

Urotrauma — The Success of an AUA Legislative Initiative: A Legislative Primer

Mark T. Edney*

From Peninsula Urology Associates, Salisbury, Maryland

Abstract

Introduction: Urogenital injury has been increasing among American soldiers engaged in foreign operations because of improvised explosive devices. The American Urological Association led a legislative coalition that in 2013 was successful in having Congress enact law improving the care of soldiers who have suffered urotrauma. Reviewing the legislative effort from the beginning to the present provides many valuable insights into the components of federal legislative success that can be applied to future efforts.

Methods: Since 2008 the American Urological Association has advocated for the passage of federal legislation promoting care for U.S. military veterans with urotraumatic injuries. Direct observations of the stakeholders in the development and passage of legislation are used to describe the interaction of policy and politics in the passage of the National Defense Authorization Act in 2013.

Results: The passage of the National Defense Authorization Act in 2013 included a provision that promoted care for U.S. military veterans with urotraumatic injuries.

Conclusions: Key components for the passage of legislation include 1) identification of a clear urological patient care policy need, 2) engaging a coalition of stakeholders, 3) an organizational posture of persistence and adaptability, and 4) the fostering of new and existing Congressional relationships among urologist advocates and organized urology's advocacy partners.

Key Words: wounds and injuries, urogenital system, legislation as topic, congresses as topic

Abbreviations and Acronyms

AACU = American Association of Clinical Urologists, Inc.

AFA = American Fertility Association

AMA = American Medical Association

AUA = American Urological Association

DoD = Department of Defense

H.R. = House Resolution

JAC = Joint Advocacy Conference

NDAA = National Defense Authorization Act

VA = Department of Veterans Affairs

On December 18, 2013 the AUA achieved success on a longstanding advocacy priority of advancing legislation promoting care for U.S. military veterans with urotraumatic injuries. This legislative success came after an arduous 5 years of dedicated work by physician advocates, the AUA and its coalition partners.

Notification came in the form of a 5-word e-mail from the office of Senator Ben Cardin (D-MD): "Page 289- it's in there!" Senator Cardin's Defense Legislative Fellow, Nate Somers, was referring to the Senate version of the 2014 National Defense Authorization Act, which had passed the chamber earlier in the day (2 days earlier a similar bill had

passed the House of Representatives). Because both chambers had worked collaboratively to develop a streamlined version of the bill and amendments were limited, the bill was virtually assured to survive conference committee, and it did so swiftly. The President signed the NDAA into law on December 26, 2013. It contained the urotrauma language for which the AUA and its coalition had been fighting (Appendix 1).

Our legislative victory is a case study in coalition based advocacy. Therefore, it is worthwhile to review urotrauma's legislative path from its inception in 2008. The lessons learned and the relationships made have strengthened the AUA advocacy brand, laying the groundwork for organized urology's legislative efforts going forward. The urotrauma effort now continues, having shifted from legislative advocacy to regulatory oversight. Together organized urology has done something meaningful for wounded warriors while increasing our visibility on Capitol Hill.

Submitted for publication July 25, 2014.

No direct or indirect commercial incentive associated with publishing this article.

* Correspondence: Peninsula Urology Associates, Salisbury, Maryland

A Legislative Priority Is Born

As the wars in Iraq and Afghanistan wore on through the middle and latter parts of the last decade, urologists and trauma surgeons noted an increase in service members returning with genitourinary trauma. The use of improvised explosive devices had become commonplace in battle and these were increasingly being detonated from the ground. The injury pattern became even more prevalent in Afghanistan, with the increasing need for foot patrols because military vehicles had less access to the primitive terrain. The rate of genitourinary injury doubled between 2009 and 2010.¹

Early in 2010 the American College of Surgeons contacted the AUA Practice Guidelines Committee, requesting guidance on how best to treat patients with these complicated injuries on their return home. As the AUA Practice Guidelines Committee began its review, leaders in urology health policy began to develop a legislative game plan to bring policy attention to urotrauma. The AUA reached out to Dr. Allen Morey and Dr. Rodney Davis, and together they assembled a task force of civilian and military urotrauma experts (Appendix 2).

