9 a.m. Registration and continental breakfast

9:30 a.m. Welcome and introductions—Mark Grapentine, Wisconsin Medical Society Senior Vice President of Government and Legal Affairs

9:35 a.m. Legislative issues briefing, part 1—Eric Jensen, Jensen Government Relations, LLC. (Wisconsin Society of Anesthesiologists, Wisconsin Psychiatric Association, Wisconsin Chapter American College of Emergency Physicians, Wisconsin Academy of Ophthalmology), Mark Grapentine

9:55 a.m. Senator Leah Vukmir introduction—Tim Hoven, Hoven Consulting, Inc. (Wisconsin Academy of Family Physicians, Medical College of Wisconsin)

10 a.m. Senator Leah Vukmir, chair of Health and Human Services Committee and Joint Finance Committee member

10:15 a.m. Legislative issues briefing, part 2—Mark Grapentine and Eric Jensen

10:35 a.m. Governor Scott Walker introduction—Eric Jensen

10:40 a.m. Governor Scott Walker

11:05 a.m. Break

11:10 a.m. Senator Jennifer Shilling introduction—Chris Rasch, Wisconsin Medical Society Director of State and Federal Relations

11:15 a.m. Senator Jennifer Shilling, Senate Democratic Leader

11:30 a.m. Legislative issues briefing, part 3—Mark Grapentine and Eric Jensen

Noon Lunch

12:30 p.m. Keys to effective advocacy, logistics of Capitol meetings & morning wrap-up—Tim Hoven

12:55 p.m. Depart for the Capitol

1:10 p.m. All group photo—Senate Chambers

1:30 p.m. Legislative visits start
   Round 1 at 1:30 p.m. • Round 2 at 2 p.m. • Round 3 at 2:30 p.m.
   Round 4 at 3 p.m. • Round 5 at 3:30 p.m.

Reception immediately following visits; drop off legislative visit forms.

3:30 p.m. Reception at DLUX—117 Martin Luther King Blvd. *(Tentative Location)

5:30 p.m. Conclusion of Doctor Day
Wednesday March 11, 2015

**Issue Briefing, Guest Speakers and Lunch**
9 a.m. – 1 p.m.
Monona Terrace
One John Nolen Dr.
Madison, WI 53703

**Legislative Visits**
1 – 3:30 p.m.
State Capitol
2 E Main St
Madison, WI 53703

**Reception**
3:30 – 5:30 p.m.
DLUX
117 Martin Luther King Jr Blvd
Madison, WI 53703

Doctor Day Contacts for Assistance or Urgent Matters
Chris Rasch, Wisconsin Medical Society—Cell: 414.469.5333
Interstate Compact for Medical Licensure

WHAT are the issues?
As health care continues to evolve, physicians find it helpful to hold medical licenses in multiple states. This is true especially for physicians who work in multiple offices across state lines. And as medical technology continues to evolve, tools like telemedicine allow physicians to provide effective and efficient patient care to patients who may be in other states—which means that the physician must hold a medical license in that state.

Medical organizations across the nation are working to implement an Interstate Licensing Compact—an optional, alternative pathway for qualified physicians to become licensed in multiple states in an expedited manner. The Federation of State Medical Boards will help states that pass legislation containing the same licensing compact language organize into a commission to process licenses, monitor discipline, etc.

WHY is it important?
The licensure process for a physician who practices in many states can be a significant time and administrative burden. This burden also can make it harder for health care systems to recruit physicians to work for them in border areas; the lag time it can take for the licensure process to be completed in multiple states often causes a physician to choose to work elsewhere rather than wait for licenses to be issued.

Recruiting high-quality physicians to Wisconsin (or keeping physicians in our state) is a constant challenge. A more efficient licensing process can help combat access to care issues.

WHAT can the State Legislature do to help?
The Compact will not be established until it is enacted in at least seven states. If the State Legislature moves the Compact legislature forward this spring, Wisconsin has an opportunity to be one of those initial states that will help establish important rule-making.

Additional Background Information
HOW it works
Physicians can apply for an “expedited license” in a state other than their own without filling out another formal application or providing another set of documents to the other state’s board. If they meet the eligibility requirements specified in the compact, the board in their “principal state” of license can attest to their qualifications, and the second state can license them.

