

# The Capitol Connection

AAGP  
American Association  
for Geriatric  
Psychiatry

American Association for Geriatric Psychiatry

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## Second Successful Public Policy Institute Trains Legislative Advocates

Led by Public Policy and Communications Committee Chair and President-Elect Christopher Colenda, MD, MPH, AAGP hosted its second annual Public Policy Institute in Washington, D.C., on November 17 and 18. The Public Policy Institute (PPI), proposed by Dr. Colenda in 2003, is designed to train a network of geriatric psychiatrists who can articulate late-life mental health issues to policymakers at the Federal level and can help to advance AAGP's legislative and regulatory agenda. The program also provides the necessary tools to enable the association's potential future leaders to engage effectively in AAGP's public policy issues. Ten AAGP members, representing different regions of the country, were selected from a pool of more than 30 qualified applicants to come to Capitol Hill for the two-day hands-on advocacy training.

The first day focused on the Federal legislative and regulatory process. Taught by Congressional and agency experts, participants learned how Congress and the Executive Branch work together to create policy. Representative Chet Edwards (D-Texas), a member of the Appropriations and Budget Committees, opened the session by describing a "typical" day in the life of a Member of Congress and emphasized the importance of the PPI participants and others becoming involved in the policy arena. "Don't underestimate your ability to be part of the [legislative] process," he told the group.

In discussing the need for geriatric psychiatrists to become involved in the legislative process, Representative Edwards said,

"Most Members of Congress would welcome the opportunity to meet with people who are experts in geriatric mental health." However, he cautioned that it takes time to see the results of advocacy efforts. "Don't give up," he stated. "Believe in tenacity. This is a slow process. Our Founding Fathers built in checks and balances, so it might take years to get something done. However, to shape public policy, a small group of people putting a face on these policies can make a big difference."



*Christopher Colenda, MD, MPH,  
and Rep. Chet Edwards*

Following Representative Edwards' presentation, Beth Fuchs, PhD, a health policy consultant in Washington, D.C., and a former political science professor and Congressional staffer, provided the group with a presentation on the structure of Congress and the legislative process. Michael Hash, a former Administrator at the Health Care Financing Administration, now called the Centers for Medicare and

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## Physician Payment Cuts Still Pending Before Congress

The final Medicare physician fee schedule for 2006, issued on November 2, reduces payment rates for physician services by 4.4 percent beginning on January 1, 2006. The Centers for Medicare and Medicaid Services (CMS) does not have the authority to prevent that reduction, which is determined by overall Medicare spending for physicians' services in recent years.

However, included in the omnibus budget reconciliation package (S. 1932) that passed the Senate on November 3 is a provision to avert the payment reduction and increase physician reimbursement by one percent in 2006. The one percent update would cost \$10.8 billion and, under the budget bill, physicians would still face cuts in subsequent years. The version of the omnibus budget reconciliation bill (H.R. 4241) that was approved by the House of Representatives on November 18 by a vote of 217-215

does not contain a similar provision. This is one of the issues in the budget reconciliation package that will have to be worked out when a House-Senate conference committee meets in December to iron out the differences in the two versions of the legislation.

If Congress does not take final action on this legislation before it adjourns for the year (prior to the holidays), Medicare will cut physician reimbursements on January 1. These reductions threaten patients' access to care, as many physicians will be forced to decrease the number of new Medicare patients they can treat.

AAGP strongly supports efforts to prevent the cuts in the Medicare physician fee schedule from going into effect on January 1, 2006, and to enact a long-term correction of the flawed Medicare physician payment formula. Physicians cannot afford to accept an unlimited number of Medicare patients into their practices when they are facing continued payment reductions.

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## Public Policy Institute

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Medicaid Services (CMS), discussed the inner-workings of the Executive Branch, particularly the Department of Health and Human Services (HHS) and CMS and their role in the policymaking process.

