

Nebraska Medicine

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Political Advocacy

A critical
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Nebraska
Medical
Association

Advocating for Physicians and the Health of all Nebraskans

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THE SALVATION
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Advocacy takes everyone in medicine being involved

by Richard Blatny, Sr., MD
President, NMA

One of my personal passions is advocacy for the medical profession and the patients of Nebraska. It's something that takes time, yes, but I've found it to be part of my duty to my patients and to the profession of medicine. I hope that you feel the same way.

With the November elections we saw an end to many hard fought campaigns in the Nebraska Legislature. Of the total 49 senators in our Unicameral, 17 are new. Hopefully, you contributed to the campaign of the winning senator in your district. Even if you did not the Nebraska Medical Association PAC most likely did. Although some of the senators may have experience in the medical field, many do not. Currently there are no physicians serving as senators in our state Legislature which makes it even more important to set up an appointment to meet with your senator.

Contacting your senator is relatively easy. Call, introduce yourself, and make an appointment. A 10 to 15 minute visit is all that is needed to start a relationship that will likely be very impor-

tant in the future. One could also visit over a coffee break or take them to lunch. Meeting them at forums in your community is probably less effective than a personal visit because it really limits the time you have with them to make a personal connection. When you are getting acquainted with your senator, you do not need to discuss legislation; you can simply make contact and let them know that you are available if they need your expert advice in the future.

Having a good relationship with your senator allows them the luxury of being able to rely on you for your expert advice on the bills that formulate new medical policy for our patients. We have a small group of physicians in the Nebraska Medical Association who we can consistently count on to make contact with senators at times of need. As a result many of you may have the misperception that you are not needed, but nothing could be further from the truth. Physicians, in general, garner considerable trust. Some of you, especially physicians in out-state practices, may already have excellent relationships developed with the senator in your district. You would be the perfect one to explain the advantages or disadvantages

of an advancing medical bill.

The Nebraska Medical Association's Commission on Legislation meets twice in advance of each session. At this time our lobbyist and commission members discuss the bills (whether it be new and/or carryover) that will affect the medical care of our patients and our profession. Highlights of these bills will be reported to you in the NMA News as well as the bi-weekly STAT. I highly encourage you to open and read your STAT, especially during the legislative session. Many times it includes a call to action where we need your help. When we look at the numbers of physicians vs. other health care professionals in the state, many times physicians are outnumbered which is why it's even more critical that physicians take the time to make a contact and be an advocate for patients and the medical profession. Too often we hear: "Well, we never heard from the physicians." As you dedicate your precious time to patients, the business aspect of medicine, and your own family, I ask that you also dedicate some time each week to stay up-to-date on legislation



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NMA POLITICAL ACTION COMMITTEE

If you're in medicine, you're in politics...

...and the old saying still rings true today. As physicians, our primary focus is on the health of our patients and delivering the best care possible. But as rules, regulations, and deadlines take up more and more of our time, it is clear that we must become involved in the political process.

Physicians must be involved in supporting candidates who understand the critical needs of Nebraska's physicians. Joining NMPAC is the quickest and easiest way to make your voice heard with your colleagues across the state.

NMPAC is the bipartisan political arm of the NMA and supports candidates for office who understand the real impact their decisions have on your ability to practice medicine on a daily basis. Politics is an undeniable factor in all our practices. Those who deny and ignore this reality do so at the peril of us all. The medical profession must mobilize and speak up. We are thousands of constituents and voters and we can be a force if our efforts are coordinated through organization and supported by a committed membership.

Take a stand for your practice, your profession, and your patients and join NMPAC today.

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PLEASE SELECT ONE OF THE FOLLOWING:

☐ Major Donor Membership \$300 ☐ Sustaining Membership \$200 ☐ Resident/Student Membership \$20

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YOUR CONTRIBUTION IS GREATLY APPRECIATED.

Please return form and payment to:

233 South 13th Street, Suite 1200

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A message from your PAC chair

by *Todd E Hlavaty, MD*

As the elections have been finalized we should take a step back now and start to initiate a plan of action for advocacy in the coming years. The NMA has spoken to the candidates, listened to their platforms, and we now need to work together with them to accomplish our joint goals. The time we really need to be heard is when there is no conflict or debate. I recently overheard a Legislature member tell another that physicians only show up when there is turf to be lost and thus income or their rights are infringed upon by others. Given the NMA's involvement in numerous public health issues including child health, men's and women's health, seat-belt and distracted driving awareness, concussion education and smoking cessation, patient centered medical home, just to name a few, I know that's not true. But, we have a lot of work to do to overcome that stigma. That happens by individual physicians contacting their newly elected officials and creating and nurturing an ongoing relationship with them. If we cannot or refuse to do this we will ultimately fail when

important matters come before our elected officials. And in the end it really has very little to do with us as physicians; it's the patients of Nebraska that have the most at stake.

