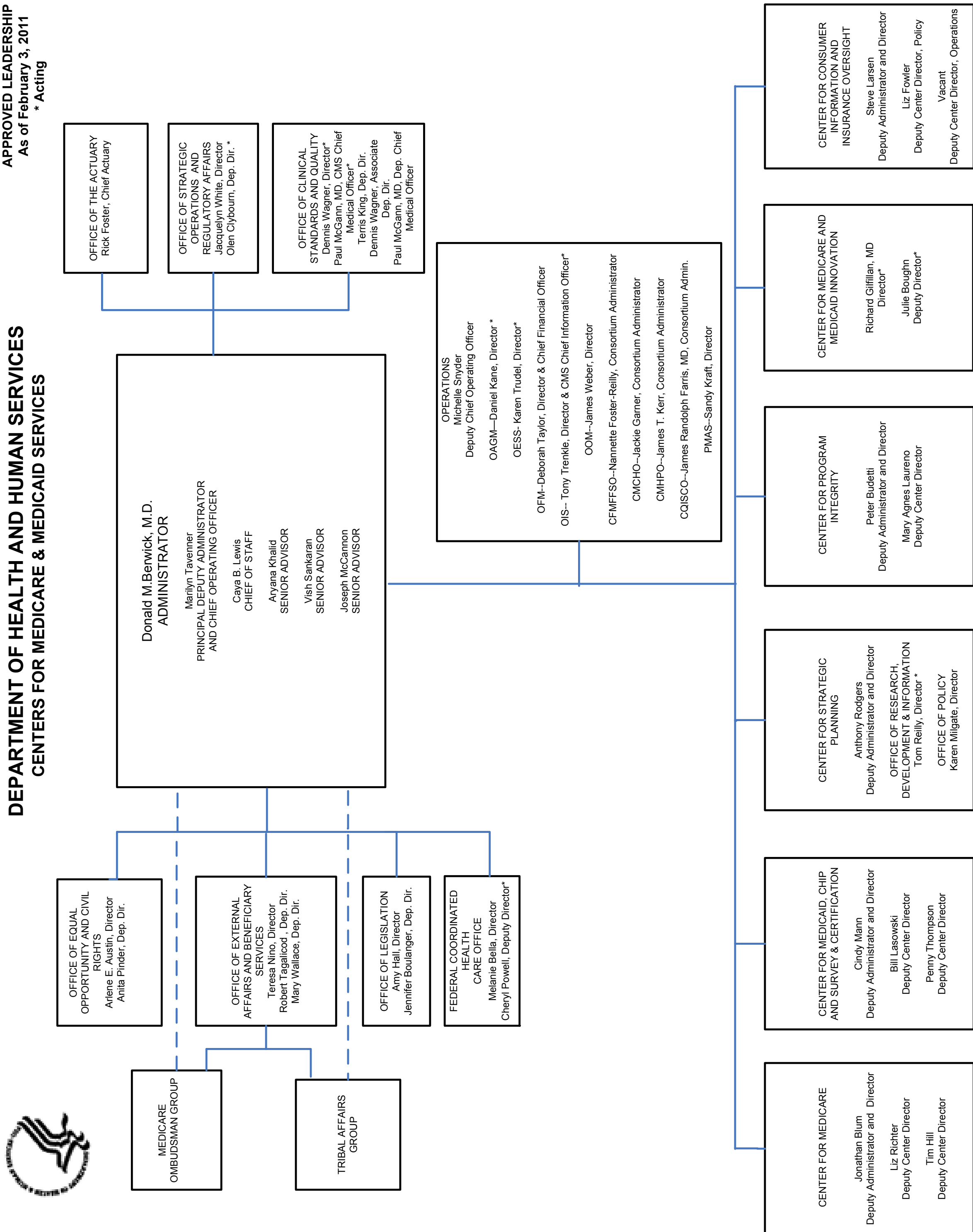
THE LIBRARY OF CONGRESS
http://thomas.loc.gov
Information on current and past legislation in both the House and Senate. Also provides the text of the Congressional Record, the published account of the debates on the House and Senate floor.

THE FEDERAL REGISTER
http://www.gpoaccess.gov/fr/index.html
The official daily publication for rules, proposed rules, and notices of federal agencies and organizations, as well as executive orders and other presidential documents.

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)
http://www.cms.hhs.gov
Information about the government's two major healthcare programs, Medicare and Medicaid.

APPENDIX F

CMS Organizational Structure



APPENDIX F

APPENDIX G

Glossary of Legislative Terms

ACT – Legislation (a bill or joint resolution) that has passed both chambers of Congress in identical form, has been signed into law by the president, or has passed over his veto, thus becoming a law.

