



PHYSICIAN'S GUIDE TO

LEGISLATIVE ADVOCACY

(EDX MEDICINE EDITION)



INTRODUCTION

The American Association of Neuromuscular & Electrodiagnostic Medicine's (AANEM) Policy Department is pleased to provide you with a *Physician's Guide to Legislative Advocacy*. This guide is designed to provide you with information, strategies and resources to help you become an effective advocate for neuromuscular and electrodiagnostic medicine and, most importantly, the patients you serve.

Elected officials count on, and need, constituent input to become effective legislators. Ongoing communication is the only way your congressional representative will know and understand how you, the voter, feel about particular issues.

This guide will provide you with a brief summary of the federal legislative process and outlines the various communication tools available to you, as a member of the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) and as a concerned citizen. While the guide refers specifically to communicating with members of Congress, the suggestions and methods covered can easily apply to any elected representative at every level of public service.

Letters, e-mails, phone calls, personal visits, and group meetings are typical ways in which constituents get their message to legislators. As a member of the medical community, your responsibility in communicating with members of Congress is especially great, as you are a patient advocate. Who better to explain the complex nature of medically related policy decisions than those involved with them on a day-to-day basis?

In addition to the content provided in this guide, please do not hesitate to contact AANEM policy staff for more information or resources on specific policy issues. You can contact the policy department at: policy@aanem.org or at (507) 288-0100.

CONTENT

<i>The Senate and House of Representatives: A Brief Overview</i>	3
<i>How A Bill Becomes A Law</i>	4
<i>Congressional Websites</i>	5
<i>Contacting Your Legislator</i>	
<i>Telephoning a Legislator</i>	6
<i>E-mailing/Writing a Letter to a Legislator</i>	7
<i>Meeting with a Legislator</i>	9
<i>Frequently Used Terms</i>	12
Appendix A: SAMPLE SCRIPT FOR TELEPHONE CALL TO LEGISLATOR	15
Appendix B: SAMPLE/OUTLINE OF AN EFFECTIVE LETTER.....	16
Appendix C: EMG/NCS CUTS TALKING POINTS.....	19
Appendix D: SAMPLE FOLLOW-UP LETTER TO LEGISLATOR.....	21
Appendix E: SAMPLE <i>PATIENT</i> LETTER TO LEGISLATOR.....	23

The Senate and House of Representatives: A Brief Overview

Established by Article I, Section 1 of the U.S. Constitution, the legislative branch consists of both the Senate and House of Representatives, which together constitutes the U.S. Congress. Each term of Congress lasts for two years, beginning in January of the odd-numbered year following the nation elections in November. Each term is further divided into two one-year sessions.

U.S. Senate and House of Representatives At-A-Glance

SENATE	HOUSE
Serves 6-year terms	Serves 2-year terms
100 Members	435 Members
State-wide election	Elected in districts
More equal distribution of power	More powerful committee leaders and leadership
Extended debate	Rules limit debate
Amendments generally allowed	Amendments may not be allowed
60 votes needed to bring bill to vote (overcome filibuster)	Majority leadership determines whether a bill is brought to the floor
Simple majority needed to pass bill	Simple majority vote needed to pass bill

How A Bill Becomes A Law

1. A member of Congress introduces a bill.

When a senator or representative introduces a bill, it is sent to the clerk of the Senate or House, who gives it a number and title. Next, the bill goes to the appropriate committee or subcommittee.

2. Committees review and vote on the bill.

Committees specialize in different areas, such as foreign relations or agriculture, and are made up of small groups of senators or representatives.

The committee may reject the bill and “table” it, meaning it is never discussed again. Or it may hold hearings to listen to facts and opinions, make changes in the bill and cast votes. If most committee members vote in favor of the bill, it is sent back to the Senate and the House for debate. If the bill was reviewed by a subcommittee, it may be referred to the full committee for additional hearings and a vote before being sent to the Senate and House for vote.

In the Senate, the leaders of the majority and minority parties agree by a supermajority of at least 60 votes or by unanimous consent to schedule a full Senate debate. In the House, the Rules Committee sets a rule governing the time limits for debate on the bill, and the way in which amendments may be added.

3. The Senate and the House debate and vote on the bill.

Separately, the Senate and the House debate the bill, offer amendments and cast votes. If the bill is defeated in either the Senate or the House, the bill dies.

Sometimes, the House and the Senate pass the same bill, but with different amendments. In these cases, the bill goes to a conference committee made up of members of Congress. The conference committee works out differences between the two versions of the bill.

Then the bill goes before all of Congress for a vote. If a majority of both the Senate and the House votes for the bill, it goes to the President for approval.