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How it Works —continued

• A full and unrestricted medical license may be issued by a state board that is a member of the Compact.

• For a physician to be eligible to receive expedited licensing the following must apply:
  • No convictions or subject to certain alternatives to conviction by a court for a felony, gross misdemeanor or crime of moral turpitude.
  • No discipline by a medical board.
  • No disciplinary action related to a controlled substances.
  • Not under active investigation by a law enforcement agency or a medical board.
  • Successful completion of an accredited graduate medical education and certification by nationally recognized medical or osteopathic specialty boards.

• An estimated 80 percent of physicians nationwide will meet eligibility requirements.

• The cost of the Compact will be largely covered by compact licensing fees. These fees are only paid by physicians who voluntarily choose to participate—the cost will not be spread among physicians who choose not to participate.

• Authority of medical practice acts, scope of practice and quality of care remain with the state—regardless of participation in the Compact.

Amendment or withdrawal from Compact

• Commission may propose amendments—not effective until enacted into law by unanimous number of states.

• State can withdraw from Compact if state repeals enacting legislation.
Maintain Wisconsin’s Successful Collaborative Nurse Practice

Wisconsin citizens have long enjoyed health care of unrivaled quality; a situation due in large part to the fact that our physicians, nurses, physician assistants and myriad other health professionals work together in hospitals, clinics and other facilities toward that common goal. As our population grows, as baby-boomers retire, as Medicaid expands and the Affordable Care Act covers more and more Americans—under the guise of increasing access to care—there are an increasing number of threats to our successful cooperative care environment. This is prompted largely by national health care provider organizations. One such national effort now appears to have arrived in Wisconsin in regard to Advanced Practice Nurses (APNs). We urge your support for continuing Wisconsin’s collaborative tradition.

In 2014, a coalition of Wisconsin nursing organizations began advancing two proposals to eliminate “collaborative practice” between APNs and physicians (one legislative, one administrative rule). Billed as intending to “increase access” (without supporting evidence), these proposals would expand the scope of and create independent practice for APNs. These carry a strong potential to compromise the high quality of care with which Wisconsin citizens are accustomed, to reduce patient safety and to increase overall health care costs. **Wisconsin physicians ask for your opposition to independent nurse practice.**

Advanced Practice Nurse (APN) is a phrase used to describe registered nurses who receive advanced nursing training in certain areas (e.g., clinical nurse specialists or nurse anesthetists or nurse midwives). APNs are not physicians and have not completed the seven to 10 years of post-college education and clinical training physicians receive before they practice without the supervision of other physicians.

In Wisconsin, APNs generally do not practice independently. They see patients as a part of a medical staff team (hospital, clinic, Ambulatory Surgery Center [ASC], etc.). Since the 1990s, Wisconsin law has required that Advanced Practice Nurse Prescribers (APNPs)—APNs specially authorized to prescribe medication—have a documented collaborative agreement with a physician. Further, Wisconsin law has required APNPs to work collaboratively with physicians and other health care professionals and to work “in each other’s presence when necessary…to provide more comprehensive care than one alone can offer.” [Wi Admin Code N 8.02(5)] Physician supervision of APNPs is not required, as it is for physician assistants.

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Legislation
In 2015, the Wisconsin Nurses Association (WNA), the Wisconsin Association of Nurse Anesthetists (WiANA) and the American College of Nurse Midwives-WI (ACNM-WI) began lobbying various legislators on proposed legislation that would create Advanced Practice Registered Nurses (APRNs)—a new title to include nurse midwives, nurse anesthetists, clinical nurse specialists and nurse practitioners. The legislation also would add APRNs to the Injured Patients & Families Compensation Fund—a proposal with only one purpose: clearing a path for fully independent practice.

Administrative Rule
Concurrently, the same nursing groups are advocating with the Board of Nursing for sweeping changes to N8—the code section governing APNP’s scope of practice. Within these N8 proposals, the nurse coalition advocates:

- Eliminating any requirement that APNPs work in the presence of other health care professionals.
- Eliminating all restrictions on APNPs prescribing of Schedule II narcotic medications (e.g., hydrocodone, morphine, oxycodone, cocaine, methadone, amobarbital).
- Authorizing APNPs to independently order lab tests, CT scans, MRIs, x-rays and ECGs.
- Authorizing APNPs to give medical orders to other nurses.
- Eliminating largely symbolic language requiring the Board of Nursing to promote communication and collaboration among APNPs and physicians and other health care professionals.