ACTION ALERT – A call to action – through a letter, phone call, fax, e-mail or other form of communication – from RPA or other organization intended to encourage supporters to contact their members of Congress on a particular issue.

ADJOURN – A motion to adjourn in the Congress will end that day's session.

ADJOURN SINE DIE – The end of the legislative session and meaning "without day". These adjournments are used to indicate the final adjournment of an annual or the two-year session of a Congress.

ADVOCACY – The act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support.

AMENDMENT – A proposal to alter the text of a pending bill or other measure by striking out some of it, by inserting new language, or both. Before an amendment becomes part of the measure, the committee or chamber (depending on where the bill is in the legislative process) must agree to it.

AMENDMENT IN THE NATURE OF A SUBSTITUTE – An amendment that would strike out the entire text of a bill or other measure and insert a different full text.

APPROPRIATIONS – The provision of funds, through an annual appropriations act or a permanent law, for federal agencies to make payments out of the Treasury for specified purposes.

AUTHORIZATION – A legal provision that authorizes appropriations for a program or agency. The authorization could be available for one year, a set number of years, or for an indefinite amount of time. An authorization can be for a fixed amount of money or for "such sums as necessary".

BALANCED BUDGET – A budget in which receipts equal outlays.

BILL – The main vehicle used by lawmakers to introduce their proposals to Congress.

BUDGET RESOLUTION – Legislation in the form of a concurrent resolution setting forth the congressional budget. The budget resolution establishes various budget totals, divides spending totals into functional categories (e.g., health and human services), and may include reconciliation instructions to designated House or Senate committees.

CAUCUS – An informal organization of Members of the House or the Senate, or both, that exists to discuss issues of mutual concern and possibly to perform legislative research and policy planning for its members. There are regional, political or ideological, ethnic, and economic-based caucuses.

CHAIRMAN – The presiding officer of a committee or subcommittee. Chairmanship is usually based on seniority of committee tenure, but a member may not chair more than one standing committee.

CLOTURE – The only procedure by which the Congress can vote to place a time limit on consideration of a bill or other matter, and thereby overcome a filibuster.

COMMITTEE – Subsidiary organization of the Congress established for the purpose of considering legislation, conducting hearings and investigations, or carrying out other assignments as instructed by the parent chamber.

COMMITTEE JURISDICTION – The subjects and functions assigned to a committee by rule, resolution, precedent, or practice, including legislative matters, oversight and investigations, and nominations of executive officers.

COMPANION BILL OR MEASURE – Similar or identical legislation which is introduced in the Senate and House. House and Senate lawmakers who share similar views on legislation may introduce a companion bill in their respective chambers to promote simultaneous consideration of the measure.

CONFEREES – Members appointed to serve on conference committees. Conferees are usually appointed from the committee or committees that reported the legislation; they are expected to try and uphold their chamber's position on measures when they negotiate with conferees from the other body.

CONFERENCE COMMITTEE – A temporary, ad hoc panel composed of House and Senate conferees which is formed for the purpose of reconciling differences in legislation that has passed both chambers. Conference committees are usually convened to resolve bicameral differences on major and controversial legislation.

CONFERENCE REPORT – The compromise product negotiated by the conference committee. The "conference report," is submitted to each chamber for its consideration, such as approval or disapproval.

CONSIDERATION – To "call up" or "lay down" a bill or other measure on the chamber floor is to place it before the full chamber for consideration, including debate, amendment, and voting. Measures normally come before the chamber for consideration by the Majority Leader requesting unanimous consent that the chamber take it up.

CONTINUING RESOLUTION – Legislation in the form of a joint resolution enacted by Congress, when the new fiscal year is about to begin or has begun, to provide budget authority for Federal agencies and programs to continue in operation until the regular appropriations acts are enacted.

COSPONSOR – A member who has joined other members in sponsoring a bill.

DISCRETIONARY SPENDING – Spending (budget authority and outlays) controlled in annual appropriations acts.

ENTITLEMENT – A Federal program or provision of law that requires payments to any person or unit of government that meets the eligibility criteria established by law. Entitlements constitute a binding obligation on the part of the Federal Government, and eligible recipients have legal recourse if the obligation is not fulfilled. Social Security and Medicare are examples of entitlement programs.

FILIBUSTER – Informal term for any attempt to block or delay chamber action on a bill or other matter by debating it at length, by offering numerous procedural motions, or by any other delaying or obstructive actions.

FISCAL YEAR – The fiscal year is the accounting period for the federal government which begins on October 1 and ends on September 30 of each year. The fiscal year is designated by the calendar year in which it ends.

