



CENTRAL LINE PODCAST SERIES  
Episode 2 - Transcript  
Federal Advocacy  
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(SOUNDBITE OF MUSIC)

VOICE OVER:

Welcome to ASA's Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. STRIKER, HOST:

Hi. My name's Adam Striker. I am the chair of the American Society of Anesthesiologists' committee on communications, and I'm here today with Manny Bonilla, who is the American Society of Anesthesiologists' chief advocacy and practice officer in the ASA's Washington DC's office. And today, we're going to talk about ASA's federal advocacy efforts. Thanks, Manny, for joining us today.

MANNY BONILLA:

My pleasure to be here.

DR. STRIKER:

Manny this might be a good opportunity to explain the difference between what being an advocate is, and what being a lobbyist is.

MANNY BONILLA:

For ASA, we are the registered lobbyists, so we register with the federal government. Virtually every profession that you can imagine, in every industry that you can imagine, has a lobbyist here in Washington DC and I would bet at the state level as well. The government has such an important role in industries such as healthcare it's important for us to have a voice. Uh, an advocate, or advocacy, is what we as lobbyists do. We are ... we see ourselves as the eyes and ears of anesthesiologists in congress and the administration, with regulators, like with the Centers for Medicare and Medicaid services that regulate Medicare. We're the eyes

and ears so our members can do what they're trained to do best, and that's take care of patients.

Uh, we get the information. We convey that back to our physicians, uh, and there's an opportunity for them to join us in taking action. I think what's important for us is what we do it is transparent. We follow all the laws and regulations that we're required to as lobbyists. And we, um, do everything in a very ethical fashion. Our goal is to avoid ever ending up in the Washington Post or the New York Times for having done something inappropriate because that obviously would reflect poorly on the ASA and on our specialty. Uh, but we're very proud of the work that we do. We're very proud of representing anesthesiologists ... just a wonderful history of patient safety, uh, and, uh, we take great pride in going to capital hill, going to the administration, going to CMS and talking about our members and the work that they do.

DR. STRIKER:

Manny, this would be a good time I think to maybe explain to our listeners the difference between state and federal advocacy. What is the difference between state and federal advocacy?

MANNY BONILLA:

Well I think our specialty, anesthesiology, is unique. And that we have very important issues at both the federal and the state level. I would say we treat the both of equal importance, because what can happen at the state level, what can happen in Missouri, your state, could spread to a nearby state very quickly. State lawmakers meet frequently. And ideas, good or bad, can move from one state to another as a result of conferences between state lawmakers. So we work very closely, shoulder to shoulder, with our, our state components to make sure that state legislatures and governors are taking actions, advancing legislation and regulations that are in the best interest of the specialty, and the patients that we serve.

Federal issues, um, remain very important to us. But issues at the state level can also directly impact the practices of anesthesiologists, so we're very involved in both spaces. We have a, a separate departments, fully staffed with attorneys and experts, in both state affairs and federal affairs that can help ensure that we're getting the information that we need, um, at the state and federal level, and that we convey that back to our state components if it's a state issue, and then also working at the federal level to identify issues that, when necessary, if we need a particular federal

law maker, from a state, uh, we're able to convey that information back to the state also.

But local issues are very important, and they can set precedents. And we need to make sure that we fully engage in both.

DR. STRIKER:

So Manny, can you give me a recent example of, of a successful endeavor where a bunch of anesthesiologists got together, talked to their legislators, educated them about what's really going on with patients on the ground level, and how that ultimately effected regulatory or legislative chance.

MANNY BONILLA:

There are a number of, uh, terrific examples, but the one that really stands out in my mind is the work that our specialty, and that ASA has done, uh, on drug shortages. Obviously, uh, as a front line anesthesiologist you know some of the challenges that we've had in recent years with shortages of critically important drugs. This has become a real priority for us because it's directly impacted the quality of care, uh, that anesthesiologists are providing their patients, whether they have to work around drug shortages, or delay cases, or, in the worst case, cancel cases. It's been a real problem for us.