The impact of these proposals for each type of APN and each physician-specialty varies, but there can be little argument that the goal of these combined proposals is to create independent practice for APNs in Wisconsin, risking the cooperative health care environment that has proven so successful for Wisconsin’s citizens.

Scant credible evidence exists to support the theory that independent nurse practice will increase the number of APNs in Wisconsin, will lead more Wisconsin APNs to live and practice in rural or other underserved areas or that currently APNPs in Wisconsin cannot find physicians with whom to collaborate as is legally required. Absent any credible evidence for the idea that these proposals can increase access to care, we urge you to maintain the collaborative health care environment that has served Wisconsin so well.
Opioids

Heroin, opioids and other drugs: Physicians are committed to help

Wisconsin's physicians were proud to stand with the State Legislature in the 2012-2013 biennium on the bipartisan effort to combat the growing scourge of heroin use. The Heroin and Opioid Prevention and Education (HOPE) package was a thoughtful first step in creating policies to help stem this tide. Physicians thank the Legislature for supporting these bills:

**Naloxone for First Responders (2013 Act 200) (Assembly Bill 446/Senate Bill 352)**
This bill makes naloxone and other opioid antagonists more readily available to first responders, as well as promoting more widespread use of the often life-saving drug. The law expands availability to police and fire departments, and it allows physicians to prescribe naloxone to an individual who could be in a position to assist another person needing the drug.

**Immunity from Certain Prosecutions for 911 Overdose Calls (2013 Act 194) (Assembly Bill 447/Senate Bill 350)**
Act 194 removes a disincentive for individuals to summon help for overdose victims due to fear of criminal prosecution for drug possession. The law grants immunity for those determined to be an “aider” in an overdose situation.

**Drug Disposal Programs (2013 Act 198) (Assembly Bill 448/Senate Bill 351)**
This law will make it easier for local government entities to create and operate prescription drug disposal programs. Prior law made it difficult for the state's Department of Justice to authorize such programs due to strict drug laws that did not contemplate disposal efforts. This act updates those laws.

**Opioid Treatment Program Funding (2013 Act 195) (Assembly Bill 701/Senate Bill 541)**
This law creates up to three regional opioid treatment programs in the state's rural and underserved high-need areas. The act specifies what the treatment program must offer, and that the programs also must provide transitions to post-treatment care.

Many entities have important roles to play in fighting opioid and illegal drug abuse. Physicians and policymakers stand together not just with law enforcement in fighting illegal activity, but also in pursuing new methods for improving prescribing practices and addiction prevention (especially when it comes to Schedule II drugs). We look forward to working with the State Legislature this biennium (2015-2016) on the next round of legislation.
Worker’s Compensation: Promote Collaboration on Smart Improvements

Background
Wisconsin’s Worker’s Compensation (WC) system is often held up as a national model—both for its structure and its performance for the state’s business and labor communities. Most changes to the state’s WC laws and administrative rules come through negotiations between labor and business representatives appointed to the Worker’s Compensation Advisory Council (WCAC). That council focuses on workplace issue areas familiar to those who operate those workplaces and those who work in them, negotiates any potential changes to current law, then has legislation drafted to reflect those agreed-to changes.

Because negotiating members around the WCAC table often lack medical expertise, four health care entities are official liaisons to the WCAC, including the Wisconsin Medical Society, the Wisconsin Hospital Association, the Wisconsin Physical Therapy Association and the Wisconsin Chiropractic Association. Members of those organizations also serve on the Health Care Provider Advisory Committee, which provide invaluable real-world information to the WCAC’s voting members.

How well does the system perform?
When employees are injured on the job, statistics show that they receive excellent health services that are provided efficiently, result in nation-leading return-to-work outcomes and come at a per-episode cost that is less than the national average. This successful care is provided despite the WC system lagging behind much of the health care world in timely payment, use of electronic health records and other 21st century improvements.

