



# AMA Alliance Advocacy Connection

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## Legislation Committee

Pat Hyer

Emily Hill

Keely Hunsaker

Mary Shuman

Sue Vegors

Rosemary Xavier

### Content Editor

[nancy.battaglia@ama-assn.org](mailto:nancy.battaglia@ama-assn.org)

[www.amaalliance.org](http://www.amaalliance.org)

Greetings!

Welcome to the AMA Alliance Advocacy Connection, a quarterly electronic newsletter for Alliance members, designed to keep you informed of reported state legislative actions that may have an impact or future impact on the medical practice in your area.

For details on specific legislative activity or help in your state or county, send an e-mail to [amaa@ama-assn.org](mailto:amaa@ama-assn.org). A member of the Legislation Committee will contact you to hear your concern or follow-up on your interest. To suggest a story for this newsletter, please e-mail [nancy.battaglia@ama-assn.org](mailto:nancy.battaglia@ama-assn.org).

Please share this e-newsletter with other Alliance members and non-members. For more information on Alliance activities, visit the [AMA Alliance](#) Web site.



2008 National Advocacy Conference

## Advocacy Resources

Find the status of legislative issues in your state in an easy- to-read format -- Health Care, Health Finance, Cost and Insurance, Public Health -- Visit the National Conference of State Legislators [Web site](#) for information on these topics and more.

Learn about nonprofit advocacy and lobbying basics. Visit the Center for Lobbying on the Public Interest [Web site](#). Its *Nonprofit Lobbying Guide* is available online, and explains lobbying laws and describes how to lobby effectively within the non-profit realm. It has a wonderful piece on what is legal within the nonprofit world.

### Quick Links

[AMA Alliance Website](#)

[Alliance Products](#)

[Join Now](#)

[Click Here to Renew your AMPAC Membership](#)

Alliance members gathered in Washington, D.C., to show unity with the advocacy agenda of the American Medical Association (AMA) on behalf of their spouses and to gain personal growth and leadership skills benefiting Alliance goals for the families of medicine.

The AMA Alliance Capitol Conference, Winter Session was conducted in conjunction with the AMA National Advocacy Conference March 31-April 2, 2008. The AMA Alliance and the AMA joined together to help make a difference for the family of medicine, community and the country's health care.

Dr. Edward Langston, AMA Board Chair, spoke with the 2007-2008 Alliance board of directors on Sunday evening, citing the Alliance as an effective partner in achieving their health initiatives.

"You are so active in your states; this is helpful to us at the AMA," said Dr. Langston. "Your partnership with us allows us to achieve our objectives in harmony with your objectives to deliver the messages we share."

The conference was such a success that the Alliance has been invited to join the AMA again in Washington, D.C., March 7-11, 2009!

## The Importance of AMPAC Membership

*By Nancy Neal, AMA Alliance and AMPAC Board Member*

Your membership in the American Medical Association Political Action Committee (AMPAC) is especially important in an election year. Your state Political Action Committee (PAC) concentrates on the state races and work directly with AMPAC to identify the candidates for the U.S. Congress who have demonstrated an understanding and willingness to fight for the issues most important to our physicians. AMPAC is the largest physician PAC in America, 40,000 members strong, it's visibility, strength and effectiveness are unmatched among other medical PACs and AMPAC has been leading the way since 1961.

The AMA and AMPAC work closely together. AMPAC is the bipartisan political action arm of the AMA. The AMA has an aggressive legislative advocacy effort on Capitol Hill and as AMA members, we are called upon to make calls and contacts when legislative alerts come to us and we participate fully. But no amount of advocacy or lobbying by the AMA can be effective without legislators who understand and fight for our issues. This is where AMPAC comes in, helping elect those candidates whom the AMA works with in shaping legislation that helps our doctors practice medicine, such as Medicare physician payments and medical liability reform legislation.

Strong membership in AMPAC truly does make the difference. With a less than 10 percent physician membership nationwide in AMPAC, we are still one of the top PACs in the nation. As an Alliance member, your support is very valuable. Can you imagine what we could do, if we all worked together? Your membership does matter. Join today if you are not a 2008 member.

***Together we are stronger!***

## Register and Vote - It's Good for Your Health

*By Julie Newman, North Carolina Medical Society Alliance*

As we get older, it is hard to believe in miracles, but sometimes they do happen. The presidential primaries for the Democrats so far have not yielded a clear winner. The race for governor in both parties is crucial. This year your vote in the Primary Election will make a difference. It is more important than ever that you not only register and vote, but that you get others to do the same.