So, we took the issue on. We, uh, helped lead a coalition of other stakeholders representing hospitals, uh, other physicians that are directly impacted by drug shortages, the health system pharmacists. We came together, created a drug shortage summit, and we developed a series of recommendations, uh, collectively, to bring forth to both congress and to the Food and Drug Administration. We have provided those recommendations to the FDA, and to congress, and we've seen those recommendations incorporated into federal legislation.

And we've also seen our members, our grassroots members, talk about this issue with their members of congress and really elevate it to an important issue that congress needs to weigh in on. And once you have the attention of congress, that helps, uh, ensure that the administration and, in this case, the Food and Drug Administration, is also focused on the issue.

So that was very much a grassroots effort, where anesthesiologists were meeting with their members of congress and their staff, talking with them about a very real issue, and how the shortage of important drugs was impacting the constituents that those lawmakers represent, and that congress needed to help address the issue. So

we consider that to be very successful. There's still a lot of work to be done, uh, but we've seen the FDA really step up, help us address this issue. We've seen congress really step up, and work toward solutions to help address these drug shortages. And that's all a result of, of ASA and our other stakeholders working together. But, uh, an important role that was served was our local physicians who helped educate their lawmakers that it was impacting care to the constituents that, uh, those members of congress represent.

DR. STRIKER:

Manny, what would you say are the top three advocacy issues for the ASA right now?

MANNY BONILLA:

Congress is, uh, working on a number of different healthcare issues currently. For ASA, and for anesthesiologists, the most pressing issue for us is the issue of surprise medical bills. There have been a number of bills introduced seeking to address surprise medical bills. And the way that they have been crafted we think, uh, would disadvantage and adversely impact the practice of anesthesiologists. So we've been very active, and our members have been very active, in lobbying congress for solutions that treat, uh, physicians fairly and that sustain anesthesiologists' practices.

On the other side of that issue are insurers, who, unfortunately, are trying to blame physicians for surprise medical bills. They're spending a lot of money. They have a lot of lobbyists in trying to create the narrative that physicians are responsible for surprise medical bills. But we all know, that, uh, insurers created the concept of narrow networks. Insurers often have abused, uh, their ability to negotiate with physicians. So that is an issue that we're spending a lot of time and resources on. We also continue to work on preserving team-based models of care. Clearly the information, the studies, the independent studies are clear that having a physician, an anesthesiologist, involved in a patient's anesthesia is the safest way for anesthesia to be delivered. So, we're constantly working on that issue.

And there's a number of other issues that are secondary but still important that we work on. Anesthesia and pain procedure payment issues are always at the top of our list. How Medicare is working on paying physicians for the services they provide. A lot of great opportunity in supporting NIH research, uh, into pain, into, uh, the opioid issue. And also, the opioid crisis itself. Lots of opportunities for anesthesiologists because of their knowledge and expertise in both chronic and acute pain to play an important role in helping to work on solutions to address the, uh, abuse of opioids that is so widespread now.

DR. STRIKER:

You know, one thing that I get the impression of—and maybe I’m wrong—is that most people feel that politicians already have decisions made, they already have a preconceived notion of how they’re going to vote on any given piece of legislation, they already have their own, um, belief system formed by their own experiences and that going to educate our legislators in any fashion, or meet with them, is really an exercise in futility.

I’m wondering, in your experience, do legislators really need to hear what it is we do, why do we do it, and need to be educated on a whole range of issues that we’re actually the experts on?

MANNY BONILLA:

I agree with you one hundred percent. Many of these lawmakers do have preconceived notions, especially about anesthesiologists. They watch TV. They, uh, watch a show about physicians or hospitals and they see an anesthesiologist, uh, that are always, in my opinion, underrepresented in, uh, on television and on movies. So, they may have preconceived notions about what it is that an anesthesiologist does. But that doesn’t mean that physicians and anesthesiologists should try to educate them and change their minds.