I don't think any of us went into medicine for the money, but the perception remains. Think back to your high school and college days and why you felt such a passion for medicine that you gave up many years of your life to study to become a physician. Remember that passion and drive to help others when you decide to reach out to your elected official. They, like your patients, need your help and guidance.

Since retired Kearney surgeon Joel Johnson left the Legislature, there has not been a single physician in our Unicameral. We need to change that – we need physicians to run for office, contribute to their PAC, and become involved in political advocacy. Remember that many of our senators need your help because they do not understand medicine and patient care the way we do which is understandable. We can't expect them to know the ins and outs of medical care, but we can help guide them to ensure that

Nebraska is a safe and valued place to receive medical care.

Thank you to the physicians who have joined NMPAC this year. You are part of an elite group of physicians who are shaping policy and patient care in Nebraska. Opposite this article you will find our PAC donation form. I encourage you to donate today either by completing the form or calling the NMA at (402) 474-4472. You can also donate online at www.nebmed.org (NMPAC tab on left side of homepage/Make a Contribution). We are outnumbered as medical professionals and in dollars given to support political advocacy. It's time to up our game and have a respected and valued seat at the table. The patients you serve every day are counting on you.

Good luck in meeting our new representatives. And as always, if you need assistance or additional information before meeting with your candidate, please do not hesitate to contact the staff at the NMA! They can serve as a great resource for you. ☐



Wanted: trusted advisors in medicine to assist lawmakers

by NMA Lobbyist Ann M. Frohman
and Taylor A. Ptacek



Ann M. Frohman



Taylor A. Ptacek

Legislators, by their very nature, cannot be experts in all of the areas in which they legislate. Oftentimes they are subject matter experts, but in only an area or two that is typically their trade or business. In addition to lawmaking, they are extremely busy navigating the political process, attending meetings and events, and learning as much as they can to best serve their constituents. It is simply impractical to become an expert on each subject matter with their workload, schedules and the number and variety of legislative issues. It should come as no surprise that legislators approached on issues dealing with health care can and do often draw the proverbial “deer-in-the-headlight” expression. The NMA works hard to overcome this as your advocacy organization.

However, it isn't just that health care is an issue that is extremely complex; health care is ever-changing. Crafting laws to reflect sound health policy is difficult because technology shifts, practice approaches change, and the number of stakeholders touched by health

care are many, requiring an understanding of diverse perspectives. Legislative changes to the health care system predominantly affect the delivery system; as such, physician expertise is absolutely critical to any proposed reform.

Nebraska physicians are the experts to consult and provide their input when proposed changes are being made to reimbursement, scope of practice and the overall delivery of care. You, our members, are the final decision makers; you perform life-saving consultations and operations; you are also administrators and team leaders. You are the experts needed to help shape Nebraska's health care policy.

As an expert assisting lawmakers, there are three ways to become a trusted policy advisor on health care policy:

1) Be engaged, available and proactive

Simply put, get involved and make a difference in passing legislation. Practice the balance between compromising on issues and standing firm on our non-negotiable items. More practically, the Nebraska Medical Association is always looking for physicians to testify, send letters, or reach out to senators. There are endless opportunities for this kind of involvement throughout session and the interim. Let us know which bills are of interest to you and we will keep you updated on ways and opportunities to engage in the process. Finally, we urge all members to commit to an effortless, yet impactful phone call to your senator introducing yourself and offering your expertise.

2) Disseminate accurate and thoughtful information

Because health care is a complex issue, the discussion around it is ripe for inaccuracies and intentional misinformation. Additionally, Nebraska's population as well as the accessibility of the public, media, and government officials makes it easier to spread misleading or even false information. However, there is also tremendous opportunity for our members to use the unique qualities of our state and take advantage of the rapid flow of information by telling stories that are honest, accurate and complete.

