

# Federal Advocacy 101

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# Disclosures

- Nothing to Disclose

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# The Federal Legislative Process

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## The Federal Legislative Process

**“Regular Order”**

- Bill is introduced and referred to committee(s) of jurisdiction
  - For health care: Energy and Commerce, Ways and Means, HELP, and Finance
- Committee(s) hold hearings and a markup
- Bill is reported out of committee
- Differences between House and Senate versions are reconciled
- Identical bill passes both chambers
- Bill signed into law by the President



**There are opportunities to engage at each stage of the process**

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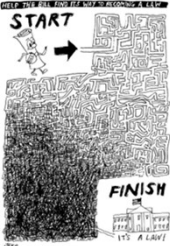
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## The Federal Legislative Process

**Not-So-Regular Order**

- Bill is introduced, ideally in both chambers, frequently in just one
- *Maybe* it gets a hearing and/or markup, usually along with several other similar bills
- What Congress decides to move forward is highly dependent on member commitment (champions), partisanship/political environment, legislative calendar, cost
- A couple “must-pass” bills become vehicles for everything else
- If there is a deadline, count on Congress to wait until the last minute



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## The Federal Legislative Process

**Congress Moves Slowly**

- In the 117th Congress (2021-2022)
  - 15,066 bills introduced = 9,709 House bills + 5,357 Senate bills (most since the 95th Congress back in the late-1970's)
  - Average of over 28 bills per Member of Congress
  - 991 bills passed either the House or the Senate
  - 362 bills passed both chambers and were sent to the President's desk
  - 358 bills were signed into law: **That's 2.4% of introduced bills signed into law**
- This is an incremental process by design
  - Not all bills are good ideas, and not all good ideas should become law
  - Even great ideas are constrained by politics
  - Sometimes preventing bad policy from becoming law is just as important

**It takes many years to engage, educate, coalesce, and persuade. Advocacy is vital!**

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**Example: The *Removing Barriers to Colorectal Cancer Screening Act***

- Legislation first introduced in 2012 requiring Medicare to increase coverage of procedures to remove polyps during routine colorectal cancer screenings
- ACS endorsed the legislation with guidance from the CoC Advocacy Committee
  - Included as an "ask" at Leadership and Advocacy Summit beginning in 2013
- Bill became law in 2020 as part of the *Omnibus Appropriations and Emergency Coronavirus Relief Act*



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**Example: The *Removing Barriers to Colorectal Cancer Screening Act***

**Why did this bill pass?**

- Champions
  - 344 cosponsors in the House, 61 in the Senate
- Opportunity
  - Attached to a bigger legislative vehicle
- Advocacy
  - Broad coalition of supporting organizations and concerted grassroots effort

**What's next?**

- The *Colorectal Cancer Payment Fairness Act*
  - Moves up the implementation timeline of the *Removing Barriers to Colorectal Cancer Screening Act*
  - Endorsed by ACS

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**Importance of Federal Advocacy**

**Health care policy is constantly changing, with or without input from experts**

Surgeons:

- Are the experts on surgery
- Know what is best for patients and the medical profession
- See the changing trends and challenges in health care
- Bring credibility on health care issues



**Policymakers want to hear from you!**

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**Key Takeaways**

- Congress moves slowly
- The federal legislative process is complicated and incremental by design; progress takes time
- Advocacy is vital!

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**Thank you**

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