During lunch, Robyn Golden, a member of the Board of Directors of the Geriatric Mental Health Foundation and a former year-long John Heinz Legislative Fellow for Senator Hillary Rodham Clinton (D-New York), recounted

her experiences working on Capitol Hill. Golden spoke openly of her expectations prior to working in a Congressional office and how they were influenced by working in Senator Clinton's office. She outlined the work that went into the draft-

ing and introduction of the "Positive Aging Act" in 2004 and the time involved to obtain bipartisan and bicameral support for that legislation prior to its introduction. Following Golden was Amy Walter, Political Analyst with *The Cook Political Report*, who talked about the outlook for the 2006 mid-term Congressional elections as well as the 2008 Presidential election. To end the day, participants learned techniques to communicate effectively with Members of Congress and the media from public relations experts at the Equals Three Communications firm.

On the second day of the Public Policy Institute, following a briefing by AAGP Government Affairs staff on mental health and aging issues pending before Congress,

participants solidified their advocacy knowledge and skills by meeting with their own U.S. Senators and Representatives and Congressional staff to discuss key mental health and aging issues. At these 30 Congressional meetings, Public Policy Institute participants were able to establish valuable contacts with Members of Congress and Congressional staff members that will be extremely beneficial in future advocacy efforts.

At the conclusion of the conference, participants had a better understanding of how to influence policy issues and regulatory

developments impacting geriatric psychiatrists and their patients.

Following the Public Policy Institute, one of the participants, Elizabeth J. (EJ) Santos, MD, of Rochester, New York, said, "I thought that the



*Public Policy Institute participants*

Public Policy Institute was incredibly informative. I gained a new perspective on the many facets of creating health care policy. I found that it is a slow process, but that with patience we, as a united organization, can influence these important decisions. I was reminded that most people do not really know the precarious state of geriatric mental health and was heartened to find that the Congressional staff persons that I met were very interested and eager to help us improve health care delivery. I am very proud to be part of an organization dedicated to this end."

Douglas Brandt, MD, of Mystic, Connecticut, observed, "It was a great experience! The organization was superb and the real world experience of meeting my Congressman

required to obtain a certificate of added qualifications in geriatric medicine or geriatric psychiatry. The bill is intended to promote incentives for physicians to enter the fields of geriatric medicine and geriatric psychiatry and to alleviate the serious shortage in those fields both now and in the future.

Please contact your U.S. Representative and urge him/her to support and cosponsor H.R. 3046, the "Geriatricians Loan Forgiveness Act."

## Write To Congress!!



During AAGP's Annual Meeting in March 2006, AAGP members can communicate with Members of Congress by sending them letters on key legislative issues. Write your Senators and Representative about issues impacting geriatric psychiatrists and their patients, including the need for increased funding for NIMH and SAMHSA/CMHS; the "Geriatricians' Loan Forgiveness Act;" the Medicare physician fee schedule; the Medicare mental health copayment issue; and the "Positive Aging Act."

Stop by the computers at the AAGP Government Affairs booth to send your letters. All letter writers will be entered into a drawing to win one of two MontBlanc pens.

and Senators' legislative aides was invaluable."

"The organization of the conference was great, and I hope everyone accomplished major goals—to serve geriatric psychiatry in the best possible way. It was very exciting to meet with Senators and Congressmen, and I wish everybody would become active to help the field prosper and blossom," said Vadim Baram, MD, of St. Louis, Missouri.

AAGP will hold its Third Annual Public Policy Institute in the fall of 2006. Look for promotional materials to be sent out in the spring. ●

## Physician Payment Cuts

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These drastic cuts must be stopped before they seriously curtail Medicare beneficiaries' access to care.

While Congress was on its Thanksgiving recess, AAGP sent several action alerts (by e-mail and U.S. mail) to all participants in its *Partnership For Grassroots Advocacy* urging them to contact their U.S. Representatives to urge them to approve the provision passed by the Senate in early November to increase the Medicare physician fee schedule for 2006. ●



On June 23, Representatives Rosa DeLauro (D-Connecticut) and Ileana Ros-Lehtinen (R-Florida) introduced H.R. 3046, the "Geriatricians Loan Forgiveness Act" to amend the Public Health Service Act to include each year of fellowship training in geriatric medicine or geriatric psychiatry as a year of obligated service under the National Health Service Corps Loan Repayment Program. Specifically, it would forgive \$35,000 of education debt incurred by medical students for each year of advanced training