3) Capitalize on your credibility

Physicians are members of a very well-respected profession and are entrusted with the lives and the well-being of patients every day. Our lawmakers trust your opinion and your guidance when it comes to health care issues. Not only does the NMA have strength in numbers, but our biggest strength lies in our collective expertise. This can be very, very powerful.

The difficulty of legislators to become experts in the health care field is an opportunity for our members, who are all experts and leaders in health care, to get involved in the public policy process. Most importantly, it enables Nebraska physicians to lend their expertise by offering clarity and leadership in an area that is too often misunderstood. Please engage! □

2015's Political Prescription: Get Involved!

by AMA Political Affairs

Thomas Jefferson once said, “We in America do not have a government by the majority. We have government by the majority who participate.” A blunter translation of this axiom might read, “If you’re not at the table, you’re on the menu.” NMA members should heed this wisdom as new legislatures convene in Lincoln and Washington. If physicians want to improve the political and legislative climate for their patients and profession, it is imperative that they begin building relationships with their elected officials now.

However, before offering some suggestions, first a word on perspective. While it is easy to be cynical about politics, we suggest that relationships between medicine and elected officials should be *symbiotic*—i.e., each side has something that the other needs and both benefit from the relationship in the long run. Physicians need elected officials who will pass health care policy that provides the best care for patients, and legislators need expert advice on health care and support for their campaigns. Ultimately, the best way for medicine to stay “off the menu” is by developing productive relationships with lawmakers that are year-round, and not just when medicine needs something. Let’s explore how, first, in communicating with lawmakers and second, in getting candidates elected.

Despite what we think of politics, no representative wakes up thinking, “how can I make things worse today?” It’s not that elected leaders are ill-inten-

tioned when it comes to legislation; many just suffer from an acute lack of knowledge of health care policy. As physicians, you can give them that knowledge in a variety of ways.

LEGISLATIVE VISITS: when setting up a visit in Lincoln or DC, remember the “3 Ps”:

- *Be Patient* – You may not be able to get a meeting with the legislator right away. Sometimes you may only meet with staff. Don’t worry; it is also important to develop relationships with staffers, since they help drive that legislator’s agenda and outlook.

- *Be Persistent* – Stay on task with your message until you know the outcome. If legislators need more information, follow up and provide it. Whatever your goal (getting them to vote yes/no, getting a cosponsorship, etc.), don’t allow “we haven’t heard from the doctors” to be a viable excuse. Offer to share your expertise, just don’t be a pest!

- *Be Polite* –At the end of the day, your legislator may not vote how you want, but there are other votes where you will need them. It is much easier to turn a current adversary or undecided into a future ally with a polite, professional approach.

TOWN HALLS: fewer elected officials have in-person town halls, opting instead for virtual ones conducted over the telephone. Get on your representative’s email list (or follow them on Facebook or Twitter if they are on social media) and you will find out when they are holding these forums. Once you are “in attendance,” get fellow physician-constituents to join in. Ask good ques-

tions and show that you are sincere about trying to arrive at solutions that are the best for your patients, who are also constituents.

TELL THEIR STORY: Whatever the forum, always talk about policy in terms of your patients. Elected officials need to see the impact of payment cuts or expanded scope in terms of your patients—their constituents—not getting the quality care they deserve.

Tell your patients’ story, not yours.

However, legislators have to be elected before they can legislate. As you undoubtedly know, campaigns need two things most of all—volunteers and money. Physicians can help with both.

FUNDRAISING: With many races for the Unicameral costing under \$200,000, hosting a fundraiser with your colleagues can really make a difference in a candidate’s budget, one they won’t likely forget. Here are some tips for hosting a fundraiser:

- *Start early*—most campaigns need 4 to 6 weeks of lead time to schedule an event. The earlier you start, the easier it is to set (and meet) a goal for how much to raise.

- *Invite too many people*—people have lots to do, and going to political fundraisers isn’t high on the list. To get enough people to hit your goal, don’t be surprised if you need to invite 5 to 10 times as many people as you need.

- *Don’t splurge*—it is tempting to impress with a spread of filet mignon and lobster. At that point, you should also hire a magician, who can hopefully conjure up the money that got wasted on overhead. What you should be selling is the candidate and their vision,

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Medical students' role in political advocacy

by *Kaitlyn Brittan*
M4 UNMC

Why should we as medical students be concerned with political advocacy? Why can't we just focus on our upcoming anatomy exam

or our preparation for boards? If it won't help in getting a residency spot, why do it? Can't we wait until we graduate and open our own practices to worry about advocacy?

