
Expert Opinion

Public Policy and Headache: Observations of Health Care Policy in the US Congress From a Legislative Fellow's Perspective

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Many neurologists and headache specialists are befuddled by inside the Beltway wheelings and dealings as they follow health care politics. A few of us join lobbying efforts, and even fewer become strangers in a strange land.

Key words: legislative fellow in health care policy, United States Congress, headache, Headache on the Hill, Neurology on the Hill

(*Headache* 2013;53:827-830)

CASE HISTORY

Dr. Charleston completed his neurology residency at Baylor College of Medicine in 2009 and Headache Medicine Fellowship at Jefferson Medical College in 2010. He then spent 1 year as a Legislative Fellow in health care policy for a United States Congressman.

Questions: What Was Your Year Like? What Were Your Day-to-Day Activities? What Were Your Observations as a Physician, Neurologist, and Headache Medicine Specialist Observing Congress?—Whether advocating or working as staff, it is important to sincerely gain the trust of policymakers and staff. Although Congress may act slowly on issues, lawmak-

ers need reliable, accurate, and timely information urgently. In order to get a general understanding of what and how lawmakers think about health care policy, the transition to this new form and type of work began with volumes of reading. It was important to appreciate health care policies and proposals both past and present. I read books, legislation, Congressional Research Service reports, Medicare Payment Advisory Committee reports, proposals, columns, etc, both inside and outside office hours. It was important to learn the culture of not only my office and subcommittee but of Congress, the government, and Washington, DC.

Because of a variety of factors including my background, their needs, our values, etc, Congressman Wally Herger's (R-California) office and the House of Representatives' (HOR) Ways and Means (WM) Subcommittee on Health chaired by Congressman Herger were a great fit for me. The House Committee on WM is the oldest committee of the United States Congress and is the chief tax-writing committee in the HOR. This committee receives most of its jurisdiction from Article I, Section VII and Article I, Section VIII of the US Constitution. The WM Committee exercises

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Accepted for publication February 24, 2013.

jurisdiction of revenue-related aspects of the social security system, Medicare, social service programs, tariffs, reciprocal trade agreements, bonded debt of the US, and critically important areas of revenue, appropriations, and banking.¹

After quickly gaining the trust of Representative Herger and the office staff (Team Herger), I began to staff meetings within a few weeks of starting. Additional activities that I participated included speech writing, updating Representative Herger on current key health care policy issues, attending several national health care policy forums and alliance for health care reform discussions, providing medical and training insight to many health care issues brought by constituents and organizations, discussing issues with the Medicare Payment Advisory Committee, helping to formulate questions for WM Subcommittee Hearings, and assisting in the drafts of legislation. I worked most closely with Representative Herger's Senior Policy Advisor whose portfolio included health care policy and taxes among other issues. The majority of my energy was focused on current health care policy issues and medicare reform; however, I made efforts to be current with other important political issues especially within the House's WM Committee.

As a physician, neurologist, and headache specialist, I saw the greater need for more physician participation in the legislative process. In my opinion, there need to be more physicians at the table of health care discussions, especially physicians in private practice. For example, while there are several other factors, it is my opinion that the ban on physician-owned hospitals as in Section 6001 of the Patient Protection and Affordable Care Act is largely due to a much stronger lobby against physician-owned hospitals than in support thereof. It is my belief that there were not enough physicians at the discussion table. This section of the Affordable Care Act may be concerning for any physician who may have had entrepreneurial dreams with health care but now is restricted due to the fact they are a physician.

Can You Provide More of an Inside Look at Congress?—It is commonly known that most legislative activity in the government comes through Congress. In a single year, Congress may receive thousands of bills or laws, but only several actually

make it to the floor and a vote. The US government is structured with checks and balances across the 3 branches of government. However, even within the chambers of Congress, there is a process to help ensure that the best policies are made. The HOR and Senate each represent a chamber in Congress. We may not always agree on outcomes, but the founding fathers purposely structured the government of a “new nation” in this fashion. Legislation, proposal, or legislative ideas (a measure) may begin in either chamber and from its introduction moves to committee. For example, within the HOR, there are House Committees and Subcommittees. These committees are categorized either Exclusive (eg, Appropriations, WM), Non-Exclusive (Budget, Science and Technology), and Exempt (Standards of Official Conduct, Select Intelligence).² House and party rules delegate procedures and limitations on membership for committee assignments. Permission from the Committee's chair is generally required before a measure is introduced or brought before the full committee and/or voted on within the Committee. These measures are usually explored via a hearing. Hearings can be legislative, oversight, investigatory, or confirmatory (in Senate). A hearing may be executed at the subcommittee level before brought to the full committee. From the hearing, the committee reports the legislation or measure to the House. For important measures, the Rules Committee reports a “Special Rule” that is adopted in the House; otherwise, House leadership decides whether to have the measure scheduled for floor consideration.³ The House may debate and can amend the measure and may pass the measure with a majority vote. The process is somewhat similar in the Senate, although Senate rules and procedures may differ.