4. The President signs the bill—or not.

If the President approves the bill and signs it, the bill becomes a law. However, if the President disapproves, he can veto the bill by refusing to sign it.

Congress can try to overrule a veto. If both the Senate and the House pass the bill by a two-thirds majority, the President's veto is overruled and the bill becomes a law.

Congressional Websites

United States Congress

www.congress.gov

Information on current and past legislation, public laws, appropriations, legislative activity, Members of Congress, committees and more.

United States Senate

www.senate.gov

Information specific to the Senate, including Senate members (and their voting record, bills sponsored), legislative process, committees, calendars, activities and bills.

United States House of Representatives

www.house.gov

Information specific to the House chamber, including House members (and their voting record, bills sponsored), legislative process, committees, calendars, activities and bills.

Congressional Budget Office

www.cbo.gov

Nonpartisan analyses of legislative, budgetary and economic issues impacting federal legislators and budgeting processes.

The White House

www.whitehouse.gov

Information pertaining to the President, Cabinet members, and other entities within the White House.

Federal Register

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=FR>

Daily publication of the federal government that issues proposed and final administrative regulations of federal agencies.

Congressional Record

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=CREC>

Official record of the proceedings and debates of the U.S. Congress. It is published by the U.S. Government Printing Office and is issued when the U.S. Congress is in session.

Voting Records

www.votesmart.com

Voting records of legislators (especially helpful for newer legislators)

Open Secrets

www.opensecrets.org

Contains information on who (PACs, sectors, individuals, etc.) has contributed to individual legislators. This will provide information on their interests, leanings, etc. *Caution: do NOT mention any of this information to the legislator when meeting with him/her or his/her staff.*

Contacting Your Legislator

Telephoning a Legislator

- Prepare before you call. Organization will make your call more effective.
- If leaving a voicemail, mention in your message that you will follow-up with an e-mail with your request in writing along with your contact information (*and follow through!*)
- Make a list of the key points you wish to make during your call.
- Review your facts, including any available resource materials.
- When the legislature is in session, call the capitol office, during recess and on Fridays, call the district office (*contact information for your legislators can be found by typing your zip code into grey box on the lower right side of this website: <http://cqcrcengage.com/aaanem/home>*)
- Ask to speak directly to the legislator; if he/she is not available, ask to speak to the legislative assistant (LA) assigned to health policy.
- When the legislator or his/her assistant is on the line, give your name, where in the district you live, and any other pertinent information. If you have met the legislator or staff member on the phone, remind them how you know each other or where you met.
- State the reason for your call. Use bill numbers when appropriate.
- Discuss only one issue per telephone call.
- Following the key points you prepared before your call, briefly state your position and explain what action you wish the legislator to take.
- If the legislator is undecided, offer to furnish information which relates to your views and then follow through and furnish it.
- If the legislator supports your position, express your appreciation and thanks.
- If the legislator opposes your position, do not argue or be antagonistic. Do request he/she give your view further consideration.
- Right before a vote on a hotly debated issue, the person answering the telephone may only be able to record whether you are for or against the bill.
- If you are asked a question you don't know the answer to, don't guess – tell them you aren't sure but that you will look into it and get back to them. Try to get them the information within a day or two of the phone call so they don't forget who you are or why you initially called.
- See **Appendix A** for a Sample Phone Script.

E-mailing/Writing a Letter to a Legislator

Personal letters or e-mails outlining key points of an issue are an effective tool when communicating with legislators. Letters/e-mails should be brief and to the point. These are the main source of information used by legislators to assess their constituencies' views. (*Note: if you send a letter, know that it will likely take a couple of weeks to reach the office as it will go through security screening. Letters are also often damaged in this process so you may want to send the letter via e-mail as well*)

Basic guidelines for writing:

- When referring to a member of the federal or state government, it is appropriate to address the envelope “The Honorable *NAME*.” In the letter you may say Representative, Senator, Congresswoman etc. In an e-mail, you may address them as either “Congressman/woman *NAME*” or “Senator *NAME*.” Don’t misspell his/her name!
- If writing an e-mail, keep the subject line germane to the e-mail content so they understand the point at first glance and can easily search for the e-mail later. Don’t use a subject line that could be mistaken for a mass e-mail.
- Identify yourself in the first paragraph. If you are writing as a constituent, a president of an organization, or a chairperson of an association, indicate this.
- Identify your reason for writing in the first paragraph. State your position on the legislation and include a bill number whenever possible.
- If writing a letter, write on personal stationary or on plain paper.
- Use facts, but don’t overload the letter/e-mail with them. Facts tend to validate a letter/e-mail and illustrate that thought has been given to the position.
- Include your return address on the letter and any other contact information you would like them to have.
- Keep it short. Write the letter/e-mail about one issue. If there is more than one issue of concern, write more than one letter/e-mail.
- Ask for a reply. Indicate that a reply including the legislator’s position on the issue would be appreciated.
- See **Appendix B** for a sample letter/outline of an effective letter; see **Appendix D** for sample meeting follow-up letter.
- See **Appendix C** for EMG/NCS reimbursement cuts talking points.
- See **Appendix E** for a sample letter with instructions for **YOUR PATIENTS** to send to Congress.

