special report

A Message From the ACCP Government Liaison Committee

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The American College of Chest Physician (ACCP) Government Liaison Committee was established in 1973 to represent the College before the legislative, executive, and judicial branches of our federal government. Presently serving on the Committee are the following ACCP Fellows: Drs. William Dasher, Douglas Gracey, David Gutterman, William Haik, Alex Little, James Mathers, Rachakonda Prabhu, John Studdard, and Ronald White. Our Washington-based legal counsel are Raymond D. Cotton, J.D., S.M. Hyg. and Michael Gaba, J.D. The ACCP staff serving the Committee are Ms. Lynne G. Marcus, Director of Membership and Government Liaison, and Ms. Marla Brichta, Assistant to the Director of Government Liaison.

As a result of the Clinton administration’s focused effort to reform the provision and delivery of healthcare services, the ACCP’s Board of Regents has directed this Committee to increase its profile and presence on Capitol Hill. The Committee now sees its charge as twofold. First, we are to provide information and analysis to our members about what is happening in Washington on the legislative healthcare scene. With the aid of our Washington counsel, we will monitor legislative activities and communicate with the ACCP members to keep them abreast of relevant issues and events. Second, we are to represent interests of our patients and the ACCP membership by informing members of Congress and the administration of our views on health issues relevant to our patients and the membership of the College.

We are attempting to fulfill our first mission to communicate with our fellows through several means. First, Legislative Issues is published for our Fellows on a monthly basis under the direction of Ms. Marcus to provide an ongoing overview of important legislative issues and events taking place in Washington. We also publish a Legislative Alert which is sent to our Fellows when unexpected or urgent issues arise which require quick action by our Fellows, eg, writing letters or placing telephone calls to, or meeting with their representatives in Washington. In addition, for the benefit of the membership, the Committee will be coordinating a focused panel discussion during the ACCP Annual Meeting on a selected topic relevant to a national healthcare issue. Finally, we are completing plans to invite all Fellows to attend an ACCP Capitol Hill Caucus in Washington this spring which will include meetings with government figures and the opportunity to visit Capitol Hill.

In terms of representing our patients and the ACCP Fellows, the Government Liaison Committee has been active on behalf of the College in several ways over the past year. One area in which we spoke loudly and frequently was that of the importance of smoking cessation. Members of our Committee communicated with and visited an array of congressmen to support the legislation of Senator Bill Bradley (D-NJ) and Representative Mike Andrews (D-TX) for an increased cigarette excise tax, not from the perspective of raising revenue to finance healthcare reform, but from the perspective of the health benefits of smoking cessation. Increasing cigarette costs puts a squeeze on disposable income and results in reduced smoking, particularly among the younger population. Immediate Past President, Dr. Paul Stein, and others were very helpful in these efforts which have resulted in increased recognition of the ACCP as a health advocate. Such was documented by the following statement published in the Congressional Record on October 19, 1993, by Representative Richard Durbin (D-IL):

Mr. DURBIN. Mr. Speaker, the members of the American College of Chest Physicians deserve the recognition of my colleagues for their longstanding efforts to reduce the number of unnecessary deaths and disease caused by tobacco use.

All physicians recognize that their patients will be healthier if they stop smoking. In recent years, the medical community has called attention to the important role physicians can play if they encourage their patients to stop smoking and provide support to help them end their addiction to tobacco. Many physicians have responded to this challenge

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and can count the patients whose lives have been extended as a result.

For more than a decade, however, one physician organization has made this goal a central component of its very identity. The American College of Chest Physicians has chosen to highlight the importance of this issue by incorporating a smoking cessation commitment into the traditional pledge taken by each new fellow of the College.

Someday...we will achieve the goal of a smoke-free society. When that day comes, the members of the College will no longer need to make this commitment regarding tobacco use. They will be able to take part of the credit for the improved health and well-being that accompanies a smoke-free lifestyle. Until that day comes, I hope the members of the College will continue to take the lead in the effort to reduce the unfortunate addiction to tobacco that plagues so many of our fellow citizens. I wish them well in their efforts.

As an added action arm, our Committee has begun a Key Contact program. This volunteer group of Fellows (now over 200 strong) has identified itself as having some contact with or access to members of Congress and the willingness to exercise that contact when asked. This group also includes those Fellows who would like to develop contacts with their representatives on behalf of the College. Fellows are encouraged to join this program which has proved to be a useful means for delivering College messages.

In the near future, we will be utilizing the results of our healthcare reform survey, taken during the past ACCP Annual Meeting in Orlando, to continue to represent the views of our members as the debate and eventual implementation of changes in healthcare proceed. The survey results will help us identify and prioritize your concerns and interests.

On the horizon are two issues of concern. One revolves around how a reformed healthcare plan will define “primary care.” Essential to this analysis is identifying how much primary or general care is provided to patients by specialists such as pulmonologists and cardiologists, and how this level of effort should be factored into the definition. We will be surveying the membership to determine the answers to these questions. The final analysis should provide very useful information to the Clintons and their team of healthcare experts. The second issue is how graduate medical education of fellows-in-training in our specialties will be treated under healthcare reform. Clearly, the “politically correct” stance at present is that we should downsize our training programs and decrease the number of trainees. Is this necessary or appropriate? Might not an equally productive alternative be to recognize and expand the amount of primary care provided by specialists?

The Government Liaison Committee intends to explore this issue with the membership and share the College’s position with the healthcare policy makers in Washington.