What Is the Role of Staff?—Some may think that staff runs the place; others are disappointed when they have set up a meeting with their Representative and are only able to meet with staff. Legislative staff work for a Member of Congress and are often very intelligent and bright individuals. There are “personal” staff, and “committee” and “subcommittee” staff. Personal staff works within the Members' district, state, and DC offices. In the 110th Congress, there were more than 14,000 staff.² Committee staff

and subcommittee staff work on a particular committee within Congress. There are more than 1300 House committee staff and about twice as many Senate committee staff.² Positions of legislative staff include: Administrative Assistant or Chief of Staff, Legislative Director, District Director, Field Specialist, Legislative Assistant, Legislative Correspondent, Scheduler, Office Manager (Executive Assistant) Web or Systems Manager or Administrator, Press Secretary or Assistant. Their backgrounds range from political science, information technology, criminal justice, business, and journalism to areas within the medical field, and more. Legislative staff may have a passion on the issue they work on or may be assigned to certain portfolio based on the need of the office. A portfolio consists of set of issues or topics that an individual staffer may have the responsibility of having the most up-to-date detailed information. Some staff may have aspirations to become an elected officials, some may aspire to become legislative liaisons or counsel of corporations and organizations, some may want to join think tanks, others may want legislative experience, while some may have aspirations of vast variations. The age of staff varies, but many are recently out of college with little full-time work experience. Staff salaries come from Members' Representational Allowance. Their salaries range from ~\$40,000-\$150,000+ and is negotiated between staffer, Member, Chief of Staff, and/or Office Manager. On average, Senate staffers have about 15-35% higher salaries in comparable positions of House staffers.² While staff do not necessarily run the Congress, in general, they work hard, are respected of the Member they work for, and can have influence. A concept that must be understood is that each individual Member's office is like a small business within itself. For example, in the HOR, there are at least 435 offices that are all run differently based on the Member preferences. Staff are integral components of the legislative process, and they help the office run efficiently.

What Is Headache on the Hill and Neurology on the Hill?—Headache on the Hill (68 participants in 2011) and Neurology on the Hill (129 participants in 2011) are 2 advocacy efforts by the Alliance for Advocacy of Headache Disorders and the American Academy of Neurology, respectively, in which provid-

ers (and patients) have a platform to collectively voice both their appreciation and concerns to legislators, "Members," and legislative staff, "Staff." In both, participants are briefly educated about the legislative process, current issues or bills that are relevant and have an effect on headache disorder and/or neurological community, and ways to make the encounter with Members and Staff more effective. They are then scheduled for meetings with their legislators to present or advocate relevant issues. Hopefully, these advocacy endeavors are starting points or continuing efforts of an established relationship between constituents and legislators. It may also be a goal of participants (especially health care professionals) to become an expert resource for their legislators.

What Impact Do You Believe Headache Lobbying Has Had? Considering That 35 Million Americans Have Migraine Yearly, Why Is Migraine Research Such a Low National Priority?—Lobbying on behalf of patients with headache disorders is starting to increase the attention of Congress to headache disorders, but much more is needed. Headache disorders can often have a stigma. This stigma of "just a headache" reaches beyond the medical field and likely resonate with some lawmakers as well. If advocacy for the research and treatment of headache disorders had more support especially from organizations that represent headache specialists, I believe our collective voice would produce significant results more quickly and would be very beneficial to patients. Just as many are uninformed of headache specialists, many (including on Capitol Hill) are unaware of the breadth of and devastating effects and disability of some headache disorders, less known, the dire need for more research, resources, and trained headache-specialists.

Overall, What Have You Learned About How Congress Legislates Health Care Policy? What Goes on Behind the Scenes That the Public Is Not Aware of?—Congress legislates health care policy slowly. There are multiple organizations and "think tanks" from liberal to conservative that present ideas and theories on health care policy to the Congress. In Congress, there are certain Members who are more active on health policy issues as well. Often, these Members are on committees with health care policy jurisdiction but not always. Constituent concerns

have an impact on Members' decision-making. While lobbying groups have an important and influential role in bringing important issues to lawmakers, well-designed grassroots advocacy groups, such as Headache on the Hill and Neurology on the Hill, can be just as or even more efficacious if appropriate relationships are developed with Members and Staff.

Factors important in passing legislation that the public may not be aware of include process, power, policy, politics, and persistence. Intuitively, there are a lot of politics involved in the political process. This is a fact that must be appreciated. Again, thousands of bills are introduced in the House, but only a fraction is actually passed. Many do not make it to the House floor for a vote. A bill needs support and must make it to the floor to have a chance to become law, and the bill needs bicameral (ie, House and Senate) counterparts to be passed as well. Of course after these measures, the bill must be signed into law by the President of the United States.

If One Wanted to Become a Fellow, How Might They Find More Information and Opportunities on Legislative Fellowships?—There are several organizations that support legislative fellowships. My fellowship was sponsored by the American Academy of Neurology Professional Association through a partnership with the American Academy for the Advancement of Sciences. There are also fellowships

through the Robert Wood Johnson Foundation Health Policy Fellows Program, Center for Disease Control and Prevention/Prevention Research Center, American Psychological Association Congressional Fellowship Program, Congressional Fellowship Program, White House Fellowship Program, and many others. Time commitments of fellowships range and are dependent on the fellowship programs. However, typical fellowship duration is between 6 months and 2 years. Fellowships are available to new professionals and as well more seasoned professionals well established in their careers. Although offices commonly offer internship programs, one could always call their Member's office and ask if there are fellowship programs available. Finding the appropriate fellowship will be vital to a meaningful and rewarding experience.

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