Voter registration and voting are easier than ever. You can find voter

registration forms at the Department of Motor Vehicles, most public libraries and your county board of elections. You register by completing the form and mailing it to your county board of elections. You also can take advantage of same day registration by voting at a one-stop voting site between **April 17** and **May 3** (You will need to check with your local board of elections to find out where these sites will be and what hours they will be open). At a one-stop voting site, you can register and vote at the same time.

The only way we are going to get the government we want and the health care system we need is by participating in the process.

You can encourage others to vote by carrying voter registration forms with you and giving them to eligible voters who aren't registered. Raise the issue at your alliance meetings, church, office, book club, country club, child's school, senior citizens' complex, grocery store, doctors' lounge and spouses' office. Encourage your spouse to put out voter registration forms.

Remember there is nothing more important you can do for the health of your community- or you can wait until next year and just complain.

## **On Medicare and Scorned by the Docs**

*Washington Post, April 6, 2008*

For most people, the transition to Medicare at age 65 is fairly seamless. By all accounts, the odds are that your doctor will continue to treat you once you become a Medicare patient.

"It would be very unusual for a physician to say, 'I'm going to stop seeing you now because you are on Medicare,' " said Cecil B. Wilson, former chairman of the [American Medical Association's](#) board of trustees.

But Medicare recipients who move, or who need a new doctor, sometimes find that the doors are closed.

The most recent survey for the Medicare Payment Advisory Commission, an independent congressional agency, found that 29 percent of Medicare beneficiaries had problems finding a primary care doctor, compared with 17 percent of younger patients who were privately insured. [Click here](#) to read more.

## **Senate Approves Paddack's School Defibrillator Bill**

*Oklahoma State Senate, April 8, 2008*

The Oklahoma State Senate unanimously approved a proposal by Senator Susan Paddack, a Democrat from Ada, Okla., urging federal funding or private donations for automated external defibrillators (AED) devices that could save a student's life in a medical emergency.

Paddack, who served as president of the AMA Alliance from 2000-2001, said Senate Bill 923, which is also known as the Zachary Eckles and Luke Davis Automated External Defibrillators in Schools Act, encourages school districts to make automated external defibrillators available at each school.

"A matter of seconds is critical during a cardiac emergency. This bill pushes

for more of these life-saving machines to be placed in our schools," said Paddack. "As policymakers, we have responsibility to help protect the health and safety of Oklahoma's children. These machines can save lives when a young person is in cardiac distress."

An irregular heart beat is the most common cause of sudden cardiac death among otherwise healthy young people during physical activities and athletic competitions. Defibrillators are easy to use and training for the machine is now part of basic CPR training. [Click here](#) to read more.

## **Gov. Easley Announces Groundbreaking Health Care Initiative**

*From the Office of Mike Easley, April 3, 2007*

Gov. Mike Easley recently announced a plan to fundamentally restructure the delivery of health care in North Carolina by standardizing the level of care and insurance coverage for the five most chronic conditions. This unique plan will do more than any other in the nation to improve citizens' health, help doctors deliver the quality care they strive for and save hundreds of millions of dollars in medical costs.

For more than a year, the state's major health insurance providers, physicians and hospitals have been meeting under Easley's leadership to design a single set of 'best practice guidelines' to more effectively treat five of the most widespread and costly chronic medical conditions: diabetes; asthma; hypertension; congestive heart failure; and heart attack. Chronic diseases account for 80 percent of health care spending. [Click here](#) to read more.

## **House Panel OKs Bill to Delay Medicaid Cuts**

*AMNews, April 28, 2008*

The nation's governors and the physician and hospital communities are concerned about Medicaid rules that would reduce hospital funding and eliminate graduate medical education (GME) funding.

A bipartisan bill to delay Medicaid rules that would cut billions in federal funding for hospitals and physician training has attracted support in the House.

A House Energy and Commerce subcommittee approved the legislation unanimously on April 9. The measure would prevent until April 1, 2009, the implementation of seven Medicaid rules introduced since 2007 by the Centers for Medicare & Medicaid Services. One of the regulations would eliminate, on May 25, Medicaid funding for GME -- an estimated \$1.78 billion over five years. [Click here](#) to read more.

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AMA Alliance | 515 North State St, 9th Fl | Chicago | IL | 60610