It is an unfortunate reality that often medical students

feel that political advocacy serves as an optional extracurricular activity for which there is never enough time. While one can appreciate the great deal of time and energy required to succeed in medical school, focusing all of one's energy on classwork is not enough. I urge you to put down your First Aid, take a step back and look at the big picture. What good will all of your time spent studying do when you no longer have a say in how to best care for your patients?

We are part of a dynamic time in the medical field characterized by rapid and dramatic changes. Government policies

affect nearly every aspect of medicine, making political advocacy a necessary activity of physicians, residents, and medical students alike. Policies being created have the power to determine how medical decisions are made, how care is provided and paid for, and how physician outcomes are assessed and incentivized. As members and future leaders of the healthcare team we should be invested and involved in the decisions that will shape our profession. At a time when we hang in a precarious balance between quality of care and cutting costs, our voices are valuable in shaping the future practice of medicine and protecting our patients' interests.

If we don't take the time to invest in our future and the future of our patients then we must suffer the consequences of a system dictated by the policies of political candidates that may not understand the implications on daily patient care. It is crucial that we advocate for medical professionals and patients alike, for the cost of remaining silent and letting others make decisions for us is great. All it takes is the blink of an eye for an inauspicious shift in policy to change health care as we know it.

As medical students we are in a unique position to offer advice to lawmakers about legislation affecting the medical profession. Legislators can benefit from our insights. We are trustworthy, caring, and intellectually capable individuals invested in our futures and therefore the quality of the healthcare system. By building and maintaining year-round relationships with lawmakers we can form a symbiotic relationship to benefit the healthcare system and ultimately the patients we strive to serve.

It has been said that if you aren't at the table you're what's for dinner. I urge you to find a cause that you are passionate about. There is no shortage of issues to advocate for, ranging from those with more direct impact on medical students such as student debt and GME funding to the more universal issues of SGR repeal, medical malpractice tort reform, and scope of practice disputes. Equipped with intellect, experience, and benevolence we can make a difference in shaping the future of health care. Will you serve as a catalyst of change or will you stand by while politicians dictate the path medicine will take? □



An interview with Senator Bill Avery, LD-28

Q: As a leader in the Legislature, having served as Chair of the Government, Military and Veterans Affairs Committee, what is your proudest accomplishment during your tenure?

A: My proudest accomplishment was passage of a bill that expanded eligibility for participation in SCHIP. The eligibility rules were changed by raising the family income lid from 185% of the Federal Poverty Level to 200%. The result was nearly 6,000 additional Nebraska children (previously without health insurance and did not qualify for Medicaid) became eligible for state funded health insurance.

Q: A great resource for lawmakers is to collaborate with experts in a particular field on specific issues. In forming relationships with such experts, what made you trust or rely on certain ones when you needed relevant information?

A: Reliable, factual information. Represent who you say you do. Don't embellish your position. Be willing to recognize valid arguments presented

by the other side.

Q: Recognizing that you left the Legislature, but looking at the 2015 session, what specific health care issues do you think are likely to arise and how can physicians better advocate for them?

A: Expansion of Medicaid is clearly the dominant health care issue. Physicians must not be timid about "getting down and dirty" in lobbying on behalf of the legislation. By that I mean filling the hearing room and the rotunda when the bill is being discussed. Use arguments that show empirically the impact on Nebraska's health care system by failing to expand Medicaid.

Q: When a typical constituent is trying to advocate for his or her position to you, what is something an individual should do more of to increase their effectiveness?

A: Listen carefully to questions from the Senator and try to give fair responses, not merely responses that favor your position. Remember, every issue has two sides. Senators

are listening to both sides and need abundant information in order to make best decision. Try to avoid ideological arguments, but stress factual ones.

Q: Adding on to the previous question, what is something an individual should do less because it's ineffective as a means of advocacy and communication?

A: Attempting to undermine the other side with ridicule or disrespectful behavior.

Q: How important do you feel it is to work not only with a nonprofit or professional association's lobbyist, but also the members?

A: Work with as many people as you can find who support your objective. But be willing to compromise when doing so adds support without doing serious damage to your core legislation. You know you have found a workable compromise when everyone leaves the room *a little bit unhappy*, but no one is *completely* unhappy. □



Lawmaking in Nebraska

The lawmaking process in Nebraska officially begins when a senator introduces a bill into the Legislature, which meets each January. But the process actually begins much earlier, when a senator first begins to formulate ideas for new laws.