****Use this link to e-mail your legislator:** <http://cqrcengage.com/aaanem/app/write-a-letter?4&engagementId=71361>

This link will take to you a webpage that will ask for your contact/location information and will then send you to a form to draft your e-mail. Put your e-mail message in the form (*there are instructions/suggestions on the right-side of the page*). The subject line is pre-filled but you can change it. **NOTE: your e-mail will automatically be sent to both of your Senators and your Congressman. If you don’t want it sent to all three, uncheck those you don’t want it sent to on the right-side of the page.

Meeting with a Legislator

Scheduling the Meeting:

- 1) Decide if you would like to meet with the legislator while he/she is in your district or at his/her office in D.C. Call the appropriate office. Contact information for individual offices can be found by typing your zip code in on bottom right side of this website: <http://cqrcengage.com/aanem/home> - click on the legislator for contact information.

When planning your efforts, remember to consider the time line of events that are out of your control. In the United States, for example, several time frames with legislative significance are worth taking into account:

January: The president gives his State of the Union address.

February: The Executive Budget is released, highlighting the president's priorities for the coming year.

March: Congress begins work on the annual budget process. The House and Senate work on budget resolutions to set general spending parameters for the year.

August: Congress takes its summer recess. This is a good opportunity to meet with members of Congress in their home states and districts.

September/October: Congress targets this time for adjournment. The federal fiscal year begins in October.

November: Elections are held on even-numbered years.

- 2) If you meet with a legislator (or staff) in D.C., consider requesting a follow-up meeting with the legislator in his/her home district. Then follow-up with an email to the legislative assistant the following day.
- 3) Make the request 2-4 weeks in advance. Most offices are not willing to schedule out beyond 4 weeks due to uncertainties in the legislator's schedule.
- 4) Provide the scheduler with the necessary information. Your name and contact information, meeting topic/reason for meeting, requested meeting date and the number of individuals you will be bringing to the meeting, if applicable. Check the legislator's website for information on how they schedule meetings. Some require requests be made through their websites. Others require phone calls or written requests.
- 5) Be prepared to meet with a member of the staff. If the legislator is not available, the scheduler may offer a meeting with a staffer assigned to your area of interest. Staffers are very knowledgeable on the issues and have the trust of the legislator.

Conducting the Visit:

- 1) Be on time. Contact the office if you are running late. If you are meeting in D.C., try to be no more than 5 minutes early, as the legislative offices are often full of other lobbyists and constituents meeting on various issues.
- 2) Be flexible. If you are meeting with the legislator in D.C., the Senator/Representative/ Staffer cannot predict when a floor vote will occur. You may have to wait or meet with someone else in the office.
- 3) Stay on Topic. The meeting is likely to be short (10-15 minutes) so plan what you will say ahead of time. For example:

Sample Outline

Introduction:

- Introduce yourself (name) & exchange business cards
- Your practice location/description (e.g., academic, private practice, group)
- What EDX medicine is and the types of patients you treat
- Clearly state what you want them to do:
 - o Contact CMS to request they reconsider adopting RUC's recommended reimbursement rates and/or require CMS to list such drastic cuts in their Proposed Rule (released in July) to allow for sufficient response time.
 - o Support our efforts to work with CMS to mandate EDX lab accreditation by 2017

Discussion:

- Brief description of 2013 cuts by CMS [went beyond RUC's recommendation, resulted in ~40-70% cut in reimbursement for NCS, EMG studies (*see Appendix A: "EMG/NCS Cuts Talking Points"*)]
- Impact cuts have had on patients (specific examples, if possible)
- Impact cuts have had on your or your colleagues' practice(s) (closing office or satellite location, reducing number of Medicare patients seen, etc.)

