

## National Associations Mobilize

### HEALTH SECURITY ACT ANALYZED -- LOBBYING EFFORTS RENEWED

Editorial Staff

When the Clinton Health Security Act surfaced (see the Nov. 19, 1993 issue of "DC"), the ICA and ACA got out their reading glasses and did a line-by-line analysis of the 1,342 page document. Naturally this was not a joint venture. Both associations, as per the course, ventured off on their own tangents:

- The ICA Board of Directors met in Washington D.C., to review the bill and plan strategy.
- The ACA sponsored an emergency National Chiropractic Mobilization Conference and Briefing for state associations and colleges in Dallas, Texas, Nov. 20, 1993.

The ICA session was conducted by a legislative team headed by former California Congressman James Corman. Mr. Corman warned about the bill's vagueness as "the greatest risk for chiropractic." He added: "It is clear that chiropractic services are permitted, perhaps even encouraged. However, given chiropractic's history of exclusion ... the only guarantee of fairness is an amendment that would obligate health care plans to offer chiropractic services if requested by the patient."

A basic assessment of the plan vis-a-vis chiropractic was given by ICA President Dr. R. James Gregg: "Nothing in the proposal mandates or requires chiropractic services be made available to beneficiaries of plans created or authorized under the act."

The ACA Mobilization Conference in Dallas brought together a large gathering of representatives from many states to learn about the health reform proposal and to hear mobilization plans. Included in the briefings was a detailed report on the Clinton bill from Don Muse, PhD, president of a leading consulting firm, and Dr. Frank Luntz, president of a national polling and demographic research firm, revealed the results of the ACA's national survey.

The ACA mailed a synopsis of the bill to over 55,000 DCs and chiropractic students.

The analysis of the bill by our national associations can be summarized rather succinctly: The bill is "provider neutral." Specific providers are not identified, but services are outlined and defined. The delivery of the care is however indirectly addressed. Provisions do exist for care under HMOs, PPOs, and fee-for-service plans. While it is clear chiropractic would be included under fee-for-service, participation in the HMOs/PPOs is questionable.

Congress on Leave

The 103rd Congress is on recess until Jan. 25, but when they reconvene, observers on Capital Hill believe that the first battle of the health reform bill will be a fight for jurisdiction among several powerful committees.

With congressmen returning to their home states during the recess, the ACA asked state

associations to compile a list of one or more DCs who can serve as key contacts/coordinators for each member of Congress, including US senators in their respective states. District meetings are planned with members of Congress during this period. State associations and their "key contacts" will be setting up meetings with their representatives at their local congressional district offices. Associations should also organize large groups of interested chiropractic patients to participate in these lobbying visits.

#### What the Associations Want

What the national associations clearly seek is for the bill's language to specifically mandate chiropractic services at all levels of the plan. Chiropractic seeks to be recognized in the bill as a primary care provider: short of this, to eliminate bias toward chiropractic referral under a gatekeeper system. The associations also hope to see an expansion of the bill's antidiscrimination language for nonmedical providers.

Both associations have a broad range of plans they hope will translate into legislative influence in Washington. There is a strong grassroots effort to get as many DCs and chiropractic patients involved as possible.

On February 24-25, the ACA is sponsoring the 1994 National Chiropractic Legislative Conference in Washington, D.C. Conference participants will hear from a variety of Congressional and Clinton administration officials on the status of national health reform. The event will also serve as a lobbying opportunity for DCs to meet with members of Congress and their staffs, and as a "follow-up" to local lobbying efforts. On February 26, the state association leaders will meet to discuss strategies.

The ACA is also compiling a new national database consisting of chiropractic patient names to be used exclusively for state and national political action, and organizing of congressional member and staff visits to chiropractic colleges. State associations and chiropractic colleges are being encouraged to work together in coordinating visits from congressional representatives and their staffs.

JANUARY 1994