An idea for a new law may be suggested by anyone: concerned citizens, special interest groups, state agencies or the governor. But before the Legislature can formally consider the idea, it must be introduced as a bill by a senator or legislative committee.

Committees debate and propose amendments to bills, and the full Legislature has an opportunity to debate each bill at least two times before its final passage. Senators may propose amendments to alter a bill at each stage of debate.

Read through the following steps to learn how a bill becomes a Nebraska state law.

Idea

First, a senator and his or her staff research a problem and study possible legislative remedies. A senator may introduce a bill to create a new law, repeal an existing law or change a law.

The Legislature has a research division that helps senators with their research projects. Much of their research is done during the period between sessions called the interim. During this time, legislative committees study a variety of issues that have been outlined in interim study resolutions passed by the Legislature.

A senator brings his or her idea for

a new law to a bill drafter, who works with the senator to transform the idea into the proper legal form for a legislative bill. Unlike some states, bills introduced in Nebraska may contain only one subject.

Introduction

A senator brings his or her idea for a new law to a bill drafter, who works with the senator to transform the idea into the proper legal form for a bill. Unlike some states, bills introduced in Nebraska may contain only one subject.

Most bills are introduced during the first 10 days of the legislative session which begins each January. In order to introduce a bill, a senator files it with the Clerk of the Legislature. The clerk reads the title of the bill into the record, assigns it a number and prints copies of it for public and legislative use.

The Legislative Fiscal Office prepares budget statements that estimate the anticipated change in state, county, or municipal expenses or revenue under the provisions of each bill. This statement is called a fiscal note. The fiscal note contains three estimates. One estimate is calculated by the fiscal office staff; another is prepared by the governor's budget office; and a third is prepared by the affected state agency. In addition, the fiscal office prepares appropriations bills ("A" bills), which accompany bills that have a fiscal impact.

Committee

A nine-member Reference Committee then determines which bills will go to each one of the 14 standing

committees. With the exception of a few technical bills, most bills introduced into the Legislature must receive a public hearing by a committee. At hearings, citizens have a chance to express their opinions to committee members. Testimony is recorded and transcribed to become a part of the official committee record.

After the hearing, committees may:

- vote to send the bill to general file with or without amendments,
- indefinitely postpone the bill, or
- take no action on it.

Go to the Committees (<http://nebraskalegislature.gov/committees/standing-committees.php>) portion of this site for more information on committee membership and the committee process.

General File

General File is the first time the full Legislature has the opportunity to debate and vote on bills. At this stage, senators consider amendments, which may be proposed by committees and by individual senators. Many people consider General File to be the most crucial stage of the legislative process because it is where most compromises are reached. It takes a majority vote of the Legislature (25 votes) to adopt amendments or move a bill from General File to the next stage of consideration.

Enrollment & Review

Commonly referred to as "E & R," enrollment and review is a process by which previously adopted amendments

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are incorporated into a bill, and the bill is checked for technical and grammatical accuracy.

Select File

Select File is the second debating and voting stage. This step allows another opportunity for amendment, compromise and reflection. Bills on Select File may be indefinitely postponed or advanced to the next stage. After Select File, bills are sent to E & R again to be rechecked. Bills then are reprinted for Final Reading.

Final Reading

Before final passage, all bills are constitutionally required to be read aloud in their entirety by the Clerk of the Legislature, unless three-fifths (30 members) of the Legislature votes to waive the requirement. A bill may not be amended or debated on Final Reading, but may be returned to Select File for a specific amendment. Bills may not be voted on for final passage until at least five legislative days after the bill is introduced, and one legislative day after it is placed on Final Reading.

A proposed constitutional amendment requires a three-fifths vote of the elected members (30) to place it on the general election ballot and a four-fifths vote (40) to place it on a primary or special election ballot. All other bills without an emergency clause require a simple majority vote before going to the governor. A bill with an emergency clause requires a vote of two-thirds (33 members) of the Legislature.

Governor

After the Legislature passes a bill on Final Reading, it goes to the governor for consideration. The governor has five days, excluding Sundays, to decide what to do with a bill. If the governor signs a bill or declines to act on it, the bill becomes a state law. The governor may veto a bill, and he or she has the authority to strike specific budget appropriations (line-item veto). The Legislature may override any gubernato-

rial veto, although it takes a vote of 30 senators to do so.