# GOVERNMENT AFFAIRS ACTIVITIES AT AAGP ANNUAL MEETING

## Legislative Session To Address Congressional Priorities

AAGP will again offer a public policy session during its Annual Meeting. The session, entitled *Policy and Politics: Mental Health Priorities in the 109th Congress*, will be moderated by Christopher Colenda, MD, MPH, Chair of AAGP's Public Policy and Communications Committee and President-Elect of AAGP. This session will provide an overview of the current legislative, regulatory and political environment that impacts the development and enactment of health and mental health policy at the Federal level. Speakers will address the potential impact of the November 2006 Congressional elections on these issues. The session will include presentations on specific health and mental health policy issues, the outlook for action on those issues in 2006 and their impact on the practice of geriatric psychiatry. Strategies will be identified for AAGP and individual members to utilize to ensure that geriatric psychiatry's voice is heard as these issues are considered.



Amy Walter

In addition to Dr. Colenda, speakers include: Amy Walter, a political analyst with *The Cook Political Report*, a non-partisan publication that provides analysis of Presidential,

Congressional and gubernatorial races. Walter also writes articles for the *National Journal* magazine and has provided pre- and post-election analysis for several major television networks. Prior to joining *The Cook Political Report*, she served as the Political Director at the Women's Campaign Fund and as the campaign manager for former Congresswoman Marjorie Margolies-Mezvinsky (D-Pennsylvania).

Joining Walter will be Michael Hash, a health care consultant with Health Policy Alternatives in Washington, D.C., and a former Administrator of the Health Care Financing Administration, now called the Centers for Medicare and Medicaid Services. In addition, Hash has served as Senior Staff Associate of the Subcommittee on Health of the House Energy and Commerce Committee, with responsibilities

for Medicare legislation and health care reform proposals. He was also involved with the development of legislation on quality assurance, health services research, and the health care workforce.

This session on policy and politics will be held on Saturday, March 11, 10:15 AM-11:45 AM, in Flamingo CD at the Caribe Hilton Hotel. ●

## Medicare Prescription Drug Session

The new Medicare prescription drug benefit (Medicare Part D) will be the topic of an Annual Meeting session entitled *The Medicare Prescription Drug Benefit: Its Impact on Psychiatric Services*. The session will be moderated by Christopher Colenda, MD, MPH, Chair of AAGP's Public Policy and Communications Committee and AAGP President-Elect, and will explore issues for geriatric psychiatrists and their patients presented by the "Medicare Prescription Drug, Improvement and Modernization Act," which was enacted in 2003.

Presenters with expertise in health policy and geriatric psychiatry will explore the contents of the legislation, its impact on care, the ways in which the new law is being implemented, and the impact of the prescription drug benefit on psychiatric services for older adults. Speakers will include Michael Hash with Health Policy Alternatives, a health policy consulting firm in Washington, D.C., and a former Administrator of the Health Care Financing Administration (now the Centers for



## Public Policy Committee To Meet In March 2005

AAGP's Public Policy and Communications Committee will meet during the AAGP Annual Meeting in Puerto Rico to discuss legislative and regulatory issues impacting the field of geriatric psychiatry. Open to all AAGP members, the meeting will be held on Saturday, March 11, 2006, 2:15-3:15 PM in Board Room 6/7 at the Caribe Hilton Hotel. The Public Policy and Communications Committee is chaired by Christopher Colenda, MD, MPH. ●

Medicare and Medicaid Services); and Stephen Bartels, MD, MS, Professor of Psychiatry at Dartmouth Medical School, Director of Aging Services Research at New Hampshire-Dartmouth Psychiatric Research Center, and Medical Director of the New Hampshire State Division of Behavioral Health. Dr. Bartels is a former President of AAGP.

This session will be held on Sunday, March 12, 8:45 AM-10:15 AM in San Geronimo A of the Caribe Hilton Hotel. ●

## AAGP-PAC To Host Reception At Casa Bacardi

On the evening of Saturday, March 11, buses will take AAGP-Political Action Committee (PAC) donors from the Caribe Hilton to the beautiful grounds of the Bacardi bottling plant and distillery. More than 130 years after Don Facundo Bacardi y Maso distilled his first bottle of rum in

Cuba, the company he founded has become a global empire, with plants in more than a dozen countries. Bacardi accounts for approximately 75 percent of U.S. and 50 percent of all world rum consumption. Exiled

from Cuba, the Bacardi family built the Puerto Rico plant in the 1950s. It is one of the world's largest, with the capacity to produce 100,000 gallons of spirits a day and 221 million cases a year. AAGP-PAC guests will take a private tour of the interactive, state-of-the-art museum (called the Cathedral of Rum) featuring the history of the Bacardi family and company. Guests can browse the extensive gift shop, which offers items available only at Casa Bacardi. A reception featuring Puerto Rican food, beverages and music will be held on the Casa Bacardi grounds overlooking San Juan Bay.