FLOOR AMENDMENT – An amendment offered by an individual Member from the floor during consideration of a bill or other measure, in contrast to a committee amendment.

GERMANE – On the subject of the pending bill or other business; a strict standard of relevance.

HEARING – A meeting of a committee or subcommittee – generally open to the public – to take testimony in order to gather information and opinions on proposed legislation, to conduct an investigation, or review the operation or other aspects of a Federal agency or program.

"LAME DUCK" SESSION – When Congress (or either chamber) reconvenes in an even-numbered year following the November general elections to consider various items of business. Some lawmakers who return for this session will not be in the next Congress. Hence, they are informally called "lame duck" Members participating in a "lame duck" session.

MARKUP – The process by which congressional committees and subcommittees debate, amend, and rewrite proposed legislation.

"MUST PASS" BILL – A vitally important measure that Congress must enact, such as annual appropriations bills to fund operations of the government. Because of their must-pass quality, these measures often attract "riders" (unrelated policy provisos).

OMNIBUS – A "catch-all" bill that combines various bills of the same category. For example, an omnibus appropriations bill could combine all appropriations bills that have not been passed through Congress as stand alone bills.

PUBLIC LAW – A public bill or joint resolution that has passed both chambers and been enacted into law. Public laws have general applicability nationwide.

RANKING MINORITY MEMBER – The highest ranking (and usually longest serving) minority member of a committee or subcommittee. Members may not serve as ranking minority member on more than one standing committee.

RECESS – A temporary interruption of the chamber's (or a committee's) business. Generally, the Congress recesses (rather than adjourns) at the end of each calendar day.

RECONCILIATION BILL – A bill containing changes in law recommended pursuant to reconciliation instructions in a budget resolution. If the instructions pertain to only one committee in a chamber, that committee reports the reconciliation bill. If the instructions pertain to more than one committee, the Budget Committee reports an omnibus reconciliation bill, but it may not make substantive changes in the recommendations of the other committees.

RECONCILIATION PROCESS – A process established in the Congressional Budget Act of 1974 by which Congress changes existing laws to conform tax and spending levels to the levels set in a budget resolution. Changes recommended by committees pursuant to a reconciliation instruction are incorporated into a reconciliation measure.

REPORT – Committees usually publish a committee report to accompany the legislation they have voted out. Committee reports discuss and explain the purpose of measures and contain other, related information. The term may also refer to the action taken by a committee ("report the legislation") to submit its recommendations to the full chamber.

RESOLUTION – A non-legislative measure effective only in the chamber in which it was introduced that does not require concurrence by the other chamber or approval by the president.

SPONSOR – The primary person who introduces a measure or bill.

SUBCOMMITTEE – Subset of a committee for the purpose of dividing the workload. All recommendations of a subcommittee must be approved by the full committee before being reported to the chamber.

APPENDIX H

Glossary of Regulatory Terms

ALLIED HEALTH PROFESSIONAL (AHP) – Individuals trained to support, complement, or supplement the professional functions of physicians in the delivery of care to patients. They include physician assistants, medical technicians, and nurse practitioners.

ALLOWABLE – Frequently known as the reasonable charge, this is the maximum amount upon which an insurer will base payment for specified service.

AMBULATORY CARE – Health care services provided to patients on an ambulatory basis, rather than by admission to a hospital or other health care facility.

AMBULATORY SURGERY CENTER – Surgery performed on an outpatient basis, either hospital based or performed in an office or surgicenter.

AVERAGE SALES PRICE (ASP) – Medicare methodology used to reimburse drugs not paid under a prospective payment system. Methodology is based on manufacture reported pricing that includes all discounts and rebates to better reflect true acquisition cost.

CAPITATION – Pays a provider a fixed amount for each of the patients for whom he/she agrees to provide care. Payment is typically based on a set number of dollars "per member-per month".

CARRIER – Private insurance companies that administer Part B claims for most physician, laboratory, and certain other services and items.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) – Federal agency responsible for overseeing the Medicare and Medicaid programs and is part of the Department of Health and Human Services (HHS).

CURRENT PROCEDURAL TERMINOLOGY (CPT) – Uniform listing of descriptive terms and codes for reporting professional medical services.

DURABLE MEDICAL EQUIPMENT REGIONAL CARRIES (DMERCS) – Private insurance companies that contract with Medicare to administer claims for durable medical equipment, such as prosthetic devices, orthotics, and medical supplies as well as immunosuppressive drugs.

FEE-FOR-SERVICE (FFS) – Provider is paid based on the number and type of services that are performed.