How can legislators protect this system?
Despite the long history of timely, efficient and cost-effective health care in the WC program, last session’s “agreed-to” bill proposed an artificial fee schedule for WC-related health care services. Health care made a vigorous case against such a drastic, unnecessary change; the State Legislature chose not to pass the “agreed-to” bill. It was the first time since World War II that a Worker’s Compensation bill failed to pass in a biennium; physicians appreciate the Legislature’s rejection of last session’s proposal.

Some interest groups have renewed their push for a WC health care services fee schedule, despite last session’s rejection. Legislators can help preserve Wisconsin’s successful WC system by asking these other entities to be collaborative rather than combative.

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The physician community is already committed to collaborating with other entities involved with Worker’s Compensation, even with the unfortunate memories of the fee schedule battle still fresh. Just the latest example: At the February meeting of the WCAC, the Health Care Provider Advisory Committee provided the WCAC a proposal to establish treatment guidelines related to opioid prescribing—a project the group worked on for more than a year. Physicians understand that all parties interested in the WC program have a fundamental responsibility to contribute to the program’s improvement.

We ask legislators to hold other WC entities to the same standards of commitment to improvement and to urge collaboration rather than confrontation.
Sponsoring group descriptions

The Wisconsin Academy of Family Physicians (WAFP) represents over 2,500 members, making it the single largest physician specialty group in Wisconsin. The association was established in 1948 to promote and maintain high professional and ethical standards in the practice of family medicine, encourage young people to prepare for careers in family medicine and to help provide continuing education to family physicians. The mission of WAFP is to promote excellence in health care and improve the health of Wisconsin's citizens through the advancement of the art and science of family medicine. To learn more about WAFP, please visit the association's website at www.wafp.org or phone Larry Pheifer at 262.512.0606.

The mission of the Wisconsin Academy of Ophthalmology (WAO) is to promote quality eye care for the citizens of the state through professional education opportunities, public policy advocacy and public service. Ophthalmologists are physicians—medical doctors—who provide medical and surgical care for treatment of diseases and other conditions. In addition, ophthalmologists take care of patients’ routine vision care needs such as regular exams for eye glasses and contact lenses. For more than 30 years, the WAO and its members from every part of the state have worked for the betterment of eye health for Wisconsinites. To learn more about Wisconsin’s eye MDs, contact the Wisconsin Academy online at www.WIeyeMD.org or contact Executive Director Rich Paul at: 800.838.3627; e-mail: RichardPaul@DLS.net.

The Wisconsin Association of Hematology and Oncology (WAHO) is a non-profit organization that promotes excellence in the care of patients with cancer and hematological disorders. WAHO represents cancer care providers throughout the state of Wisconsin and is the largest organization in the state representing oncologists. We are active in numerous health care issues facing those involved in cancer care, including reimbursement and practice management, clinical trials, off-label drug use for chemotherapy pharmaceuticals and advocacy with Medicare, managed care companies and state and federal policy makers. To learn more, visit our website at www.waho-wisconsin.com or contact Lu Anne Bankert, Administrator, at 301.984.9496 or e-mail Labankert@acc-cancer.org.

The Wisconsin Chapter of the American Academy of Pediatrics (WIAAP.org) is comprised of over 900 members in primary, subspecialty and allied care. WIAAP’s mission is to assure optimal health and safety for Wisconsin’s children and their families through advocacy and collaboration with other child interest groups and to give support and education to Wisconsin pediatricians, enabling them to continue to be the most effective providers of health care to children. Working together with public and private collaborators, we will ensure that children of our state will have a bright and healthy future and that our members will experience satisfaction and pride in their profession. For more information, please contact Kia LaBracke, KLaBracke@wiaap.org or 262.490.9075.
The Wisconsin Chapter of the American College of Cardiology represents over 650 members. The Chapter was established in 1992 and is committed to connecting members with other professionals, providing outstanding local educational opportunities, representing practice needs and representing physicians and their patients on pertinent health care advocacy issues. Our mission is to contribute to the prevention of cardiovascular diseases, to ensure optimal quality of care for individuals with such diseases, and to foster the highest professional ethical standards. Our current projects and goals include: 1) deployment of the $15.8 million, Wisconsin-initiated SMARTCare Award from the Centers for Medicare and Medicaid Services “Innovations Center” to improve the quality of care and reduce costs for patients with stable ischemic heart disease; 2) deployment of the “Million Hearts” initiative in Wisconsin to decrease the burden of heart disease in our state; 3) insuring prompt access to cardiovascular specialists—physicians and other cardiac care team members—along with prompt access to appropriate tests and treatments as outlined by the American College of Cardiology’s Practice Guidelines and Appropriate Use Criteria.