Laws of Nebraska

Most bills passed and approved by the governor become law three calendar months after the Legislature adjourns. However, bills may take effect before that date if they contain an emergency clause or a specified operative date. □

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Join the NMA at our 2015 Advocacy Breakfast

**Thursday, February 26
7:30 – 9:00 a.m.
Nebraska State Capitol
Room 1126**

(please note new room!)

Join us as we meet with our Nebraska State Senators and advocate on behalf of Nebraska patients and the practice of medicine.

All NMA members – retired, active, resident and student – invited and strongly encouraged to attend!

**RSVP to Meghan Johnson
at meghanj@nebmed.org
or (402) 474-4472 by
February 19.**



Why I became involved in advocacy for my profession and my patients



Charles Gregorius, MD, Retired

I learned the importance of being active in political advocacy from three of my mentors in my anesthesia residency at the University of Missouri.

The Past Chair, Dr. Ken Keown, the Chair, Dr. G.W.N. (Bill) Eggers and a cardiac anesthesiologist, Dr. Scott McCord taught and led by their example. Through them I was

introduced to many of the “giants” in academic anesthesia who also contributed to my introduction and education in advocacy.

One does not have to look beyond any day’s headlines to see that our elected representatives in all levels of government make decisions that affect so much of what we do. Their decisions are influenced by what they hear from their constituents; the folks they rely on for the votes that keep them in office.

Getting to know your elected representatives is an invaluable experience and I believe it is a responsibility of every citizen to be involved in the political process. That is how our system is designed to work. When the electorate abdicates its responsibility to be involved, others take their place and the results are not always good. If you do not play the game, you never win. And if you are not at the table, you are likely on the menu. □



Jason Kruger, MD

The rate of change in health care seems to be increasing in an exponential fashion. As a young physician I will need to work a number of years before I have the opportunity to consider

retirement. In my humble opinion, there is no predetermination that the changes occurring in health care will be for the betterment of patients or physicians. I believe it is imperative that young physicians become involved in advocacy to affect change that will benefit both patients and physicians. □



Alicia Smith, M1

When I started medical school I wasn’t immediately overwhelmed by the course-load, but rather the amount of activities that I could be involved in. When I joined the AMA and NMA, I didn’t know a lot about policy or government. It’s only been a few short months, and I am now the Advocacy Chair of the UNMC AMA, the Nebraska Chair for

the AMA-MSS, and I’ve attended a national meeting. Furthermore, I find myself excited about policy and constantly brainstorming ways to affect change through advocacy. The most important part about politics is influence, the key to advocacy. Nebraska has a unique situation for those in health care; there are currently no physicians in the Legislature. If we desire change, then we have to be the ones to influence those in office. More importantly,

we have to advocate for our [future] patients. We are the experts in medicine, we know what’s best for the patient, and we have to make sure that they are receiving the best. Many people don’t realize how important advocacy is and how much influence they truly have. I’ve heard so many stories about great ideas coming from students, and the possibility that I could influence change in and from Nebraska is very exciting. □

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Rowen Zetterman, MD

Advocacy is the natural extension of my role as an educator and my desire to give back to my profession. While some equate advocacy with “lobbying,” I believe it is really about informing the public, a legislative leader, an organization such as the Nebraska Medical

Association, or another physician about what I believe can be the best approach to the issue or need at hand. If I do it well, their ideas or beliefs will be expanded and permit them to make a more informed decision regarding the issue discussed. Advocacy also gives me an opportunity to give back to the many organizations that have been a

part of my life in medicine and to “pay forward” to the future of Nebraska health and health care. There are too many people and needs in Nebraska that “have no voice.” They need us to speak up. ☐

*Libby Crockett, MD*

Policy formation has many implications for our patients and for us as physicians. Therefore it is imperative that we familiarize ourselves with the political and legislative process and become involved. As an ob-gyn it has been frustrating to see so many aspects of our practice targeted by policy that

have the potential to have profound effects on our patients' health and our ability to practice medicine safely. Within the past couple of years we have seen proposed and enacted legislation around the country that clearly violate the patient-physician relationship, and that could make treating life-threatening conditions like an ectopic

pregnancy a criminal act.

