

If You're Not at the Table, You're on the Menu: The Florida Legislative Fellowship Experience

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INTRODUCTION

The Florida Radiological Society (FRS) developed and funded a Legislative Fellowship in Tallahassee with the purpose to introduce organized medicine and the political process to radiology residents. Two residents, one each from the University of South Florida and the University of Florida, participated in the fellowship during March 2008, while the legislature was in session. To our knowledge, the fellowship was the first of its kind: a state-level legislative fellowship experience sponsored by a chapter of the ACR.

The FRS lobbyist, Alison Dudley organized the fellowship schedule. The 3-day Tallahassee experience included meetings with state

representatives and senators on various issues, such as the budget, managed care, clinical practice reimbursement, medical school education, physician retention in Florida, and women's and children's health care. The fellows attended a legislative session and a series of Senate health care meetings. Activities also included tours of the Senate, House, and state capitol. The social highlight was a dinner with Dr Charles Williams, Representative Michael Grant from District 71, and Alison Dudley (Figure 1). The fellowship experience was described as an outstanding introduction to the political process and a real eye-opener by the 2 resident participants, as delineated in the following "take-home message."

TAKE-HOME MESSAGE

Decisions are made every day at the state capitol that are influenced by competing forces, and the loudest, most persistent, and most persuasive voice has the best chance of being heard. However, this is no guarantee that a senator or representative will vote in favor of one's position. In fact, numerous forces are attempting to influence legislators to make decisions regarding health care to the detriment of the medical profession as a whole. One cannot focus culpability on the legislators, because many do not even draft legislation or regulatory proposals.

Legislators must perform a balancing act, representing their con-



Fig 1. From left to right, Charles Williams, MD, Florida Representative Michael Grant, Andrew Rivard, MD, Florida lobbyist Alison Dudley, and Melissa Themar-Geck, MD. Drs Rivard and Themar-Geck were Florida Radiological Society legislative fellows at the 2008 Florida state legislative session.

stituents and obtaining the electoral vote, both of which are highly influenced by money. What is common sense to a medical practitioner may never even be considered at the time a decision is made during a legislative session. Witness the epidemic of malpractice, a phenomenon now legalized by a series of decisions repeated in every state capitol around the country, every year. How does this occur? It occurs because of a systematic process called lobbying.

The principal elements of lobbying include researching and analyzing existing and proposed legislation or regulatory proposals, monitoring and reporting on developments, and attending congressional or regulatory hearings. Lobbyists work with other coalitions interested in the same policy and create a bandwagon by educating not only gov-

ernment officials but also state employees and other key decision makers as to the implications of the policy.

If legislators are surrounded by trial lawyer representation (as surrogates of their constituents) and not representatives of the medical profession, decisions will most likely be made that will ensure that the legislative process supports lawyers' interests. Make no mistake, this can and has occurred, so much so that obstetricians have fled states to the detriment of women's health care, an effect directly opposite of that desired by legislators. This is no surprise; it is commonly accepted that trial lawyers' representation at the state level is 1,000 times greater than that of physicians. One Florida legislator casually remarked, "If you're not at the table, you're on

the menu." In other words, government policy should not hinder but should actually enhance an individual's ability to thrive in a competitive marketplace.

As radiologists, we need to be "at the table." As such, the FRS is politically active through campaign contributions from both individual members and through the FRS PAC, having its own state legislative lobbyists and supporting the efforts of the ACR to elect public servants cognizant of the issues at stake. Now, the FRS has expanded these efforts to include the resident legislative fellowship. The first year experience of this fellowship was an excellent success and other state chapters may want to replicate the efforts of the FRS Resident Legislative Fellowship and offer their young radiologists similar experiences.

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