Conclusion/ASK

- Clearly re-state what you want them to do:
 - o Contact CMS to request they reconsider adopting RUC's recommended reimbursement rates and/or require CMS to list such drastic cuts in their Proposed Rule (released in July) to allow for sufficient response time.
 - o Support our efforts to work with CMS to mandate EDX lab accreditation.
- Hand them the leave-behind folder (*AANEM policy staff can furnish leave-behind materials for you upon request*)

Sample Script

“Hello, my name is [your name] and I’m from [or – I practice in] [city, state]. I am here to talk to you about [key asks]. Knowing your interest in [information on the legislator’s passions/interests], I think you’ll be interested in [your issue] as well. [discussion of your issue and any asks] This is important to the people you represent because [personal story about you/your practice or one of your patients]. That’s why I really hope you will [your ask]. I’d like to follow-up by [with an e-mail, phone call, etc. in the next few days].

- 4) Keep politics out of it. Focus solely on the issue(s) you planned on discussing.
- 5) Provide a brief summary document. (*you can create your own or contact the AANEM policy staff for materials*)

If you’ve successfully met with a member or staff, send a follow-up thank you letter or e-mail. (See **Appendix B** – “*Sample Follow-up Letter to Legislator*”)

Follow-Up after the Meeting

- 1) Answer any questions that were asked during the meeting but that you were unable to answer at the time.
- 2) Follow-up with the staffer. If you met with a Senator or Representative, it is likely that a staffer was also in attendance and that he/she provided you with a business card. Use that contact information to send a follow-up e-mail, ideally within 24 hours after the meeting. Keep the message brief, thank them for their time and reiterate your issue(s) and request(s). Attach digital copies of any handouts you provided them or they requested. See **Appendix B** – “*Sample Follow-up Letter to Legislator*”
- 3) Attend events in your district. Continue to be visibly engaged in advocacy and build relationships with your elected officials.
- 4) Keep in touch. Follow-up with the office occasionally as new issues arise or if there is new information on issues you have previously discussed.
- 5) Connect with them via social media – Facebook, Twitter, LinkedIn.

See Webinar on “*How to Conduct a District Visit*”:

<https://www.youtube.com/watch?v=DbAq7Ead8es>

D.C. Visit [http://www.powershow.com/view/a956b-](http://www.powershow.com/view/a956b-ZTE3Y/Capitol_Hill_Day_Congressional_Visits_powerpoint_ppt_presentation)

[ZTE3Y/Capitol Hill Day Congressional Visits powerpoint ppt presentation](http://www.powershow.com/view/a956b-ZTE3Y/Capitol_Hill_Day_Congressional_Visits_powerpoint_ppt_presentation)

Frequently Used Terms

Act: a bill or measure passed into law. Also used to describe a comprehensive piece of proposed legislation.

Amendment: a proposal to change the language of a bill, can be offered in Committee or on the Floor.

Appropriations Bill: legislation that provides specific funding for an authorized program (comes out of the House or Senate Appropriations Committee).

Authorization Bill: legislation that authorizes a government program, or clarifies rights, that is eventually funded by an appropriations bill (comes out of an authorizing committee).

Bill: a legislative proposal introduced by a member of Congress. Designated as HR (House of Representatives) or S (Senate) according to the body in which it was introduced and assigned a number in the order in which they are introduced.

Budget: an annual proposal that outlines anticipated federal revenue and designates expenditures for the upcoming fiscal year.

Budget Authority: authority to enter into obligations that will result in immediate or future outlays involving federal funds. Basic forms: appropriations, contract authority and borrowing authority.

Calendar: agenda for pending legislative business to be considered by committees or by either chamber.

Chairman: member of the majority party who presides over a committee or subcommittee.

Closed Rule: rule granted by House Rules Committee that prohibits amendments to a particular bill during floor action. The House must either accept or reject the bill as recommended by the sponsoring committee.

Cloture: procedure by which a filibuster can be ended in the Senate. Cloture requires the signatures of 16 Senators and the votes of three-fifths of the Senate.

Committee of the Whole House: enables the House to act with a quorum of 100 instead of the normal 218. The House itself becomes a “committee” and all debate is confined to the pending bill. After the debate, the “committee” is dissolved and the House takes the up the bill for final action.

Concurrent Resolution: statement of opinion approved by a simple majority in both chambers but not sent to the President for approval.

Conference Committee: temporary, ad-hoc panel composed of House and Senate members appointed from the bill’s sponsoring committees in each chamber, that is formed to reconcile differences in legislation that has passed both chambers. Usually convened to resolve bicameral differences on major and controversial legislation.

Congressional Resolution: formal statement of a decision or opinion of the House, Senate or both which doesn’t carry the force of law.

Continuing Resolution: spending bill that provides funders for government operations for a short period of time until Congress and the President agree on an appropriation bill.

Filibuster: a time-delaying tactic in the Senate whereby a Senator of the minority party intentionally refuses to relinquish the floor to either delay proceedings or prevent a vote on a controversial issue that would probably pass if voted on directly.

Fiscal Year: the federal government's annual accounting period – October 1 – September 30.