To learn more about the Wisconsin Chapter of the American College of Cardiology, please visit the website at www.wcacc.org or telephone 630.972.8400.

The local hospital emergency department is an essential public service to the citizens of Wisconsin. More than 400 emergency physicians—members of the Wisconsin Chapter-American College of Emergency Physicians (WACEP)—practice in communities throughout the state. They often are literally lifesavers for people with severe and urgent medical conditions, accident victims and those suffering from other trauma. In addition, emergency physicians take care of many patients with other medical problems such as routine illness, psychiatric issues or drug/alcohol-related difficulties. Doctors who practice in the emergency department are required to accept all patients regardless of their ability to pay and often represent the only source of medical care available to a large segment of the population. Emergency physicians are an important part of the health care safety net. Learn more about WACEP by contacting Chapter Executive Richard Paul at 800.838.3627; e-mail: RichardPaul@DLS.net; or visit us online at www.WisconsinACEP.org.

The Wisconsin Chapter of the American College of Physicians (ACP) is a chapter of the national organization for internists—physician specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment and compassionate care of adults across the spectrum from health to complex illness. ACP is the largest medical-specialty organization and second-largest physician group in the United States. The Wisconsin Chapter membership of over 2,000 includes internists, internal medicine subspecialists and medical students, residents and fellows. To learn more about ACP-WI, please contact Chapter Executive Jenni Kilpatrick at 414.276.8788 or e-mail, jenni@svinicki.com.

The Wisconsin Medical Society (Society) is the largest physician advocacy organization in Wisconsin, representing more than 12,500 physicians and their patients. Through its advocacy efforts, the Society represents the unified voice of physicians statewide on state and national health care issues and provides members with information needed to navigate health care legislation and regulatory changes. Though the practice of medicine has changed in myriad ways over the past 170 years, one thing has remained constant: the Society’s mission to improve the health of the people of Wisconsin. To learn more, please visit us at www.wisconsinmedicalsociety.org or contact Mark Grapentine, Senior Vice President of Government and Legal Affairs at 608.442.3768.
The Wisconsin Neurological Society (WNS) was founded in 1974 and is committed to advancing the field of neurology in Wisconsin through education and sharing of scientific information. WNS represents over 200 neurologists throughout the state, providing high quality patient care, research and training. To learn more visit our website at www.wi-neurolsoc.com. You also can contact the WNS office directly at 920-560-5622 or wns@badgerbay.co.

Wisconsin Orthopaedic Society: The purpose of the Wisconsin Orthopaedic Society (WOS) is to enhance the commitment of practicing orthopaedic surgeons in Wisconsin to stay abreast of current information and advancements in the dynamic practice of modern orthopaedic surgery, to maintain the highest medical and ethical standards and, ultimately, to improve service and optimize care to our patients. This is encouraged by our members and by selected guest speakers and annual meetings. For more information, contact Executive Director Deb Soik at dsoik@mcw.edu or WOS President Jon Henry, MD, at jhenry@baycare.net.

The Wisconsin Psychiatric Association (WPA) represents over 400 members throughout the state dedicated to patient care, education and research. Psychiatrists are qualified to assess both the mental and physical aspects of psychological disturbance and specialize in the diagnosis, treatment and prevention of mental health, including substance use disorders. The Association and its members work together to ensure the effective care and treatment for all persons with mental disorders. To learn more, visit the WPA website at www.thewpa.org. You can also contact the WPA office at 920.560.5643, or wpa@badgerbay.co.

The Wisconsin Radiological Society (WRS) is a chapter of the American College of Radiology, serving over 750 diagnostic radiologists, interventional radiologists, nuclear medicine physicians, physicists and radiation oncologists in the state of Wisconsin. The purpose of the Wisconsin Radiological Society reflects that of the American College of Radiology: advancing the science of radiology, improving radiologic service to patients and the medical community, and studying the economics of radiology; the encouragement of improved and continuing education for radiologists; and the establishment and maintenance of high medical and ethical standards in the practice of radiology. To learn more about WRS, please contact the WRS directly by phone at 414.755.6293 or by e-mail, info@wi-rad.org.