In assessing the scope of the problem, civilian trauma experts, urologists and trauma experts in the Departments of Defense and Veterans Affairs convened. Two key areas of need emerged early in the discussion. There was a need to establish a military-wide urotrauma database to facilitate the study of outcomes. There was also a recognized opportunity for improvement in the transition of service members with genitourinary injury from care in the DoD to care in the VA. The coordination of the many rehabilitation services – medical, surgical, psychological and social – was often poor or absent after the transition to the VA.

A urotrauma task force first met at the AUA Annual Meeting in 2010. At that meeting an AUA drafted bill was reviewed. The bill established a multiagency task force made up of the Department of Health and Human Services, VA and DoD to study and report on improvement opportunities with respect to the management and care coordination of urotrauma. After the sponsorship of Representatives Zack Space and Carol Shea-Porter was secured, the bill was officially introduced as H.R. 5106. Although the bill did not emerge from committee by the close of the 111th Congress, it led to prominent mention of urotrauma in the Dismounted Complex Blast Injury report, a comprehensive DoD analysis of battle injuries in Iraq and Afghanistan published in 2011.¹

112th Congress

Congressman Space failed to win reelection in 2010, so it was necessary to identify a new sponsor. Early in 2011 the AUA secured the support of Congressman Brett Guthrie of Kentucky. Congressman Guthrie reintroduced the bill in the 112th Congress as H.R. 1612. The bill figured prominently as a legislative priority at the AUA and AACU 2012 JAC. The JAC attendees carried the message to the Hill along with other key priorities for urology. Ultimately H.R. 1612 fared better

than its predecessor H.R. 5106, collecting 26 cosponsors (an increase from 3 the prior session). The 2 remaining challenges were that 1) organized urology was still advocating alone on the issue and 2) our bill did not have a companion bill in the Senate. H.R. 1612 died in committee as the 112th Congress concluded business at the end of 2012.

Genitourinary Injury Gets National Attention

The subject of genitourinary injury and its consequences received national attention. In 2012 Senator Patty Murray, then-Chair of the Senate Committee on Veterans' Affairs, introduced a bill that sought VA coverage of advanced fertility treatment for veterans with genitourinary injuries. In preparation for the bill's introduction, her office contacted the American Fertility Association and subsequently the Society for the Study of Male Reproduction for support. In researching the issue, Senator Murray's aides found a urotrauma blog post written by urologist Dr. Steve Waxman.² Dr. Waxman, prior active duty Army and current Reservist, had written the online post for the AFA. The AFA suggested to the Senator's staff that the AUA testify because our lead urologist had military experience and the AUA had demonstrated leadership in the area of urotrauma. The AUA testified in the Senate on behalf of her bill in June 2012. Senator Murray's bill had strong support from the AUA, the Society for the Study of Male Reproduction, the Men's Health Network and the AFA. An organic coalition was beginning to coalesce around the issue of urotrauma in veterans. Around that time, national news outlets were highlighting personal stories of the impact of urotrauma on fertility. Battlefield urotrauma was also beginning to be described in the medical literature. Army urologist Dr. Edmund L. Paquette wrote the first article to catalog urotrauma in Operation Iraqi Freedom.³ Other articles would follow by Han⁴ and Serkin⁵ et al.

113th Congress

The AUA began to strategize its approach before the start of the 113th Congress in 2013. Because the bill had been around for 2 Congresses (4 years), policy fatigue began to set in. The AUA faced the difficult decision of whether and when to redirect its limited advocacy resources to issues with more promising momentum. It was clear that if success was to be achieved, urotrauma required a coalition effort. Societies, industry partners and veteran service organizations would need to be engaged. After significant outreach by AUA staff, this coalition convened in 2012 (Appendix 3). It held its first, and ultimately only, in-person meeting on November 12, 2012.

On February 6, 2013 the AUA met with Congressman Guthrie's Legislative Assistant and with the professional staff of the House and Senate Armed Services Committees as well as the House Committee on Veterans' Affairs. Committee staffers voiced strong support for the issue, yet they had no interest in a key provision of the urotrauma draft bill for a task force that would take 2 years to study the issue and more time to report back. A key piece of legislative strategy advice was given to take a 2-pronged approach. First, get directive

Download English Version:

<https://daneshyari.com/en/article/4277117>

Download Persian Version:

<https://daneshyari.com/article/4277117>

[Daneshyari.com](https://daneshyari.com)