Hearing: a meeting of a committee of Congress in which testimony regarding legislation is taken from interested parties – usually open to the public.

Legislative Assistant: congressional staff member in charge of a particular issue or issue area.

Majority Leader: leading spokesperson and legislative strategist for the party in control of either the House or the Senate.

Majority Whip: assistance majority leader.

Mark-up: the process of going through a bill section-by-section by committee members through the amendment process.

Minority Leader: leading spokesperson and legislative strategist for the minority party in either the House or the Senate.

Minority Whip: assistance minority leader.

Motion to Recommit: procedural motion on the House or Senate floor that traditionally gives the minority party one last opportunity to amend or kill a bill before final passage.

Omnibus Bill: a bill containing several separate but related items.

Override a Veto: procedure Congress may use to override a President's veto. Requires a two-thirds vote in each chamber.

Pocket Veto: when the President withholds approval of a bill after Congress has adjourned, thereby killing it without a formal veto.

Power of the purse: Congress' power to raise taxes and appropriate funds from the Treasury.

President Pro Tempore: presiding officer of the Senate in the Vice President's absence, elected by the full Senate (usually the most senior member of the majority party).

Quorum: the number of Senators or Representatives who must be present in their respective chambers before business can be conducted.

Ranking Member: senior member of the minority party on a committee.

Reauthorization: renews, either with or without changes, a previously-approved program.

Recess: temporary end to the business of Congress and sets a time for the next meeting.

Rider: an amendment, which may or may not be related, which the bill's sponsor hopes to get through more easily by including it in other legislation. Often attached to appropriation bills.

Safety-Net Programs: guarantee certain levels of benefits to individuals who meet eligibility requirements set by law. These programs are "off-budget" and, therefore, are not a part of the annual appropriations process (e.g., Medicare, Medicaid and Social Security).

Sine Die: adjournment "sine die" is the end of a legislative session "without day" – i.e., no day is assigned for a further meeting or hearing. The term is used to indicate the final adjournment of Congress for the year.

Speaker of the House: presiding officer of the House of Representatives elected by the majority party. The Speaker is the next in line of succession for the Presidency after the Vice President.

Special Session: session held after Congress has adjourned sine die. Convened by the President.

Suspension of Rules: process where the Senate and House may suspend their usual rules on the first and third Mondays of each month and during the last six days of session is two-thirds of a quorum vote affirmatively. A bill may then be brought up immediately for a debate limited to twenty minutes for each side. No amendments are permitted.

Table a Bill: motion to remove a bill from consideration. This is one of the most widely used parliamentary procedures and is not debatable – adoption requires a simple majority vote.

Unanimous Consent: streamlined procedure for adopting non-controversial bills without serious debate.

Veto: rejection of a bill by the President.

Whip: a legislator who is chosen to assist the leader of the party (minority or majority) in the House or Senate and whose job it is to garner support for legislation.

Appendix A: SAMPLE SCRIPT FOR TELEPHONE CALL TO LEGISLATOR

Example:

Hello my name is [INSERT YOUR NAME]. I am a [INSERT YOUR SPECIALITY] physician and a member of the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) and live in [city, state].

I am calling to express my deep concern about the significant reimbursement cuts that CMS enacted in 2013.

[Use talking points to support your request]

As you probably know from new reports, the baby boom generation turns 60 this year, and the number of adults over 65, who are Medicare patients, will increase from 34.4 million today to 53.7 million by the year 2020— and to almost 80 million by the year 2050. If physicians can't afford to perform electrodiagnostic tests, they will cease doing them and new physicians will avoid going into this type of practice. This will lead to a significant patient access to care problem.

[Ask your representative to take action]

I ask you to co-sponsor [S.##, H.R. ##], *The XXXX Act*. [OR] I ask you to contact XXXX. This legislation is a first step to address a growing critical care workforce shortage, which impacts patient care. [OR] I ask you to contact CMS and share concerns regarding the reimbursement cuts to electrodiagnostic medicine and encourage them to reconsider these rates and/or support including the AANEM lab accreditation program in a National Coverage Decision to help ensure patients only receive the highest quality electrodiagnostic testing.

Appendix B: SAMPLE/OUTLINE OF AN EFFECTIVE LETTER

To Send to Your Legislator Expressing Your Opinion on a Particular Issue(s)

- Be sure to correspond on personal or business stationery
- Type your name and address at the end, and sign the letter.

