



Being an Effective Advocate: Role-Playing



Rose Gerber, MS
Community Oncology Alliance, **MODERATOR**



MaryLou Gonzalez, RN
CPAN Advocate



Angelina Lorello
New York Cancer & Blood Specialists



Jeff Mortier
Farragut Partners



Donny Wade, MD
Virginia Cancer Institute



Sarah Walter, JD
Farragut Partners



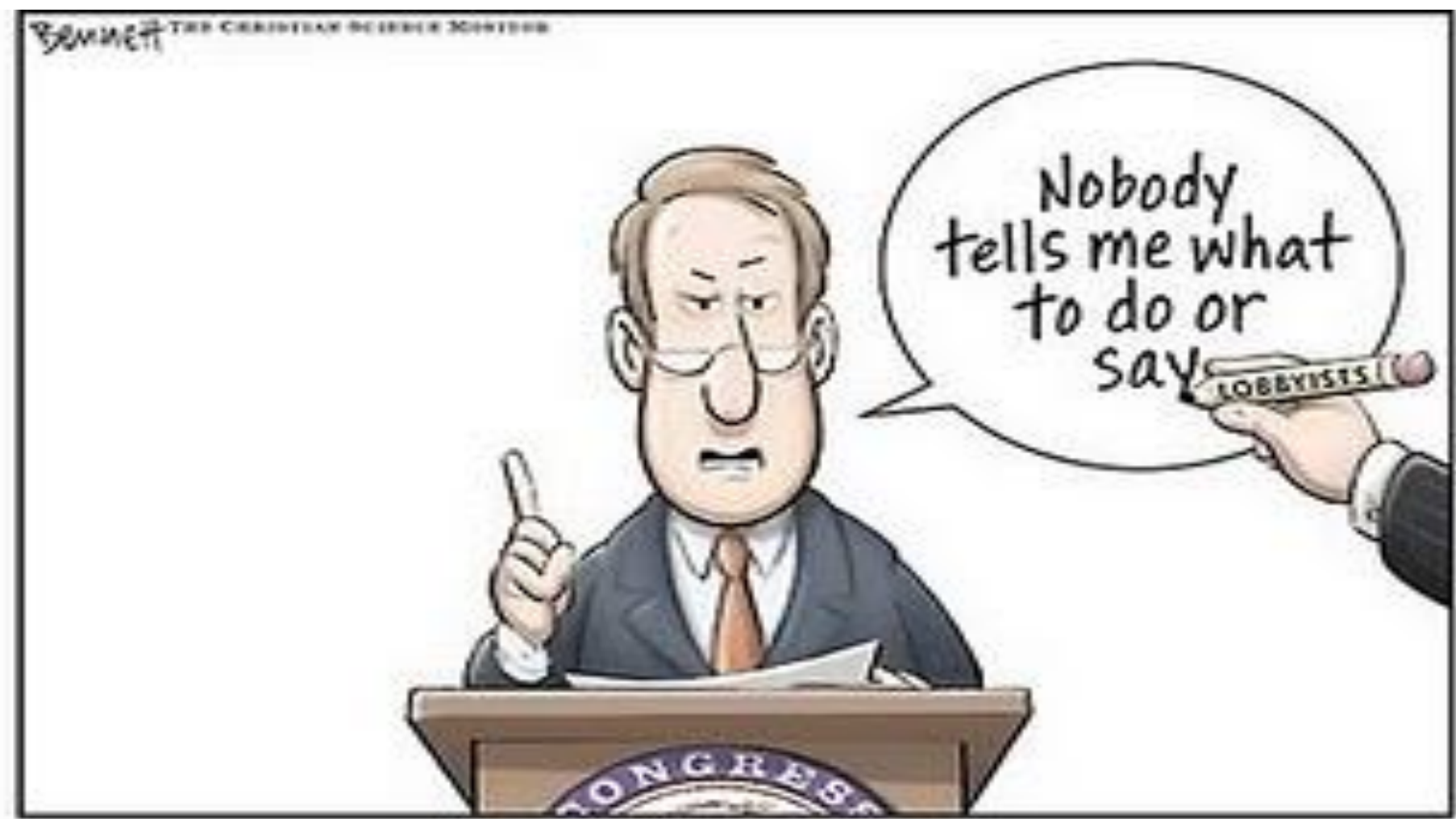


Being an Effective Advocate: Role Playing





What is Lobbying?

