Advocacy 101 and Hill Visit Preparation
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Introductions

• Gerry Schmidt – Chair, Public Policy Committee
• Clinical Affairs Consultant for NAADAC
• Chief Operations Officer, Valley HealthCare System, Morgantown, WV
Demonstrate the importance of legislative advocacy

Provide an update on the current status of addiction-focused issues and legislation

Identify practical ways to become a more active and effective addiction policy advocate, including donating to the NAADAC PAC
What is Advocacy?

- From Latin for “voice”
- Working definition: Advocacy is the *process* of *influencing* the public’s *attitude* towards a specific issue or group
What is Advocacy?

Individual-Driven

- Builds on the advocate’s individual strengths
- Keeps in mind that individuals are always the target—ultimately people make decisions, not institutions
What is Advocacy?

“I have come to the conclusion that politics are too serious a matter to be left to the politicians.”

-Charles de Gaulle
First and foremost: The American System demands it (the First Amendment to the Constitution guarantees your right to petition the government).

- Legislators cannot be experts in everything, but they want to understand their constituents
- You have expert power…no one else can give policymakers the front-line information you have! – You are an expert on you!
- You give back to your profession, community, clients, and country
- Finally…. No one else will do this for us!
The Data: You're listened to MUCH more than lobbyists

“If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on his/her decision?”

<table>
<thead>
<tr>
<th>Strategy</th>
<th>A lot of influence</th>
<th>Some influence</th>
<th>No influence at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person issue visits from constituents</td>
<td>60%</td>
<td>39%</td>
<td>1%</td>
</tr>
<tr>
<td>Individualized postal letters</td>
<td>44%</td>
<td>52%</td>
<td>4%</td>
</tr>
<tr>
<td>Contact from a person who represents many constituents (e.g. organization leader, elected official, large business owner)</td>
<td>47%</td>
<td>49%</td>
<td>4%</td>
</tr>
<tr>
<td>Individualized e-mail messages</td>
<td>34%</td>
<td>60%</td>
<td>6%</td>
</tr>
<tr>
<td>Visit from a lobbyist</td>
<td>15%</td>
<td>77%</td>
<td>7%</td>
</tr>
<tr>
<td>Individualized faxes *</td>
<td>30%</td>
<td>61%</td>
<td>9%</td>
</tr>
<tr>
<td>Phone calls</td>
<td>20%</td>
<td>68%</td>
<td>12%</td>
</tr>
<tr>
<td>Form postal letters</td>
<td>3%</td>
<td>62%</td>
<td>35%</td>
</tr>
<tr>
<td>Form e-mail messages</td>
<td>3%</td>
<td>60%</td>
<td>37%</td>
</tr>
<tr>
<td>Form faxes *</td>
<td>3%</td>
<td>54%</td>
<td>43%</td>
</tr>
</tbody>
</table>

source: “Communicating With Congress,” Congressional Management Foundation, 2005
Bonus Reason to Be an Advocate: The Power of One!

- Many times, a one-on-one contact with a legislator or his/her staff does the job

- Like other humans, legislators’ decisions are often based on personal experiences with other individuals
On October 3, 2008, the Paul Wellstone Mental Health Parity and Addiction Equity Act was signed into law.

This law represents the culmination of nearly 15 years of advocacy by the mental health and addiction treatment community, including NAADAC.
Successful Advocacy Movement: Parity

Long-term process

- 1996 law
- Introduced throughout 2000s
- 2007: Alignment!
  - Democrats take control of the House and Senate
  - Senate seeks insurance and business groups’ support
• Reps. Kennedy and Ramstad hold 14 informal hearings across the country

• Navigating the legislative process: 3 separate committees in House, unanimous consent in the Senate

• Informal negotiations

• Remaining issue: funding “offsets”
Successful Advocacy Movement: Parity

The process of passing parity legislation helped position addiction and mental health prevention, treatment and recovery advocates to positively affect health care reform process

- It provided chance to educate Congress about importance of addiction and mental health services in context of the health care system
- Helped addiction and mental health advocates coordinate their efforts
- Helped create minimum standard or “floor” of inclusion and equality for addiction and mental health that health reform to build upon
Priority policy issues that NAADAC is working on for our members:

**Priority Issue 1:** Ensuring that both the Affordable Care Act (ACA) and Wellstone-Pete Domenici Mental Health Parity and Addiction Equity (Parity) Act are fairly and effectively implemented

**Priority Issue 2:** Growing and developing the addiction professional workforce in the 21st century

**Priority Issue 3:** Increasing federal and state funding levels for addiction treatment
The Affordable Care Act (ACA), signed into law by President Obama in March 2010, expands health insurance coverage, starting in 2014, to 32 million Americans, largely through state health insurance Exchanges for individuals and small businesses, and through an expansion of Medicaid for low-income individuals and families. (The law was upheld by the Supreme Court on June 28, 2012)

ACA requires the plans in the Exchanges, as well as Medicaid expansion plans, to cover a set of “essential health benefits” that include “mental health and substance use disorder [MH/SUD] services, including behavioral health treatment.” In other words, under the new law, services such as screening, early intervention, treatment, and recovery support for patients with substance use disorders will be provided in the same manner and in the same primary care settings as services for any other illness.