FISCAL INTERMEDIARY (FI) – Private insurance organizations contracted by CMS to administer Part A (and some Part B) payment for services by hospitals, skilled nursing facilities (SNFs), dialysis facilities, and home health agencies.

FORMULARY – A list of approved drugs for treating various diseases and conditions.

GEOGRAPHIC PRACTICE COST INDEX (GPCI) – Reflect broad patterns of geographic differences in the cost of running a medical practice. Used to increase or decrease the Medicare base rate payment for services to compensate for high or low labor costs in each defined geographic area.

HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) – Define services, procedures, and supplies not otherwise classified under CPT. Most commonly used for drugs and supplies.

HEALTH PLAN EMPLOYER DATA AND INFORMATION SET (HEDIS) – A set of standardized performance measures designed to ensure that purchasers and consumers have reliable information with which to compare the performance of a health plan.

INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) – Medicare's payment system for inpatient hospitals and facilities.

INTERNATIONAL CLASSIFICATION OF DISEASES – 9TH REVISION – Standard resource used in healthcare to identify clinical diagnoses.

LOCAL COVERAGE DETERMINATION (LCD) – Regulations that describe the circumstances for Medicare coverage for specific medical services, procedures, or devices at the local level. Developed by Medicare Carriers and Fiscal Intermediaries, LCDs are only applicable at the contractor and/or state level for which they were developed.

MEDICAID – Joint federal/state health insurance program for low-income persons who receive public assistance or whose medical expenses "spend-down" their income to qualify for the program; this program is administered by each state.

MEDICARE ADMINISTRATIVE CONTRACTOR – Private insurance companies that will replace all carriers and fiscal intermediaries and process both Medicare Part A and Part B claims.

MEDICARE ADVANTAGE (MA) – Also known as Medicare Part C and formerly known as Medicare+Choice. Under MA, an eligible individual may elect to receive Medicare benefits through enrollment in a Managed Care Organization (MCO).

MEDICARE PART A – Hospital insurance benefits.

MEDICARE PART B – Medical insurance benefits.

MEDICARE PART C – See Medicare Advantage.

MEDICARE PART D – Medicare prescription drug benefits.

MEDICARE PAYMENT ADVISORY COMMISSION (MEDPAC) – Reviews Medicare payment policies as well as evaluates the effect of prospective payment policies and their impact on healthcare delivery in the U.S.

MEDICARE PHYSICIAN FEE SCHEDULE (MFS) – Medicare's system of payment to physicians. Determines the allowable amount Medicare can pay physicians for each service rendered.

MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT (MMA) – Landmark legislation creating a prescription drug benefit under the Medicare program as well as the largest changes to the program since its inception.

MEDIGAP – A supplemental health insurance policy sold by private insurance companies that is designed to pay for health care costs and services that are not paid for by Medicare and any private health insurance benefits.

METROPOLITAN STATISTICAL AREA (MSA) – Defined by the US census so that institutions and individuals gathering statistics can use a common definition.

MODIFIERS – Indicate that a service was altered in some way from the stated CPT descriptor without changing the definition.

NATIONAL COVERAGE DETERMINATION (NCD) – Regulations that describe the circumstances for Medicare coverage for specific medical services, procedures, or devices. They outline the conditions under which a service is considered to be covered or not and apply to all Medicare providers under the Medicare system.

OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) – Medicare's system for payment to outpatient departments of hospitals and other outpatient facilities.

PAYMENT FOR PERFORMANCE (P4P) – Pays providers based on their success in meeting specific performance measures.

QUALITY IMPROVEMENT ORGANIZATION (QIO) – Organizations that contract with CMS to review care provided to Medicare beneficiaries.

RELATIVE VALUE UNIT (RVU) – Units of measurement applied to all physician services that are relative to each other to maintain budget neutrality in the Medicare Physician Fee Schedule.

RESOURCE-BASED RELATIVE VALUE SCALE (RBRVS) – Determines the rate at which Medicare reimburses physicians on an FFS basis. RBRVS is calculated based on the cost of physician labor, practice overheads, materials, and liability insurance.