The Wisconsin Section of the American Congress of Obstetricians and Gynecologists is the leading professional association of physicians specializing in women's health care. The Section represents over 600 obstetricians and gynecologists from throughout the state and works to protect and improve the health and welfare of all women in Wisconsin. To learn more, contact the W-ACOG office directly at 920.560.5636 or w-acog@badgerbay.co.

The Wisconsin Society of Anesthesiologists (WSA) was chartered by the American Society of Anesthesiologists (ASA) in 1947 as its 14th component state society and today represents more than 600 anesthesiologists in Wisconsin. WSA's mission includes the following: to represent in one organization licensed physicians who are engaged in, or otherwise especially interested in, anesthesiology; promote the highest level of patient safety through the general elevation of the standards of this medical specialty; disseminate information in regard to anesthesiology; protect the public against unqualified practitioners of anesthesiology; and safeguard the professional interest of its members and, in all ways, develop and further the specialty of anesthesiology. Please contact Eric Jensen at 608. 287.3281 if you have questions or desire additional information.
Founded in 1940, the Wisconsin Society of Pathologists (WSP) represents board-certified pathologists. (WSP) is committed to serving the interest of patients, pathologists and the public by fostering excellence in the practice of pathology and laboratory medicine. To learn more, visit the WSP website at www.wis-path.com. You can also contact the WSP office at 920.560.5634 or WSP@badgerbay.co

Founded in 1946, The Wisconsin Surgical Society (WSS), a Chapter of the American College of Surgeons, stated its business and purposes to be “…the cultivation and the improvement of the science and art of surgery for the betterment of surgical care of the citizens of Wisconsin and the closer professional and social relations of the surgeons of the state and such other matters as may properly come before its sphere.” For more information, please visit our website at www.wisurgicalsociety.com. You can contact us directly at wisurgical@att.net or by calling 414.617.0880.

The Wisconsin Medical Group Management Association (WMGMA), founded in 1946, is the leading voice for medical group practice managers in Wisconsin. The WMGMA is comprised of over 200 members who lead and manage nearly 100 unique medical practices across the state. The WMGMA is committed to improving the effectiveness of medical group practices and enhancing the professional knowledge and skills of individual members. For more information, contact the WMGMA office at 920.560.5621 or wmgma@badgerbay.co.

The Association of Wisconsin Surgery Centers (WISCA) represents over 45 ambulatory surgery centers (ASC) throughout Wisconsin. Founded in 1992, WISCA is committed to helping members provide high quality and cost-effective health care throughout the state. To learn more about WISCA or to find an ASC near you, visit our new website at wisc-asc.org. You can also contact the WISCA office directly at the 920.560.5627 or wisca@badgerbay.co.

The Medical College of Wisconsin (MCW) is the state’s only private medical school and health sciences graduate school. MCW is dedicated to leadership and excellence in education, patient care, research and service. MCW’s economic impact is far reaching; with more than 5,500 faculty and staff, MCW is the eighth-largest employer in the metro Milwaukee area. Over 1,200 students are enrolled in MCW’s medical and graduate school programs. Approximately 1,540 MCW physicians provide care in virtually every medical specialty, representing more than 1.6 million patient visits. To learn more, please visit www.mcw.edu or contact Kathryn Kuhn, Vice President of Government and Community Relations at 414.955.8217.

In keeping with the Wisconsin Idea, the University of Wisconsin School of Medicine and Public Health in Madison sees the borders of the state as the dimensions of the medical school. Hundreds of physicians throughout the state volunteer their time and expertise by serving as community faculty and mentors to students in the MD Program. In each of their four years of training, medical students have educational experiences with community faculty at hospitals and clinics throughout Wisconsin. Recognized as an international, national and statewide leader in educating physicians, investigating the causes of disease, exploring innovative solutions to medical problems and translating research into compassionate patient care, the UW School of Medicine and Public Health seeks to attract the very best students, educators and researchers in pursuit of our mission. Please contact Erin Elliott at 608.577.6539 or EElliott@uwhealth.org if you have questions or desire additional information.
Making an impact in politics requires knowledge of the process and the issue. Use the hints and process below to familiarize yourself with the political process and legislative meetings.