I have been lucky to have many great mentors who have shown me the importance of advocating for patients at all levels. I hope to continue to continue to build my own skills and encourage other physicians to get involved as well. ☐

*Chelsea Chesen, MD*

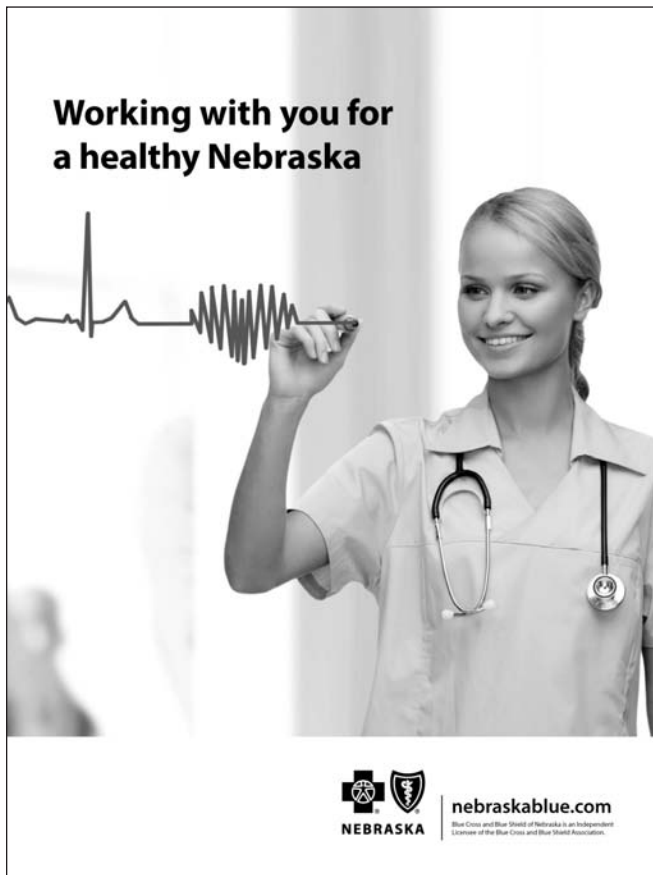
Nebraskans suffering from mental illness deserve cutting-edge, evidence-based care. As a psychiatrist, I have a unique opportunity to advocate for patients and their families who find themselves facing difficulties related to stigma, our underfunded and overburdened health care system, high costs of treatment, and serious suffering. Many people with inadequately diagnosed and/or treated mental illness eventually find themselves homeless, unemployed, warehoused in jails or nursing homes, and without a voice in our society. We must do better for these folks!


With respect to my own personal advocacy activities, I have historically focused on helping special populations (such as returning combat vets, survivors of domestic violence/torture, or pregnant women) and have pushed hard for the expanded use of telemedicine technology in Nebraska. I've advocated via writing, speaking, volunteering, teaching, and by participating in various organizations. One such organization is the Nebraska Psychiatric Society, in which I currently serve as Public Affairs Chair. My current advocacy efforts are aimed at helping state officials and citizens critically

review an ill-advised proposal that could eventually allow psychologists to practice medicine in Nebraska with only extremely limited and mostly online “training.” In order to protect the health and safety of all Nebraskans, I believe it is imperative that we demand that providers performing medical evaluation and management services (especially with prescription psychotropics) be limited strictly to licensed physicians, nurse practitioners, and physician assistants. ☐



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Advocacy takes everyone in medicine being involved (*continued*)

and to foster a relationship with your legislator. If you ever need more information on a bill whether local or national, please call the NMA – they are happy to help!

With the development of primary care medical homes, ACOs, and ICD-10, we are seeing marked changes in the practice of medicine. If we are not vigilant and voice our concerns, radical changes could take place rapidly jeopardizing the health of your patients and the health of medicine as a profession.

I would like to call out to our retired physicians to help us advocate. The experience and knowledge you obtained over your career is extremely critical. For our young physicians and medical students, changes happening now will affect many of you and your patients at a greater level than those of us in the middle or toward the end of our careers. You have spent years preparing for the practice of medicine, but you also need to become politically active to help ensure the medical practice as you

know it is still there when you complete your training and as you advance in your medical career.

I hope that working together we can markedly increase the number of Nebraska Medical Association members that are involved in formulating medical policy this year. In doing so, we will have a positive effect on the future of medical care in Nebraska. Let's all get involved. ☐

2015's Political Prescription: Get Involved! (*continued*)

not the refreshments.