AAGP members who have contributed \$100 or more between September 15, 2005, and March 10, 2006, to the AAGP-PAC are entitled to one ticket. AAGP members who have contributed \$250 or more are invited to bring up to two non-AAGP members with them. ●

## Fiscal Year 2006 Health Funding

Just before Congress recessed for the Thanksgiving holiday, there was significant action taken on the Fiscal Year (FY) 2006 appropriations bill for the Departments of Labor, Health and Human Services (HHS) and Education.

The House-Senate conference agreement on the FY 2006 Labor-HHS-Education appropriations bill was completed on November 16. The conference agreement, which ironed out the differences between

the House- and Senate-passed versions of the appropriations bill, would have cut all health funding by an estimated \$1.2 billion, slashed the health professions training program by over 68 percent, and eliminated the Geriatric Academic Career Award (GACA) program, and provided less than a one percent increase for the National Institutes of Health (NIH), the smallest increase since 1970. Many Members of Congress, as well as AAGP and other organizations, found these levels of funding unacceptable.

A concerted grassroots lobbying effort, joined by AAGP members, led to the

surprising defeat of the conference report by the House of Representatives on November 17, by a vote of 209–224, with 22 Republicans joining all Democrats in opposing the bill.

As a result, the FY 2006 Labor-HHS-Education appropriations was sent back to the House-Senate conference committee for revisions. However, no improvements were made in FY 2006 funding for health or mental health programs. The revised conference agreement is scheduled to be voted on by the House and Senate in mid-December. ●

## Senators Up For Election in 2006

Daniel Akaka (D-HI)  
 George Allen (R-VA)  
 Jeff Bingaman (D-NM)  
 Conrad Burns (R-MT)  
 Robert Byrd (D-WV)  
 Maria Cantwell (D-WA)  
 Thomas Carper (D-DE)  
 Lincoln Chafee (R-RI)  
 Hillary Rodham Clinton (D-NY)  
 Kent Conrad (D-ND)  
 Jon Corzine (D-NJ)\*\*  
 Mark Dayton (D-MN)\*  
 Mike DeWine (R-OH)  
 John Ensign (R-NV)  
 Dianne Feinstein (D-CA)  
 Bill Frist (R-TN)\*  
 Orrin Hatch (R-UT)  
 Kay Bailey Hutchison (R-TX)  
 James Jeffords (I-VT)\*  
 Edward Kennedy (D-MA)  
 Herbert Kohl (D-WI)  
 Jon Kyl (R-AZ)  
 Joseph Lieberman (D-CT)  
 Trent Lott (R-MS)  
 Richard Lugar (R-IN)  
 Ben Nelson (D-NE)  
 Bill Nelson (D-FL)  
 Rick Santorum (R-PA)  
 Paul Sarbanes (D-MD)\*  
 Olympia Snowe (R-ME)  
 Debbie Stabenow (D-MI)  
 Jim Talent (R-MO)  
 Craig Thomas (R-WY)

\* Not seeking re-election.

\*\* Becomes Governor of New Jersey in January 2006. Appointed Rep. Robert Menendez (D) as his successor.

## Senate Leadership in the 109th Congress

### Republicans

*President Pro Tempore*

Ted Stevens, Alaska

*Majority Leader*

Bill Frist, Tennessee

*Majority Whip*

Mitch McConnell, Kentucky

*Conference Chairman*

Rick Santorum, Pennsylvania

*Conference Vice-Chairwoman*

Kay Bailey Hutchison, Texas

*National Republican Senatorial*

*Committee Chairwoman*

Elizabeth Dole, North Carolina

*Chief Deputy Whip*

Robert Bennett, Utah

*Policy Committee Chairman*

Jon Kyl, Arizona

### Democrats

*Minority Leader*

Harry Reid, Nevada

*Minority Whip*

Richard Durbin, Illinois

*Conference Secretary*

Debbie Stabenow, Michigan

*Democratic Senatorial Campaign*

*Committee Chairman*

Charles Schumer, New York

*Chief Deputy Whip*

Barbara Boxer, California

*Policy Committee Chairman*

Byron Dorgan, North Dakota

*Steering Committee Chairwoman*

Hillary Rodham Clinton, New York

## Hill Facts: Women In Congress

States that have sent the most women to Congress:

State	Total	Currently Serving
California	30	21
New York	19	7
Illinois	13	3
Florida	10	5
Maryland	7	1
Michigan	7	3
Washington	8	3
Georgia	6	1
Connecticut	6	2
Missouri	6	1
Ohio	7	4
Texas	6	4
Pennsylvania	6	2

There have been 225 women elected or appointed to Congress. In addition, four have been delegates.

This is the third 2005 issue of *The Capitol Connection*, a newsletter prepared by AAGP's Government Affairs staff, specifically for participants in AAGP's *Partnership For Grassroots Advocacy*.

By participating in the *Partnership For Grassroots Advocacy*, you play a critical role in advancing AAGP's legislative agenda and in influencing Federal legislation that impacts geriatric psychiatry, and you serve as a crucial link between AAGP and members of the U.S. Senate and House of Representatives. We appreciate your help in ensuring that the voice and message of geriatric psychiatry are heard on Capitol Hill.

## AAGP Testifies Before Congressional Committees

AAGP either testified or submitted statements for a number of hearings held by committees and subcommittees of the U.S. Senate and House of Representatives in 2005. The following is a list of those statements, each of which can be found on AAGP's website located at [www.AAGPonline.org/advocacy](http://www.AAGPonline.org/advocacy).

- In February, AAGP submitted a written statement for a hearing held by the Health Subcommittee of the House Ways and Means Committee on the problems associated with the Medicare physician fee schedule. AAGP urged Congress to replace the current formula with a more realistic proxy for changes in technology and other factors affecting the volume and intensity of the services furnished to Medicare beneficiaries. AAGP pointed out that geriatric psychiatrists, already in short supply, and their patients are particularly burdened by the cuts mandated by the current system because the patients are virtually all Medicare beneficiaries and because of the discriminatory 50 percent copayment required by Medicare for outpatient psychiatric services.
- In March, AAGP joined with the American Psychiatric Association (APA) in providing testimony to the Senate Special Committee on Aging entitled "Implementation of the Medicare Modernization Act: Delivering

Prescription Drugs to Dual Eligibles." Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.

- In April, AAGP President Dan Blazer, MD, MPH, PhD, testified before the Subcommittee on Military Quality of Life and Veterans Affairs of the House Appropriations Committee on Fiscal Year (FY) 2006 funding issues. Dr. Blazer emphasized the importance of adequate mental health funding, especially for aging veterans, and urged the Subcommittee to commit the resources necessary for coordinated physical and mental health care for veterans across the lifespan.
- In April, AAGP submitted written testimony to the Subcommittees on Labor-Health and Human Services (HHS)-Education of both the House and Senate Appropriations Committees on funding issues for the National Institute of Mental Health (NIMH), the National Institute on Aging (NIA), the Center for Mental Health Services (CMHS), and the Agency for Healthcare Research and Quality (AHRQ). The statements called for increased appropriations for all Federal mental health and aging research and services programs in FY 2006.
- In May, AAGP participated in a briefing for Members of Congress and Congressional staff, sponsored by the Older Women's League, on mental health and aging issues. The briefing focused on the "Positive Aging Act," a bill to improve access to mental health care for older adults, which was reintroduced in both the House and Senate in late May. In her remarks at that briefing, Senator Hillary Rodham Clinton (D-New York) thanked AAGP for its efforts in drafting and promoting this legislation. ●

## Mental Health Groups Launch Medicare Website

Several mental health organizations, including AAGP, have joined forces to host a central resource on Medicare's new prescription drug benefit. The goal of this Medicare Part D collaboration is to provide synthesized information that will facilitate informed decision-making for providers and consumers as they choose new Medicare prescription drug plans.