The change will bring needed help to many as it also increases awareness that drug dependence is a chronic, treatable disease.
NAADAC, along with other addiction groups, is working to ensure the full inclusion of substance use disorder services within the Essential Health Benefits package that will be offered under the ACA.
In October 2008, President Bush signed into law the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act.

This historic law requires most insurance plans to provide the same level of benefits for mental health and substance use disorder services that they provide for other health care conditions.

Interim final regulations (IFR) implementing the law were issued by HHS in February 2010, and took effect for most insurance plans on Jan 1, 2011.
In May 2010, NADAC sent a letter to the HHS Secretary commenting on the interim final regulations and seeking clarification on several issues.

In May 2011, several members of Congress wrote to HHS urging them to issue final regulations clarifying Congressional intent on scope of service, disclosure of medical criteria and non-quantitative treatment limitations.

Throughout 2012, former Congressman Jim Ramstad (R-MN) and Patrick Kennedy (D-RI) held Parity Field Forums around the country to raise awareness about the parity implementation and need for enforcement. Details and updates about all of the upcoming field hearings can be found on the Parity Implementation Coalition’s website: [www.parityispersonal.org](http://www.parityispersonal.org), and on Twitter @ParityCoalition.

NAADAC continues to advocate for final Parity regulations that provide strong protections for consumers, in accordance with congressional intent.
Under the Affordable Care Act, by 2014 approx. 32 million more Americans will have health insurance coverage, which will include treatment services for substance use disorders.

About 5 million of these newly insured will meet the medical diagnostic criteria for a substance use disorder.

Demand will rise for qualified and well-trained addiction professionals.
• Unfortunately, the addiction treatment workforce currently is not equipped to handle this influx

• There are an estimated 67,000 addiction-focused clinicians in the U.S., and it is widely accepted that 5,000 new counselors must enter the field every year in order to maintain the current levels of service (and this does NOT take into account the impact the ACA!)

• The DOL's BLS 2010-11 Occupational Outlook projects employment by 2018 to be 104,200
What Challenges Face the Addiction Workforce?

**Turnover is high.** The annual turnover rate has been estimated to be over 18 percent (11 percent is considered the national average).

**Compensation is low.** The median income of addiction counselors was $37,700 ($19/hour) in 2009.

**The demographics are skewed.** About 70 percent of the workforce is female. The average addiction professional is 45-50 years old.
Priority Issue 2: Growing and Developing the Addiction Professional Workforce in the 21st Century

- NAADAC is working to ensure that current and future addiction counselors receive the same opportunities as other health professionals, such as federal loan forgiveness and scholarship programs.

- By ensuring that addiction counselors can compete on a level playing field additional counselors will be able to enter the profession and remain in their field of practice.
The Substance Abuse Prevention and Treatment Block Grant (SAPT) is the single largest funding stream for state treatment programs and the most important program that provides addicted individuals treatment.

The SAPT Block Grant serves our nation’s most vulnerable, low-income populations.

Funding for the SAPT Block Grant has been stagnant for the last several years, yet the demand for services continues to rise.
Priority Issue 3: Increasing Federal and State Funding Levels for Addiction Treatment

<table>
<thead>
<tr>
<th>SAPT BLOCK GRANT FUNDING</th>
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<tbody>
<tr>
<td>2007</td>
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<tr>
<td>2008</td>
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<td>2011</td>
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<td>2012</td>
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<tr>
<td>2013</td>
</tr>
<tr>
<td>2014</td>
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NAADAC, as part of the Addiction Leadership Group, is calling on Congress to:

- Maintain the existing structure of the Substance Abuse Prevention and Treatment (SAPT) Block Grant, with a 20 percent set aside for substance abuse prevention, as mandated in current law, and

- Increase total funding for the SAPT by $50 million from $1,800.2 m in FY 2011 to $1,850.2m in FY 2013
Q. “Which is the best way of contacting legislators: phone, fax, e-mail, letters, or visits?”

A. Yes.
Before Picking up the Phone (or Keyboard)…

✓ Check the status of the legislation on NAADAC’s website (www.naadac.org), and likely next steps

✓ Find out if your legislator has taken a position on the legislation (e.g., cosponsored the legislation)

✓ Find out if your legislator sits on a committee with jurisdiction over the bill

✓ Check NAADAC’s website for stats/arguments supporting your position
Ask your member of Congress to…

- Offer an amendment during floor consideration or a committee mark-up
- Send a “Dear Colleague” letter on your issue
- Speak in favor of your position in public
- Find a colleague on the other side of the aisle to work with
- Talk/write to committee chair about your bill
- Talk/write to Administration office about your issue
- Introduce a bill
- Cosponsor a bill
- Cosign a letter on your issue
• All Senators’ and Representatives’ offices can be contacted through the U.S. Capitol Switchboard at (202) 224-3121.