How to send this letter:

- Fax
- E-mail (*This is the most convenient and common way of communicating with elected officials.*)
- Posted mail

Please note: You can find your legislators contact information at: <http://cgrcengage.com/aanem/home> - fill in your zip code on bottom right of page and click on the legislator for contact information

**** Due to security precautions, posted mail often takes weeks to reach each congressional office and are sometimes damaged during the security examination. Therefore, e-mails are the most convenient and common way of communicating with elected officials. ****

Below is a sample letter that you can **modify by changing the bolded text to your individual information** or to guide you in writing your own correspondence.

- Often, representatives ask their staff to select the most interesting and revealing correspondence for them to read personally.
- Be sure to avoid “form” letters, and just be yourself! Add relevant personal experiences to make your letter more effective.
- Use the relevant background information and talking points found in this toolkit.
- Remember, your correspondence counts!

****USE YOUR LETTER HEAD**** USE YOUR LETTER HEAD****

[INSERT DATE]

The Honorable [INSERT NAME OF SENATOR OR REPRESENTATIVE]

United States [SENATE / US HOUSE OF REPRESENTATIVES]

[INSERT ADDRESS] (Found on: <http://cgrcengage.com/aanem/home> - fill in your zip code on bottom right of page and click on the legislator for contact information)

Dear [Senator or Representative] [INSERT NAME]:

As a constituent and a physician who treats patients with serious conditions related to disorders of the muscle and nerve, such as carpal tunnel syndrome, Guillain-Barre syndrome, amyotrophic lateral sclerosis (ALS), diabetic neuropathy, muscular dystrophy, and other related neuromuscular disorders, I urge you to contact the Centers for Medicare & Medicaid Services (CMS) and request that they issue a National Coverage Decision (NCD) requiring all physicians performing nerve conduction studies (NCS) and electromyography (EMG) to do so in a nationally accredited laboratory.

Unfortunately, many unqualified and unscrupulous medical providers began to perform NCSs and EMGs over the past decade. This led to sky-rocketing costs for CMS and private insurers. In an effort to crack down on these improper practices, CMS elected to slash reimbursement across the board for NCS and EMG studies – an average reduction of 40-70%. While these cuts in reimbursement may have dissuaded some unqualified providers from performing these tests, it has also forced many highly-qualified physicians to close their offices, let support staff go, reduce or eliminate the number of Medicare patients they see or attempt to make up the costs by adding other areas of medicine to their practice. A far more effective means, with no additional cost to CMS or taxpayers, of ensuring patients only receive the highest quality of electrodiagnostic (EDX) medicine is to mandate all EDX studies be performed only in accredited labs, similar to the requirements of the Mammography Quality Standards Act.

Electrodiagnostic (EDX) Laboratory Accreditation is a voluntary, peer review process that identifies and acknowledges EDX laboratories for achieving and maintaining the highest level of quality, performance, and integrity based on professional standards developed by the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). Accreditation provides laboratories specializing in EDX medicine with a structured mechanism to assess, evaluate, and improve the quality of care provided to their patients.

Please consider contacting representatives at CMS and encouraging them to work with the AANEM to implement a laboratory accreditation program for EDX medicine.

Thank you for your attention to this important matter. Please feel free to contact me for more information. I can be reached at [INSERT YOUR CONTACT INFORMATION HERE].

Sincerely,

[INSERT YOUR SIGNATURE]

[INSERT YOUR NAME]

[YOUR TITLE]

Appendix C: EMG/NCS CUTS TALKING POINTS

CMS DRASTICALLY REDUCES EDX REIMBURSEMENT

In 2013, The Centers for Medicare & Medicaid Services (CMS) significantly reduced the reimbursement for services provided by electrodiagnostic (EDX) physicians. EDX physicians (trained in neurology and physiatry - physical medicine and rehabilitation) perform needle electromyography (EMG) and nerve conduction studies (NCS) that diagnose neuromuscular conditions such as ALS (Lou Gehrig's), muscular dystrophy, carpal tunnel, and neuropathy.

AANEM, along with other stakeholder groups, had worked with the American Medical Association's Relative Value Scale Update Committee (RUC) to reach agreement on new values for several needle EMG and nerve conduction codes. The proposed values were lower than previous values, and were based on survey data from providers. However, when setting the 2013 fee schedule, CMS did not follow the RUC's recommendations, but instead unilaterally reduced further the RVUs for EMG and nerve conduction codes. While CMS does not have to follow the RUC's recommendations, historically they have accepted 95% of the RUC recommendations.

These results were appealed to the CMS Refinement Panel, and their decision was announced in the 2014 Medicare Fee Schedule Final Rule. Despite a positive recommendation from the Panel, CMS chose to ignore their recommendations and only marginally increased 2 of the 8 EDX CPT billing codes under review. These slight modifications were given only to the EMG codes, and under the best case scenario, would result in a \$5.45 and \$8.85 per procedure increase.