We’ve had some really incredible experiences where we have had lawmakers, or even candidates for office, who didn’t know the first thing about anesthesiologists, and with a little education, they became some of our strongest champions. I’ll always remember one particular lawmaker. She first approached us as a candidate running for office. She was a certified public accountant, uh, very knowledgeable about taxes and numbers. Didn’t know the first thing about healthcare really. And certainly, didn’t understand what an anesthesiologist did. We had the opportunity to meet with her here in Washington, in our Washington DC office. And we began the education, teaching her about the important role that anesthesiologists serve in the operating room, giving her historical perspective, the history of the ASA and their leadership in improving patient safety. And then we said, “have you ever actually seen surgery?” And she said, “no.” And we said, “well, would you like to?” And she kind of got this look on her face like wow I can do that? And we said, “yes, we would be happy to arrange for you to meet with one of our local anesthesiologists. We’ll host you in their hospital. We’ll take you into the operating room. And show you what exactly an anesthesiologist does.” So, we connected our local anesthesiologist with this candidate. She had an incredible experience, a life changing experience in that operating room, spending it, the day with the anesthesiologist, really appreciating the role that they serve, uh, in making sure that patients, surgery, goes safely, and, uh, that there are great outcomes. And it

completely changed her understanding, and her perspective of the role that anesthesiologists have. And she became one of our strongest champions right up until she retired from congress. But that was a, a single experience of actually seeing an anesthesiologist at work that changed her, and changed our ability here in Washington to impact public policy because we had someone—although they weren't a physician—who really appreciated, uh, the role that an anesthesiologist had.

So, we love to do that. And that's only possible when we have people locally who are willing to take the time to, uh, step out of their comfort zone and host a candidate in their, in the operating room, or in their hospital, to give them that first hand experience, uh, in healthcare delivery right on the front lines.

DR. STRIKER:

Well you do really great work here at the ASA. We talked a little bit already about members getting involved in their communities, reaching out to their policy makers. Can you run down maybe a, a brief set of tasks or things that our listeners can do if they want to get involved, like maybe some discrete things they could do right now?

MANNY BONILLA:

First off, I would encourage every anesthesiologist to get involved. I understand it may be out of their, uh, comfort zone, uh, things that they may not typically do. But they really are an important voice in making sure that policy makers understand what anesthesiologists do. And it's important because we need those lawmakers, when they're making policies, passing laws, writing regulations, to be mindful of the impact that those laws and regulations will have on anesthesiologists.

We have a staff here in our Washington DC office, who is responsible for our key contact and grassroots network, who would happily walk any anesthesiologist through how to become involved, how to become an effective grassroots advocate, even how to be a key contact.

We have a variety of online resources that are available for our members than can walk you through, step by step, how to become an expert in grassroots. We start with very basic modules. We give the anesthesiologist a basic understanding of the regulatory and the legislative process. And we have advanced modules for people who want to get even more involved.

So, we have staff that, in addition to those online modules, can provide guidance on how to get involved. We have an ASA grassroots network we invite anyone to participate in.

We ask people to get politically involved. And that is participating in the money side of politics—money is the mother’s milk of politics. All lawmakers, most important job they have beyond their legislative work is, uh, the campaigns that they have to run. And all those campaigns require dollars. So, we encourage our members to get involved, give to PACs that they find supportive, give directly to candidates, but get involved in the political side of things and the campaigns. That’s a lot of fun to do. Grassroots advocates, uh, can really get involved in the exciting part of politics, I think, which is all the excitement that surround campaigns.

So, we have a variety of resources and we strongly encourage members to reach out to us and get involved. We are more than happy to walk you through step by step how to become an effective grassroots member, or how to become a key contact for your state or federal lawmaker.