When speaking with your legislator or their staff:

1) Check to see if there is a position organized medicine has taken.
   • Many medical societies and associations have policy on most issues.

2) Identify yourself.
   • “I’m a physician who.”
     (The fact that you’re a physician moves you to the front of the line on many issues so be sure to mention it!)
   • “I practice medicine in ...”
     “I see ____ number of patients each week/month”

3) Explain your relationship to the issue.
   • “I am a member of the _________...”
   • “As a physician, I see patients who...”
   • “As a specialist in the field of...”

4) Ask to speak to the staff member who handles health policy issues.
   • Legislators are tied up in many meetings. So build a relationship with the staff and the legislator so they know you when you call. You can request a call from the legislator if you meet with staff.

5) Be prepared.
   • Jot down some notes before calling or meeting, so you get your point across, being as specific as you can. Reference talking points.
     Be specific.
   • Give the bill number if you know it or identify the subject area.

   Basic facts and arguments.
   • Legislators are busy, so distill your argument down to the most basic facts and arguments.

   Clearly state your position and reasoning.
   • Perhaps you support an entire bill or maybe you are against a single amendment. Back up your claim with facts and personal experience.
Be reasonable.
• Don’t bully. Threats and yelling are sure ways to be ignored or dismissed.
• Legislators are human, too. Don’t expect the impossible and remember, they are just one of many in the Capitol.

6) Ask for a response.
Make specific requests.

• “Please let me know your views.”
• “…get back to me before my meeting on…”

7) Check back with the person you talked with.
• Ask what’s happening! Follow the progress of your issue as it winds through the political process.

8) What not to say!
• “You’re wrong.” (even if you think they are)
• Do not talk about contributions when in the Capitol or on the phone when talking about issues!
• “If you vote for this bill, I’ll be sure some money finds its way into your campaign fund.” (this is a bribe)
• “I supported your opponent.” or “I didn’t vote for you.” or “I’d never vote for you.”
• “I’m in the opposite party as you.” or “I only give money to Democrats.” (and you’re talking to a Republican)
• “If you don’t change your mind, give me one good reason to vote for you next time around.” (this is a threat)

9) Comments to look out for.
• “I want everyone to pull together.”
• “That will cost a lot of money.”
• “It doesn’t have a lot of support from my colleagues.”
• “There are no co-sponsors in the other house.”
• “This issue is very controversial.”
• “You will have a tough time getting it passed this session.”

10) The Rules to Remember Are
• Don’t be discouraged! It often takes a few tries to ‘educate’ your legislator.
• Remember: often the most important function of contacting your legislator is simply the fact that you did—regardless of her/his response.

11) Say Thank You for their time
FOLLOW-UP REPORT

Your name: _________________________________________________________________________________

Name of Legislator: __________________________________________________________________________

Name(s) of person(s) met with (legislator or staff): ________________________________________________

Name of person(s) from Doctor Day with you: _____________________________________________________

What is the position of the Legislator on the issue?

Issue 1: ____________________________________________  Issue 2: ________________________________
        _____ Supports Society’s position                _____ Supports Society’s position
        _____ Leans toward Society’s position            _____ Leans toward Society’s position
        _____ Unknown                                    _____ Unknown
        _____ Leans against Society’s position           _____ Leans against Society’s position
        _____ Against Society’s position                 _____ Against Society’s position

Legislator’s main concerns about this issue: ______________________________________________________

Issue 3: ____________________________________________  Issue 4: ________________________________
        _____ Supports Society’s position                _____ Supports Society’s position
        _____ Leans toward Society’s position            _____ Leans toward Society’s position
        _____ Unknown                                    _____ Unknown
        _____ Leans against Society’s position           _____ Leans against Society’s position
        _____ Against Society’s position                 _____ Against Society’s position

Legislator’s main concerns about this issue: ______________________________________________________

What are the legislator’s main concerns on the issue(s)?

Follow-up needed from Doctor Day staff:
        _____ Call from staff
        _____ Additional information
        _____ None
        _____ Other