REIMBURSEMENT CUTS AFFECT PATIENT CARE AND PHYSICIAN PRACTICE

Continuation of these drastic reimbursement reductions for EDX procedures has and will continue to have catastrophic consequences for patients who depend on physicians to care for complex and often chronic neurologic diseases. These cuts undermine the chance that medically necessary EDX procedures will be performed early in the disease state or that the number of studies performed will be extensive enough to diagnose complex diseases. In diseases such as ALS, muscular dystrophy, and myasthenia gravis, early diagnosis is essential. In more common conditions such as cervical and lumbosacral radiculopathies, carpal tunnel syndrome, and ulnar neuropathies, performing the right EDX study at the right time avoids missed or inaccurate diagnoses and allows the correct treatment to occur sooner, saving healthcare dollars and decreasing patients' pain and suffering.

We also are concerned that many providers will no longer be able to provide EDX testing, and more costly studies or treatment will be performed instead.

In 2013, CMS had projected that these new NCS codes would create a 7% loss in Medicare payments to neurologists and a 4% loss to physiatrists. However, these projections failed to recognize the true impact the reductions will have on patients who need care and practices more focused on EDX medicine.

AANEM survey data indicates that more than 40% of neurologists and 55% of PMR physicians utilized needle EMG and nerve conduction studies to diagnose neuromuscular disorders. Survey data also indicates that, on average, neurologists and physical medicine and rehabilitation physicians spend 34% of their practice performing EDX testing.

The RVUs that CMS has established for EMG and nerve conduction codes in 2013 has resulted in a 40% to 70% reduction in reimbursement for these procedures provided to Medicare patients.

RECOMMENDATIONS

AANEM understands the difficult choices facing CMS during this challenging time of healthcare reform and scarce budget resources. However, these cuts place a disproportionate share of the burden on a very vulnerable segment of our population – those suffering from neuromuscular disorders. Therefore, we urge CMS to continue working with the affected physician and patient advocacy groups to provide fair and appropriate reimbursement for these important services.

In addition, AANEM encourages CMS and other private payers to:

- Only pay for qualified providers to perform nerve conduction studies and EMG testing – neurologists and physical medicine and rehabilitation physicians.
- Consider AANEM laboratory accreditation, American Board of Electrodiagnostic Medicine (ABEM) certification, and other screening methods to identify trained providers and technicians.
- Require the physician supervising technicians be neurologists and physical medicine and rehabilitation physicians instead of allowing any physician to be considered the supervising physician.
- Set policy to exclude payment for studies performed using nontraditional devices that are incapable of real-time wave-form display and analysis and/or incapable of performing both NCS and EMG testing.

Appendix D: SAMPLE FOLLOW-UP LETTER TO LEGISLATOR¹

[INSERT DATE]

The Honorable [INSERT NAME OF SENATOR OR REPRESENTATIVE]

United States [SENATE / US HOUSE OF REPRESENTATIVES]

[INSERT ADDRESS] (Found on: <http://cgrcengage.com/aaanem/home> - fill in your zip code on bottom right of page and click on the legislator for contact information)

Dear [Senator or Representative] [INSERT NAME]:

I wanted to thank you very much for taking the time to meet with me and *anyone else in attendance* at your D.C./District office in CITY office on DATE. I/We truly enjoyed meeting with you and having the opportunity to share our stories, concerns and recommendations related to electrodiagnostic testing reimbursement [OR] regarding *bill title*.

As you are well aware, these continue to be uncertain times for the members of the health-care profession, and their patients. I wanted to follow-up with you on the issue of *the recent, drastic reimbursement cuts made by Medicare in 2013 for electrodiagnostic testing*. As you will recall, *these cuts resulted in a 40-70% reduction in reimbursement rates for various nerve conduction studies and electromyography (EMG) studies*. These cuts went significantly beyond the rate reductions recommended by the Relative Value Scale Update Committee (RUC) and were only included in the final 2013 Medicare Physician Fee Schedule, with no mention of such cuts made in the proposed rule and, thus, presented no opportunity for comment by stakeholders.

We have heard from patients and providers that *these deep and somewhat unexpected cuts are jeopardizing patient access to care and potentially delaying early and accurate diagnosis of progressive and serious conditions related to disorders of the muscle and nerve, such as carpal tunnel syndrome, Guillain-Barre syndrome, amyotrophic lateral sclerosis (ALS), diabetic neuropathy, muscular dystrophy, and other related neuromuscular disorders*.

