



HEALTH POLICY COUNCIL CALL MINUTES

Date Wednesday, January 8
Time 12 p.m. CT

IN ATTENDANCE	
Joanna Buscemi, PhD (Chair)	Marian Fitzgibbon, PhD
Pamela Behrman, PhD	Amy Janke, PhD (SPLC Chair)
Akilah Dulin, PhD (Health Policy Committee Chair)	Judy Ockene, PhD, MEd, MA

STAFF	
Lindsay Bullock, Rebecca Borzon	

REGRETS	
Sara Knight, PhD	Monica Wang, ScD, MS (CPEC Chair)

Approval of the December minutes

Motion to approve by Dr. Behrman, seconded by Dr. Fitzgibbon. The motion carried.

Pain ambassadors invitations update

Dr. Buscemi began by reminding the council that the first and second choice for the pain ambassadors had been selected for all states, except for Massachusetts and Tennessee. She had reached out to the Pain SIG to see if they had recommendations for those states, but did not receive any. A possible strategy would be to invite the ambassadors from other states, and then to take recommendations from them for the missing states.

Ms. Bullock reminded the council that at the outset of this plan, the list of potential legislators to act as pain ambassadors had been too long. As such, the council could select legislators who had been culled initially. The council could also contact active SBM members in those states for potential ambassadors, e.g., Monica Wang or Alan Gellar.

It was noted that the ambassadors could be incentivized, as agreeing to become an ambassador required commitment and interest. There was no current incentive-



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based plan in place. It was determined to invite the ambassadors first, and then to develop an incentivized plan.

Additionally, it was mentioned that the authors of the policy brief on opioid addiction would may have connections to potential ambassadors. It was noted that the authors themselves may not be from the missing states, but would be a good networking resource. Key legislators could also be identified from previous visits to Washington D.C. for policy work.

ACTIONS

Dr. Buscemi would begin disseminating the first round of invitations the pain ambassadors.

Training Manual Update

Dr. Fitzgibbon remarked that she began updating the training manual. She added a place for the ambassadors to log the legislators they had contacted in a second appendix. It was noted that there should be a table of “dos and don’ts” for ambassadors to refer to, as being an ambassador is a volunteer position, and it would be difficult to train on how to log correspondence. Ms. Bullock noted that SBM staff could create a tracker for the ambassadors to use on 1Drive. The tracker could be updated in real time with a sheet per policy. All ambassadors would have access to it, and more active ambassadors may pressure the inactive ones to update more frequently.

It would also be helpful to have a PowerPoint explanation one the main training points of the manual. It was proposed that Binta present the manual to pain ambassadors. Ms. Bullock stated that Binta was rather expensive, and the last request that SBM sent to them was ignored. However, SBM did have a COSSA membership, which would allow for free training.

It was also suggested that talking points be provided to the ambassadors, as they could not otherwise speak on behalf of SBM. They should also be warned of the caveats of their own autonomy. The previous talking points for the Hill visits could be repurposed for talking points for the pain ambassadors. Ultimately, it would be



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up to the ambassador to stay on top of the literature, but it would be beneficial to periodically update ambassadors on new research. This would allow their talking points to be continuously updated. This led to the conclusion that there should be an official quarterly standing meeting with the pain ambassadors to revise strategy as needed.

ACTIONS

SBM Staff would send the previous Hill visit talking points to the Health Policy Council. After the confirming the first round of pain ambassadors, an official standing meeting would be set.

Council name change

Dr. Buscemi noted that there was often confusion from members regarding the difference between the Health Policy Committee and the Health Policy Council, as members likely did not know the difference between a policy and council. Additionally, the acronym for both groups is the same and leadership in each overlaps. Some potential new names for the council included: The Government Relations Council, the Advocacy Council, the Health Policy Advocacy Council, and the Policy Advocacy Council. It was stated that “Advocacy” really encompassed the goals of the council; however, changing the council name may force the committee to change its name. It was mentioned that changing the council name would require a full vote from SBM’s membership, and this vote could be bundled with other votes that the society takes. Overall, a council name change would ultimately help guide member inquiries.

ACTIONS

The council will continue to brainstorm additional names for a potential name change.

Updates from our other council and committee chairs

Dr. Dulin remarked that the HPC was undergoing housekeeping and general organization items.



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Dr. Janke noted that the SPLC would have a joint meeting with the CPEC and Health Policy Council shortly.

Adjourn

The call adjourned at 1 p.m. CT.

Minutes submitted by R. Borzon on January 16, 2020.