DR. STRIKER:

If I’m a run of the mill anesthesiologist, out in the community somewhere, maybe a small town, and I decide I want to get involved, should I be more involved on state issues because the federal issues get more attention or is that, does, they’re both important obviously, but, if I have to allot my time would you say that there needs to be an allotment more at the local level?

MANNY BONILLA:

So, I think it really is a question of comfort. For example, if you feel like you’re, uh, as a physician, more comfortable working on state issues, by all means, uh, jump right in, get involved. If you have an interest in what’s happening at the federal level, jump in there. We just encourage our ASA members to get involved, whether it’s at the state or federal level, we need all the help that we can get.

These are very competitive issues. Often state lawmakers are a little more accessible, because they’re around, in the state, all the time as opposed to federal lawmakers who have to split time between their state and capital hill. But we’re always excited when we find out, for example, an anesthesiologist who lives next door to a state lawmaker, that’s a natural relationship there that that anesthesiologist should build and help educate that lawmaker. That friendship is a great starting point. We always want our grassroots and our key contacts to develop those relationships, uh, before there’s an issue.

If you’re approaching your lawmaker for the first time when there’s a crisis, you may be too late. You want to have that relationship where the lawmaker knows you, knows you’re a friend, uh, knows that you’re a trusted resource. So, when the critical issue comes up, you say, “congressman, we’ve been friends for a couple years, I want

to make you aware of this issue, this is really important to me." And there's already lines of communication that have been created with that member of congress. So, at least you're going to get a fair hearing, uh, from that person on the issue that's important to you. If you've waited until the bad legislation has been introduced, uh, that congressman may be less likely to be receptive to your arguments, because the first time that they're hearing from you is when there's a crisis.

So we encourage people to get involved early, uh, build those relationships whether are the state or federal level in anticipation that at some point there may be a critical issue that may develop, that's when that relationship will ultimately pay off.

DR. STRIKER:

I think this is a good time to address a question that I get, that I know is out there: the political environment right now is hyper partisan, as we all know. What is your advice on how members of the anesthesiology community can best sidestep those messier aspects of our current climate, and focus on our patients and the legislative initiatives that advance ASA priorities?

MANNY BONILLA:

That's a terrific question. It is an incredibly challenging political environment for us here, uh, very divisive, very contentious. But what we encourage people do is just in their own mind acknowledge that partisanship, be aware of it, but think of it as background noise.

There are still lawmakers who are interested in trying to advance good healthcare policy, trying to advance good healthcare legislation. And frankly no party, republican or democrat, can claim, uh, that they represent our specialty. There are republicans who are very supportive of anesthesiologists. There are republicans who, uh, are against us, a hundred percent against us. And that's true on the democratic side. There are democrats who've been incredibly supportive of our specialty and what we're trying to do. And equally there are democrats who are against us completely.

So no party dominates in what we're trying to do. ASA always works in a very bipartisan fashion. We educate members of congress and we seek their support regardless of their party affiliation.

DR. STRIKER:

Manny, thank you very much for joining me in this conversation. I think our conversation has really highlighted the importance of being involved in advocacy, and, really, the potential cost of not being involved. And so, before we leave, uh, for

the day, would you mind maybe giving any kind of contact information or somewhere for any of our members to go if they want to get further information or get further involved.

MANNY BONILLA:

Absolutely. And thank you, Dr. Striker, for this opportunity. We would encourage any ASA member who's interested in learning more to contact us here in the, in our Washington DC office. Our main number is 202-289-2222. And just let the staff know that you're interested in becoming more involved. We have a team of grassroots experts who'll work with you to help you get involved and help you, uh, learn more about the process. Or you can also visit our website. We're on the ASA website [www.asahq.org/advocacy](http://www.asahq.org/advocacy). And there are lots of resources there. So, we welcome and encourage all of our ASA members to utilize these resources and reach out to us we're happy to help.

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VOICE OVER:

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