Part of the reason for these cuts was to reduce or eliminate fraudulent and/or abusive EDX testing. We agree that these practices are out there and they are hurting everyone, but simply cutting everyone's pay is not an effective solution. A far more effective means, with no additional cost to CMS or taxpayers, of ensuring patients only receive the highest quality of electrodiagnostic (EDX) medicine is to mandate that all EDX studies be performed only in accredited labs, similar to the requirements of the Mammography Quality Standards Act.

Electrodiagnostic (EDX) Laboratory Accreditation is a voluntary, peer review process that identifies and acknowledges EDX laboratories for achieving and maintaining the highest level of quality,

¹ Please feel free to shorten this letter/email significantly. Just be sure to provide enough information to refresh their memory of you and include your specific "asks."

performance, and integrity based on professional standards developed by the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). Accreditation provides laboratories specializing in EDX medicine with a structured mechanism to assess, evaluate, and improve the quality of care provided to their patients.

Please consider contacting representatives at CMS and encouraging them to work with the AANEM to implement a laboratory accreditation program for EDX medicine.

Keeping current on these issues that affect the practice of medicine is vital. Therefore, the opportunity to continue an open dialogue with your office is very important to me. Please know that I am available to you and your staff as a resource for information related to neuromuscular and electrodiagnostic medicine. Please feel free to contact me at any time.

I look forward to continuing an open dialogue with you on these issues.

Sincerely,

[INSERT SIGNATURE]

[INSERT NAME]

[INSERT ADDRESS]

Appendix E: SAMPLE *PATIENT* LETTER TO LEGISLATOR

Letter Template for Your Patients To Send to Their Legislator Expressing Their Concern
About a Particular Issue(s)

INSTRUCTIONS:

To assist your patients in writing a letter, print out the following two pages.

How To Write a Letter to My Legislator

Congratulations for taking an active role to address health-care issues affecting you!

How to send this letter:

- Fax
- E-mail (*This is the most convenient and common way of communicating with elected officials.*)
- Posted mail

Please note that you can find your legislators contact information at <http://cqrcengage.com/aaanem/home> - fill in your zip code on bottom right of page and click on the legislator for contact information

**** Due to security precautions, posted mail often takes weeks to reach each congressional office. Therefore, e-mails are the most convenient and common way of communicating with elected officials. ****

Below is a sample letter that you can **modify by changing the bolded text to your individual information** or use to guide you in writing your own letter.

- Often, representatives ask their staff to select the most interesting and revealing correspondence for them to read personally, so:
 - Be sure to avoid “form” letters, and just be yourself! Add relevant personal experiences to make your letter more effective.
 - Remember, your correspondence counts!

When e-mailing or faxing a letter, be sure to:

- Type your name and address at the end of the letter so that the member knows you are a constituent.

When sending a letter by posted mail, be sure to:

- Type your name and address at the end of the letter so that the member knows you are a constituent.
- Print the letter on your office or personal letterhead.
- Enclose a business card so that your legislator or legislator’s office can contact you at a later date.

[INSERT DATE]

The Honorable [INSERT NAME OF SENATOR OR REPRESENTATIVE]

United States [SENATE / US HOUSE OF REPRESENTATIVES]

[INSERT ADDRESS] (*Found on: <http://cqcengage.com/aaanem/home> - fill in your zip code on bottom right of page and click on the legislator for contact information.*)

Dear [Senator or Representative] [INSERT NAME]:

I am your constituent and live in [INSERT CITY AND STATE OF WHERE YOU LIVE]. I am deeply concerned about the recent deep cuts in Medicare reimbursement rates for physicians who test for and treat patients, like myself, with neuromuscular disorders. These cuts have forced **[HOW HAVE THE CUTS AFFECTED YOUR CARE: my physician/clinic to reduce its hours OR close a satellite office, forcing me to travel XX miles to the next nearest neuromuscular specialist]**.

I am an [INSERT YOUR AGE AND GENDER, *ie 65 year old woman*] with [DISEASE/DISORDER]. **[Describe disease/disorder and how it impacts your life in 2-3 sentences]**. I worry that there may be a time when I may require critical care and may not be able to receive the quality care I need, because there is not enough staff at [INSERT NAME OF A LOCAL HOSPITAL/CLINIC/OR Physician's name]. I also worry that future generations may face these same problems if they are not addressed soon.

Furthermore, Medicare payments continue to lag behind the increased costs to physicians for providing care to seniors and people with disabilities. As a result, many physicians are forced to retire early and younger generations are not considering medicine as a career. I worry who will be there to take care of my family!

Please consider how Medicare can better reimburse physicians so that they are paid fairly for the great care they give us.

Thank you for your time.

Sincerely,

[INSERT YOUR SIGNATURE]

[INSERT YOUR NAME]

[INSERT CITY, STATE AND ZIP CODE WHERE YOU LIVE]