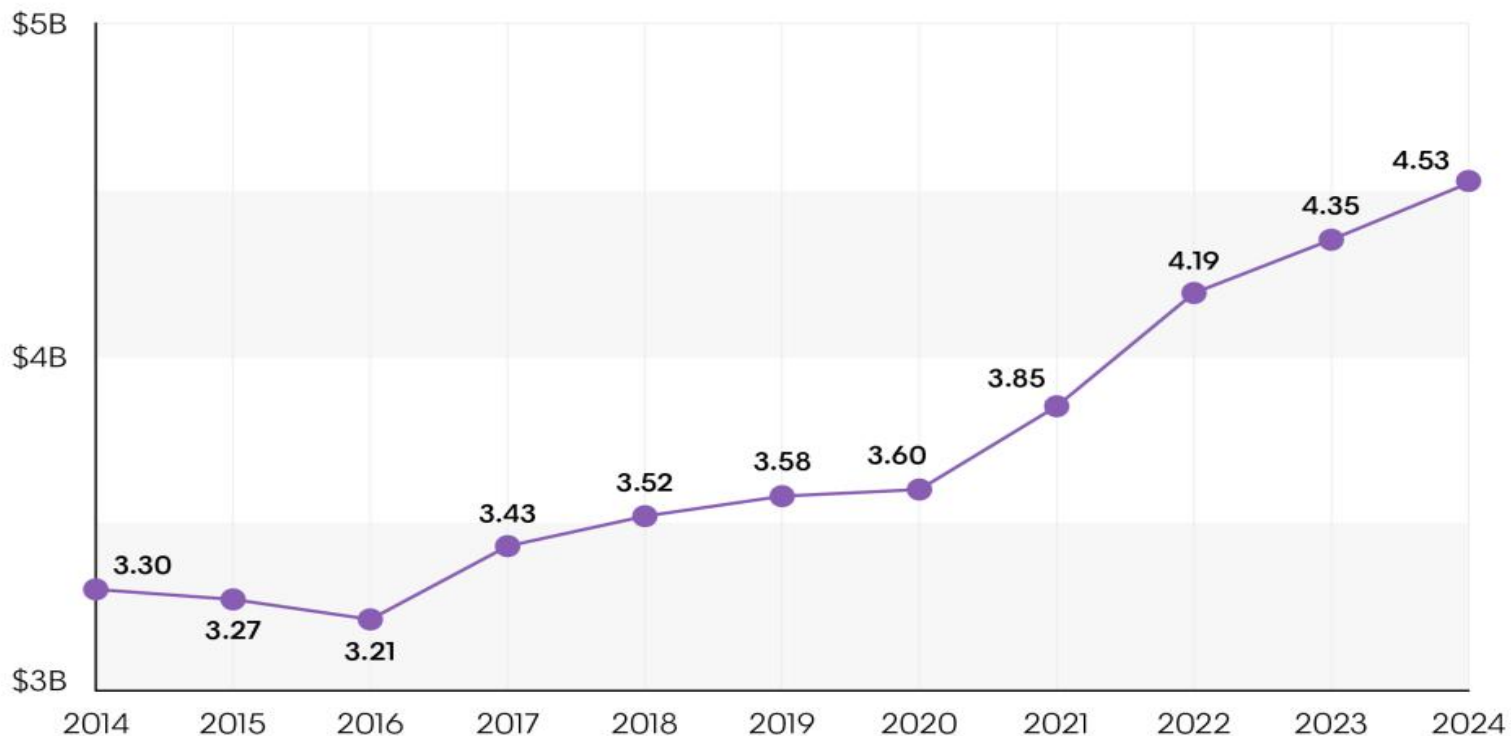




Total Spent on Lobbying

A decade of influence industry growth

Total federal lobbying spending



Note: Amounts in USD billions have been rounded.
 Source: Bloomberg Government analysis of Lobbying Disclosure Act filings as of March 18, 2025.

Bloomberg Government



Constitutionally Protected

"Congress shall make no law ... abridging ... the right of the people peaceably ... to petition the Government for a redress of grievances."