- *Attend to logistics*—you need to plan for where people are going to park, hang coats, etc. Anything that leads to confusion and annoyance will make people less receptive to the candidate.

- *Know the rules*—there are differences in how fundraisers can be underwritten for state and federal candidates. Know the rules so you don't get it wrong.

GOTV/VOTER CONTACT:

Campaigns are ultimately won based on the number of votes they get, and they need volunteers and shoe leather to reach enough voters. Here are some "Get Out the Vote" (GOTV) activities you can help with:

- *Canvass & identify*: campaigns need to canvass the precincts in their district and identify potential supporters. An

hour or two of calls or door knocks can make a big difference.

- *Voter registration*: People can't vote if they aren't registered. Staffing a registration table at a community event or even leaving blank registration forms at your office can help.

- *Remind them to vote*: Once a campaign has identified supporters, it has to turn them out. That means more volunteer door knocking and phone calls. If you are in private practice, also check state/federal law to see if campaigns can use your office as a phone bank site.

- *Verify that they have voted*: Each state allows some measure of monitoring polling places to ensure rules are being followed; in most cases, this also means campaigns can see who has voted (but not how they voted!). Staffing a polling place allows a campaign to turn out

every last possible voter it can.

These are just a few suggestions on how to strengthen your relationships between medicine and legislators. As the 2015 legislative session opens, it is easy to despair over recent scope battles. Nevertheless, NMA members should remember the candidate forum at the 2014 Annual Meeting where patient, persistent and polite questioning from physicians got one candidate to rethink his stance on the NP bill. Miracles do happen, but by taking the time to invest in building relationships with your lawmakers, hopefully you won't need them!

For more on AMA grassroots resources, see www.ama-assn.org/go/grassroots. For an application to AMA's Campaign Schools, see www.ampaonline.org/apply. ☐

Avoiding Investment Pitfalls

by Ross Polking

Provided by the Foster Group

Mistakes happen in the personal financial world. We can learn from our own mistakes, and others', to improve our results. Consider this assortment of common investor gaffes, and do a status check of your own plan to ensure these do not inhibit progress toward your long-term goals!

1) Ignorance is not bliss

"Stay the course," is a common phrase to describe remaining invested and consistent with your plan through good, and lean, markets. This does not mean ignoring your portfolio for long periods. Rebalance periodically to remain consistent with your risk tolerance and long-term goals. Pay special attention to ongoing fees.

2) Watch costs

Repeating the previous comment is not an oversight, but meant for emphasis. Overlooking fees can create significant drag on long-term return and, thus, realization of your goals. The two most common costs are trading frequently (transaction fees and/or commissions) and investment vehicles' internal costs (expense ratio).

3) Lack of Diversification

Diversification, executed correctly, is a cornerstone of wise investing. Unfortunately, it is one of the most misunderstood terms in the financial world.

Few investors realize that a relatively small number of popular stocks form the core of many mutual funds, albeit

in different allocations. So, while attempting to diversify with a number of mutual funds, many investors actually end up concentrated in that pool of stocks.

Similar problems arise when you pick a number of individual stocks to own, believing that makes you diversified. Many times the stocks you choose will behave similarly. Engaging multiple advisors can also be an ineffective diversification tactic. This strategy often increases cost and complexity, with no clear benefit. These mistakes can leave you less prepared to weather a market downturn and, potentially, put you at increased risk of loss.

4) Letting emotions drive decisions

We're all irrational. When that tendency creeps into our investing, bad things happen. Buying high and selling low because of fear or greed stemming from the latest headline is an all-too-common investor mistake. Sticking to your long-term plan and allocation is absolutely critical. Ignore the short-term noise.

5) Start early

The best time to start investing is yesterday. But it's never too late to start, regardless how much or little you think you can save. The market won't wait for you to decide, either.

6) Uncle Sam

A cost many investors ignore is the tax ramification of their portfolio. The tax consequences of dividends or gain from sales in non-qualified accounts

can be significant. An actively-managed investment approach and/or a faulty distribution strategy can result in sizeable tax liability.

In summary, focus on what you can control:

- Minimize costs
- Establish a long-term plan (and stick to it)
- Rebalance systematically
- Manage tax impact
- Save, save, save

And of course, stay diversified.

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The information and material provided in this article is for informational purposes and is intended to be educational in nature. We recommend that individuals consult with a professional advisor familiar with their particular situation for advice concerning specific investment, accounting, tax, and legal matters before taking any action. ☐

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