APPENDIX I

Common Acronyms

AA	Administrative Assistant
ACA	Affordable Care Act
ACO	Accountable Care Organization
AHP	Allied Health Professional
AHRQ	Agency for Healthcare Research and Quality
AMA	American Medical Association
APC	Ambulatory Payment Classification
ASN	American Society of Nephrology
ASC	Ambulatory Surgical Center
ASP	Average Sales Price
AWP	Average Wholesale Price
CAC	Carrier Advisory Committee
CBO	Congressional Budget Office
CDC	Center for Disease Control
CHOB	Cannon House Office Building
CKD	Chronic Kidney Disease
CMD	Carrier Medical Director
CMM	Center for Medicare Management (CMS)
CMS	Centers for Medicare and Medicaid Services
COS	Chief of Staff
CPT	Current Procedural Terminology
DME	Durable Medical Equipment
DMERC	Durable Medical Equipment Regional Carriers
DRG	Diagnosis Related Group
DSOB	Dirksen Senate Office Building
E&C	House Energy and Commerce Committee
ESA	Erythropoiesis Stimulating Agent
ESRD	End Stage Renal Disease
FDA	Food and Drug Administration
FFS	Fee-for-Service
FI	Fiscal Intermediary
FY	Fiscal Year
GAO	General Accounting Office
GDP	Gross Domestic Product
GPCI	Geographic Practice Cost Index
HCFA	Healthcare Financing Administration (now CMS)
HCPCS	Healthcare Common Procedure Coding System
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HPSA	Health Professional Shortage Area
HSOB	Hart Senate Office Building
ICD-9	International Classification of Diseases, Ninth Revision

IPAB	Independent Payment Advisory Board
IPPS	Medicare Inpatient Prospective Payment System
KCP	Kidney Care Partners
LCD	Medicare Local Coverage Determination
LA	Legislative Assistant
LAC	Legislative Action Center
LC	Legislative Correspondent
LD	Legislative Director
LDO	Large Dialysis Organization
LHOB	Longworth House Office Building
M+C	Medicare Plus Choice
MA	Medicare Advantage
MAC	Medicare Administrative Contractor
MCO	Managed Care Organization
MedPAC	Medicare Payment Advisory Commission
MEI	Medicare Economic Index
MFS	Medicare Physician Fee Schedule
MMA	Medicare Prescription Drug and Modernization Act of 2003
NCAP	Nephrology Coverage Advisory Panel
NCD	Medicare National Coverage Determination
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIH	National Institutes of Health
NPI	National Provider Identifier (number)
OIG	Office of Inspector General
OMB	Office of Management and Budget
OPPS	Medicare Hospital Outpatient Prospective Payment System
PAP	Patient Assistance Program
P4P	Payment for Performance
PAC	Political Action Committee
PBM	Pharmaceutical Benefit Manager
POS	Point-of-Service (plan)
PPO	Preferred Provider Organization
PPS	Prospective Payment System
OSCQ	Office of Clinical Standards and Quality (CMS)
QIO	Quality Improvement Organization
QIP	Quality Incentive Program
RAC	Recovery Audit Contractor
RBRVS	Resource-Based Relative Value Scale
RHOB	Rayburn House Office Building
RSOB	Russell Senate Office Building
RVU	Relative Value Unit
SCHIP	State Children's Health Insurance Program
SFC	Senate Finance Committee
SGR	Sustainable Growth Rate
SHIP	State Health Insurance Program
SNF	Skilled Nursing Facility
USRDS	United States Renal Data System
VA	Department of Veterans Affairs
W&M	House Ways and Means Committee

APPENDIX J

RPA PAC Contribution Form

☐ **YES! I would like to contribute to RPA PAC**

Thank you for supporting RPA PAC. Your contribution will help elect candidates, regardless of party affiliation, who share RPA's concerns on major issues that affect nephrologists, nephrology practices, and kidney patients.

Name: ____________________

Address: ____________________

City/State/Zip: ____________________

Phone: ____________________ E-mail: ____________________

Employer: ____________________

Listed below are suggested levels of contribution.

Enclosed is my contribution of:

_____ $300 _____ $600 _____ $900 _____ $1,200 _____ Other

☐ My **personal** check is enclosed ☐ OR, please bill my **personal**:

_____ Visa _____ AM EX _____ MasterCard

Account #: ____________________ __

Expiration Date: ____________________

Name as it appears: ____________________

Signature: ____________________

RPA PAC is a separate, segregated fund established by RPA. Voluntary contributions by individuals to RPA PAC will be used to support candidates for public office who demonstrate their belief in the principles to which the profession of nephrology is dedicated. ***Contributions from corporations and associations as well as medical practices are prohibited by federal law and cannot be accepted.*** *Contributions to the RPA PAC are NOT deductible as charitable contributions for federal income tax purposes.*

Please send contribution, made payable to **RPA PAC**
c/o RPA ■ 1700 Rockville Pike ■ Suite 220 ■ Rockville, MD 20852
This form can be returned via fax to **301.468.3511**

RPA
Renal Physicians Association

1700 Rockville Pike, Suite 220
Rockville, MD 20852

PHONE 301.468.3515 ■ FAX 301.468.3511
www.renalmd.org