Who Do You Lobby?

Key Players in a Congressional Office

- Chief of Staff/Legislative Director
- Legislative Assistant
- Press Secretary
- Scheduler
- Staff Assistant
- Caseworker



Profile of Hill Staffer

- As of early 2026, the average annual salary for a congressional staffer in Washington, D.C., is approximately \$64,000–\$72,500, though pay varies significantly by role, experience, and office location.
- Junior staff assistants often earn around \$50,000–\$58,000, while senior roles like legislative directors or chiefs of staff can exceed \$150,000–\$180,000.
- The average age of a U.S. House of Representatives staffer is approximately 31 years old. Congressional staff, particularly legislative assistants, are generally young, with about 60% under the age of 35 and 75% under 40.



Always have an “ASK”

Ask the Member to...

- Cosponsor a bill
- Sign a letter
- Speak on the Floor
- Contact CMS



Life Lessons





Policy Issue: Support H.R. 2484

H.R.2484 - Seniors' Access to Critical Medications Act of 2025

119th Congress (2025-2026) | [Get alerts](#)

BILL [Hide Overview](#) ✕

Sponsor: [Rep. Harshbarger, Diana \[R-TN-1\]](#) (Introduced 03/31/2025)

Committees: House - Energy and Commerce; Ways and Means

Committee Meetings: [04/29/25 10:00AM](#) [04/08/25 10:15AM](#)

Latest Action: House - 04/29/2025 Ordered to be Reported by the Yeas and Nays: 38 - 7. ([All Actions](#))

Tracker: ⓘ





Engage the Administration

Congress of the United States
Washington, DC 20515

November 14, 2025

<p>The Honorable Robert F. Kennedy, Jr. Secretary U.S. Department of Health and Human Services Hubert H. Humphrey Building 200 Independence Avenue, S.W. Washington, DC 20201</p>	<p>The Honorable Mehmet Oz Administrator Centers for Medicare & Medicaid Services Hubert H. Humphrey Building 200 Independence Avenue, S.W. Washington, DC 20201</p>
---	--

Dear Secretary Kennedy and Administrator Oz:

We write to bring renewed attention to an important issue affecting patient access to prescription medications and to encourage you to restore the flexibility physician practices were provided during the COVID-19 Public Health Emergency (PHE) to deliver Part D drugs directly to patients' homes. This is a critical issue for Medicare beneficiaries with chronic conditions — particularly those living in rural areas — who rely on these medicines as part of their treatment regimens.

As you know, the first Trump Administration's U.S. Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) waived certain restrictions related to the Stark statute during the PHE. This waiver allowed physician practices to deliver Part D drugs to patients' homes, improving continuity of care and supporting treatment adherence.

Physicians nationwide have emphasized that their complex patients benefit most when the care team is fully engaged in their treatment. In-office dispensing (IOD) models, operated under the Stark Law's ancillary services exception, allow physicians to coordinate care, monitor side effects, and support patients with medication access and affordability. These integrated models provide timely, supervised care in ways mail-order pharmacy benefit managers (PBMs) cannot replicate. For example, physicians know when a patient discontinues a medication or has passed away, yet PBMs have financial incentives to continue dispensing regardless. Importantly, during the PHE waiver period, no evidence of inappropriate prescribing was identified, and to our knowledge CMS raised no concerns regarding program integrity.

However, following the expiration of the PHE on May 11, 2023, CMS issued updated FAQ guidance concluding that mailing prescription drugs does not meet the "location requirement" under the Stark Law's ancillary services exception. For many patients — especially older adults, cancer patients, and those in rural communities — requiring in-person pickup can be burdensome, if not prohibitive.