• Consider plugging your delegations’ direct phone numbers into your cell phone.

• District Office calls work too, and are not long-distance.
Calling Your Members of Congress

• Give your name and identify yourself as a constituent.

• Ask for something specific.

• If possible, relate anecdotes or describe your personal experiences relevant to the issue.

• Leave your mailing address (very important!)

• Say that you’d like to hear back from the Senator (or Representative) on the issue.
Contacting Your Members of Congress

- Keep letters to one or two pages, tops
- Stick to one issue
- Always include your name and mailing address
- Ask for something specific
- Keep a copy of your e-mail or letter for future reference
- Consider faxing your letter
Communications to Capitol Hill, 1995-2006

Source: Congressional Management Foundation, 2008
INDIVIDUALIZED contacts still work…

“If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the Washington office have on his/her decision?”

source: “Communicating With Congress,” Congressional Management Foundation, 2005

* The question regarding faxes was asked only of House correspondence staff and Senate office managers. The n for this question was 209.
Quotes from House correspondence staffers:

“One hundred form letters have less direct value than a single thoughtful letter generated by a constituent of the Member’s district.”

“Form letters are a waste of everyone’s time. What we care about is that a constituent not only took the time to write a communication to us, but that he/she understands the fundamentals of the issue at hand and makes a rational, well-conceived argument for the position.”

CMF report: “Quality is more persuasive than quantity…. The content matters. The operating assumption of many congressional staff is that the more time and effort constituents take to communicate, the more passionately they care about the issue.”

source: “Communicating With Congress,” Congressional Management Foundation, 2005
The Waiting Game

- You WILL NOT hear back for AT LEAST 3 - 4 weeks

- If/when you hear back, it’s likely to be a form letter

- If you don’t hear back within three weeks, and/or get a form letter, contact the office again

- The squeaky wheel gets the grease
The lobbying visit, phone call, letter, or e-mail in itself is **NOT** the end point of engaging in advocacy. The end point is getting a concrete, specific answer from the legislator/bureaucrat on your particular request.
Ways of Being an Advocate

- Phone call
- E-mail
- Letter
- Lobbying visit
- Volunteer on a political campaign
- Contribute money (NAADAC PAC)
- Stage a protest
- Participate in a march
- Hold a press conference
- Extend a speaking invitation
- Write a letter to the editor
- Speak before a committee
- Join a community group
- Run for office
- Post a yard sign
- Get a bumper sticker
- Speak about politics to your friends/family/neighbors
- Send legislator your newsletter
The NAADAC Political Action Committee (PAC) was founded over two decades ago and is the oldest, most established PAC to focus exclusively on addiction policy issues.

PAC donations are a unique advocacy tool that helps make your voice—the voice of addiction professionals—be heard on Capitol Hill.

The PAC supports members of Congress who champion addiction services and addiction professionals.

However, NAADAC PAC is only as effective as the support it receives from members. The PAC is funded exclusively donations from members like you!
In the past, NAADAC PAC has supported Members of Congress who have helped advance bills on issues like expanding treatment access to all Americans, ending insurance discrimination against addiction treatment, and increasing funding for public treatment systems.

NAADAC PAC also enables us to educate and build relationships with Senators and Representatives.
Although **NAADAC PAC** cannot donate at the same level as the nation’s largest PACs, it gives addiction professionals (and, by extension, the addiction treatment community) a presence in Washington that they could not otherwise have.
Further, the PAC creates unique opportunities for NAADAC:

- It enables our advocacy staff to spend time one-on-one with legislators and their staffs at fundraising events, talking about issues like insurance parity and protecting public funding for treatment.

- It helps NAADAC develop *relationships* with members of Congress and their aides, as well as ensuring that members of Congress who support our policies are re-elected.

- The PAC is irreplaceable and complements all other advocacy work.
Ways of Being an Advocate: NAADAC PAC

- Donations can be made online at www.naadac.org/advocacy

- Or, by filling out a PAC Drive brochure and mailing it to NAADAC
How NAADAC Can Help

- Newly revised “Advocacy” section of NAADAC’s website (www.naadac.org)
  - Policy briefs
  - CapWiz E-Advocacy Center (www.capwiz.com/naadac): sign-up for e-alerts, find your Members of Congress, plus track federal legislation

- *Addiction Professional* public policy blog at www.AddictionPro.com
  - Interactive and with comments
• **National Committees** (members listed on website)
  - NAADAC Public Policy Committee
  - NAADAC Education and Research Foundation

• **State Advocacy Liaisons**
  - Work with both NAADAC Govt. Relations Dept. and your state affiliate to (1) track state-level legislative issues and (2) mobilize your state’s grassroots when there’s a national issue that requires action
How NAADAC Can Help

✓ **Articles** in *Addiction Professional* and *NAADAC News*, among others

✓ **Access** to NAADAC Government Relations Department: ccampbell@naadac.org, 800.548.0497 x129
Questions and Discussion
Thank You for Participating!

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304.296.1731/4193