In addition to AAGP, the Mental Health Part D partners include: the American Association of Community Psychiatrists (AACCP), the American Psychiatric Association (APA), the National Alliance on Mental Illness (NAMI), the National Association of State Mental Health Program Directors (NASMHPD), the National Council for Community Behavioral Healthcare (NCCBH), the National Mental Health Association (NMHA), and Treatment Effectiveness Now (TEN).

The new website ([www.mentalhealthpartd.org](http://www.mentalhealthpartd.org)) contains easy-to-understand, top-line information tailored specifically to psychiatrists and other physicians, providers at community health centers, and consumers and their families. The site will help people with mental illnesses successfully transition to the new benefit.

The Medicare prescription drug benefit is especially important for persons with mental disorders, many of who are currently without drug coverage or who are receiving prescription drugs through Medicaid. In fact, more than half of people with Medicare under age 65 have mental health problems; almost 40 percent of individuals with both Medicare and Medicaid have a mental or cognitive disorder; and almost 20 percent of all people over age 55 experience specific mental disorders.

The Mental Health Part D website will be continually updated to include the latest on enrollment, costs, prescription drug lists, and the appeals process. In addition, it will expand to include comparisons of prescription drug plan formularies to help physicians, providers, and consumers choose a plan to cover all or most of their medications, as well as an interactive tool to provide feedback and assistance on an individual's situation as the new prescription drug benefit begins on January 1, 2006.

## Contact Your Senators and Representative



The time period between the adjournment of the First Session of the 109th Congress in mid-December and the convening of the Second Session of the 109th Congress in mid-January provides an excellent opportunity for you to meet with your Senators and Representative to discuss mental health and aging issues. Members of Congress will be in their home states and districts until Congress reconvenes on January 18, 2006. Give them a call or send them a letter!



# The 109th Congress In Transition: 2005–2006

## House Vacancy Filled (2)

**California District 5**—Representative Doris Matsui (D) won March 8 special election; Representative Robert Matsui (D) died on January 1.

**Ohio District 2**—Representative Jean Schmidt (R) won August 2 special election; Representative Rob Portman (R) resigned on April 29 to become U.S. Trade Representative.

## House Vacancy (3)

**California District 48**—Representative Christopher Cox (R) resigned on August 2 to head Securities and Exchange Commission.

**California District 50**—Representative Randy “Duke” Cunningham (R) resigned on December 1. Representative John Campbell (R) won December 6 special election.

**New Jersey District 13**—Representative Robert Menendez (D) was appointed on December 9 to fill remainder of Senate

term of Senator Jon Corzine (D) effective when Corzine is sworn in as Governor of New Jersey on January 17, 2006.

## Retiring Senators (1 R, 2 D, 1 I)

Mark Dayton (D-Minnesota)  
Bill Frist (R-Tennessee)  
James Jeffords (I-Vermont)  
Paul Sarbanes (D-Maryland)

## Retiring House Members (4 R, 1 D)

Michael Bilirakis (R-Florida)  
Henry Hyde (R-Illinois)  
Jim Kolbe (R-Arizona)  
Major Owens (D-New York)  
Michael Oxley (R-Ohio)

## Current House Member Running for the Senate (2 R, 3 D, 1 I)

Sherrod Brown (D-Ohio)  
Benjamin Cardin (D-Maryland)  
Harold Ford (D-Tennessee)  
Katherine Harris (R-Florida)  
Mark Kennedy (R-Minnesota)  
Bernard Sanders (I-Vermont)

## Running for Governor (7 R, 2 D)

Representative Bob Beauprez (R-Colorado)  
Representative Jim Davis (D-Florida)  
Representative Jim Gibbons (R-Nevada)  
Representative Mark Green (R-Wisconsin)  
Representative Ernest Istook (R-Oklahoma)  
Representative Jim Nussle (R-Iowa)  
Representative Tom Osborne (R-Nebraska)  
Representative C. L. “Butch” Otter (R-Idaho)  
Representative Ted Strickland (D-Ohio)

## Elected Governor

Senator Jon Corzine (D-New Jersey)  
Elected in November 2005.  
Takes office in January 2006.  
Appointed Representative Robert Menendez (D) to fill remainder of Senate term, beginning January 17, 2006.

*(All information accurate as of 12/14/05)*



7910 Woodmont Avenue • Suite 1050 • Bethesda, MD 20814-3004