Given the Administration's stated commitment to strengthening patient access and addressing accountability within the PBM sector, we believe there is an important opportunity to revisit this policy. Current statutory authority under 42 U.S.C. §1395nn(b)(4) empowers HHS and CMS to establish a Medicare Stark Law exception for furnishing Part D medications where it does not pose a risk of program or patient abuse. Ironically, patients are very much at risk with this standing





Situation 1: Fiscal Conservative



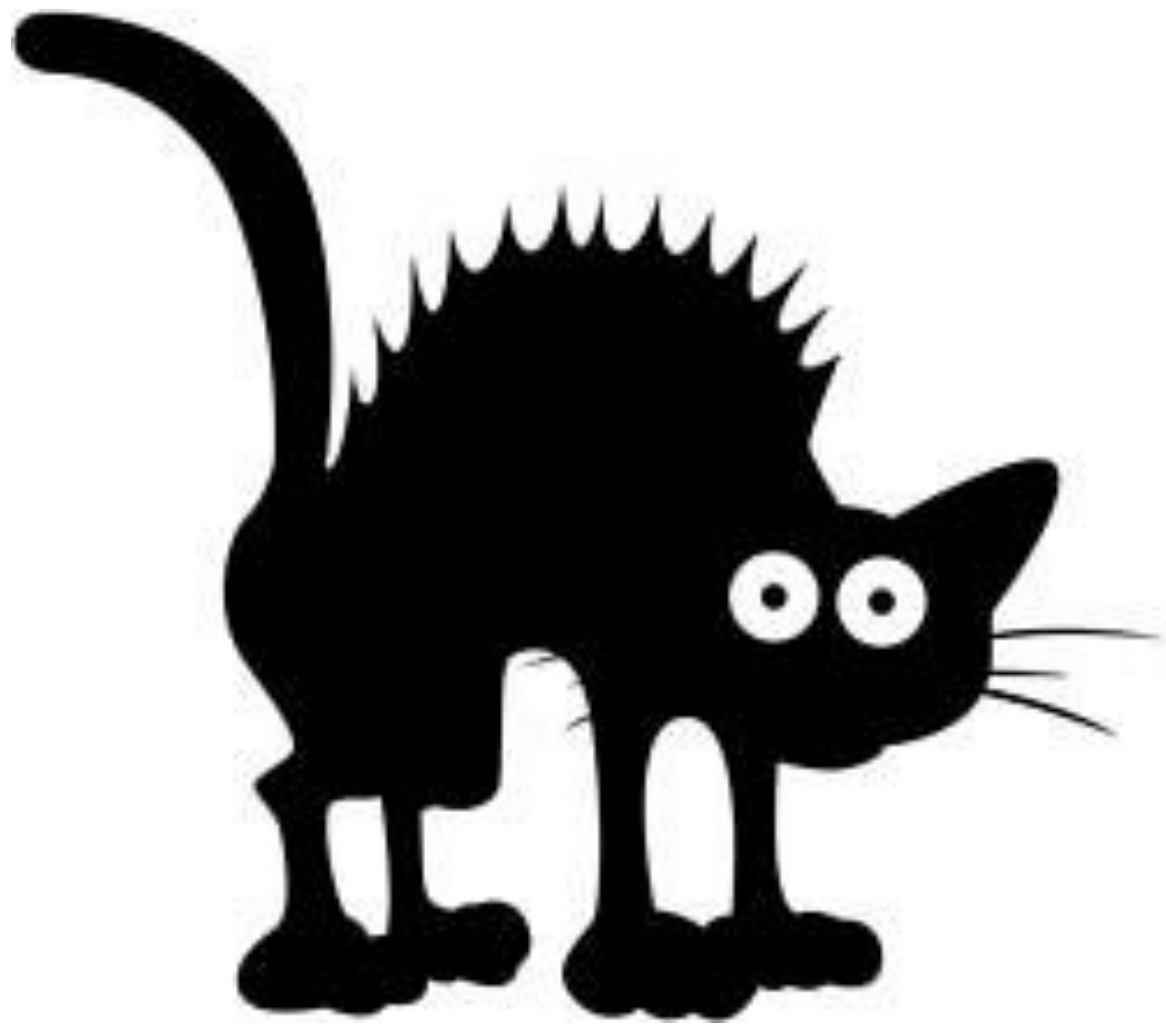


Situation 2: Partisans/Liberals





Situation 3: Do Nothings



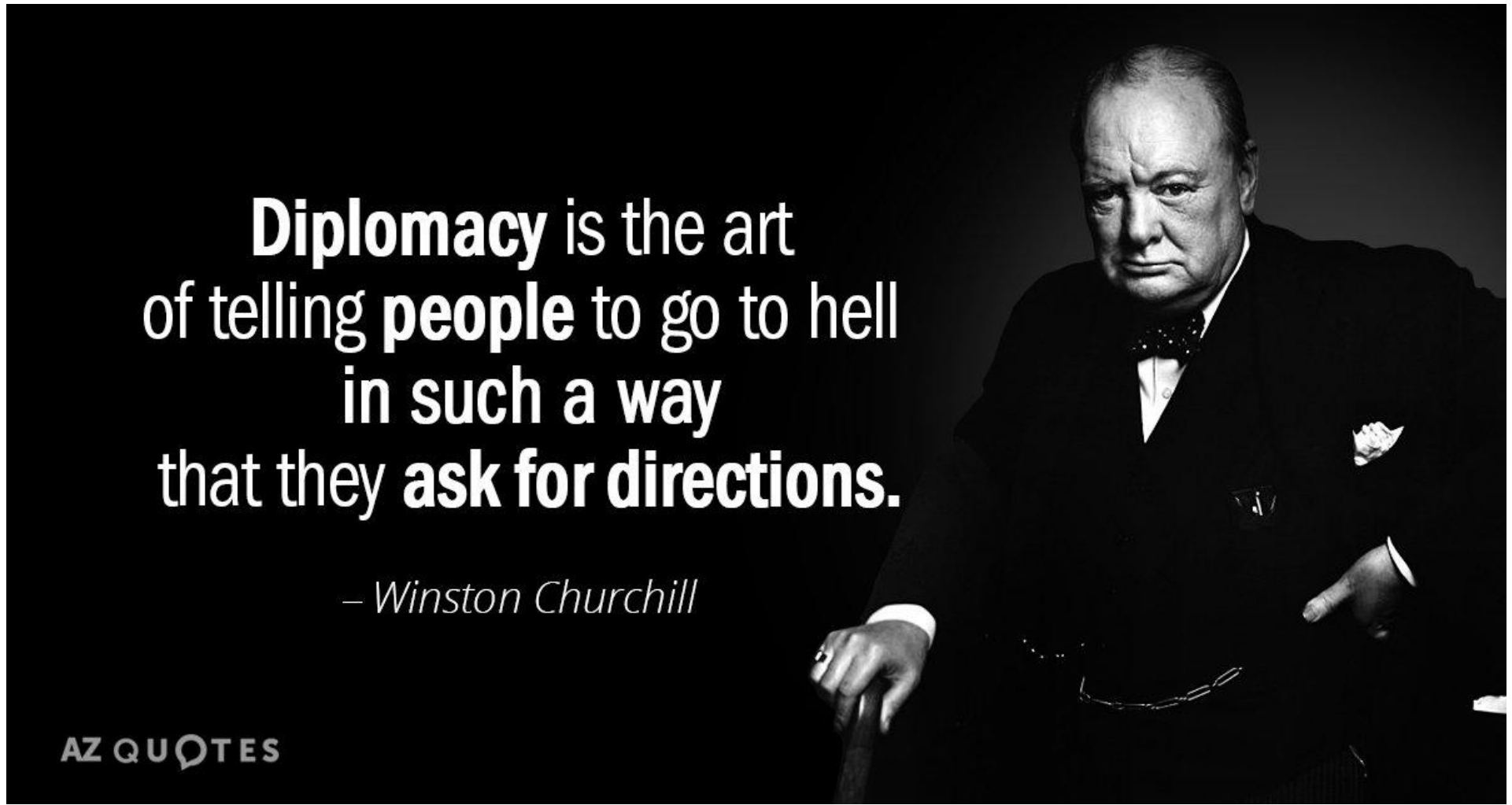


Congressional Resources

- Find your Representative
www.house.gov
- Search for Active Legislation (bill text, cosponsors, summary, and status)
www.thomas.loc.gov
- Reference the House & Senate Calendars
www.majorityleader.gov
www.senate.gov



Final Thoughts





Thank You

Contact Information

Jeff Mortier - Mobile (202) 590-6693

jmortier@farragutpartners.com

Sarah Walter - Mobile (202) 288-8190

swalter@farragutpartners.com

Farragut Partners, LLP
1225 New York Avenue NW, Suite 600
Washington, DC 20005