



Increasing Prescription Drug Access and Affordability

Support policies that improve the pricing and transparency, and increase access, affordability, and availability of prescription drugs.

Why Action is Needed

The cost of prescription drugs continues to rise, affecting access to life-saving treatments for patients who are unable to afford higher prescription and out-of-pocket costs, higher co-pays and more tiered drug pricing. More than 131 million Americans use prescription drugs with many facing the difficult choice of filling their prescriptions or paying for necessities and resorting to cutting back or skipping doses of their medicines, which can lead to serious health complications.

As outlined in a 2019 ACP paper, the U.S. spends more on prescription drugs than other high-income countries, with average annual spending of \$1,443 per capita on pharmaceutical drugs and \$1,026 per capita on retail prescription drugs. A 2021 study by the Rand Corporation reported that prescription drug prices in the U.S. average 2.56 times those seen in 32 other Organization for Economic Cooperation and Development nations.

Pharmacy benefit managers (PBMs) administer prescription drugs for more than 266 million Americans in private and public health plans, making them the principal purchasers of prescription drugs in the United States. An ongoing challenge is the lack of transparency in PBMs, with the contracts negotiated between health plans and PBMs for fees and the share of a rebate that is retained by the PBM are kept confidential. Pharmaceutical companies claim that they increase prices to pay for the rebates demanded by PBMs, while PBMs dispute this.

In addition to rising prescription drug costs, drug shortages have been on the rise over the past several decades, leading to increased costs, additional labor efforts, and heightened safety concerns. Drug shortages are also hindering patient access and adversely affecting medication adherence, leading to increased hospitalization and mortality rates.

ACP's Position

In 2016, ACP published *Stemming the Escalating Cost of Prescription Drugs: A Position Paper of the American College of Physicians*, containing recommendations to improve transparency, value, and competition for prescription drugs, with the goal of creating a sustainable and affordable prescription drug marketplace. In 2019, ACP published *Policy Recommendations for Public Health Plans to Stem the Escalating Costs of Prescription Drugs: A Position Paper From the American College of Physicians* to offer additional recommendations for stemming the escalating cost of prescription drugs involving PBMs, decreasing out-of-pocket costs for patients, enhancing the government's purchasing power and addressing existing policies that add costs to the health care system. ACP's recommendations include:

- Modifying Medicare Part D low-income subsidy program cost-sharing and copayment structures to encourage the use of lower-cost generic or biosimilar drugs.
- Continuing requirements of the Inflation Reduction Act for Medicare Part D negotiation models that drive down the price of prescription drugs for beneficiaries.

We also recommend that new policies should be implemented to prevent market manipulation, help lower-cost alternatives make it to the market faster, and ensure a robust and competitive market for generic and biosimilar drugs.

Call to Action

- Urge Congress to pass the Lower Costs, More Transparency Act, H.R. 5378, to promote price transparency among health care entities.
- Support the Drug Shortage Prevention Act of 2023, H.R. 3009/S. 2362, to require that manufacturers of over the counter and prescription drugs notify Food & Drug Administration when they are unlikely to meet demand.
- Support the Cutting Copays Act, H.R. 5386, to eliminate cost-sharing for generic drugs for LIS beneficiaries, helping to incentivize the use of generic drugs.
- Support the Increasing Access to Biosimilars Act of 2023, H.R. 1352, to encourage adoption of biosimilars in Medicare and improve biosimilar accessibility.
- Support the Lowering Drug Costs for American Families Act, H.R. 4895, to expand number of prescription drugs which Medicare can negotiate under the Inflation Reduction Act from 20 to 50 starting in 2029.



Ensuring Access to Care

Support policies that preserve access to telehealth services, improve the integration of behavioral health care into primary care, and extend premium support and tax credits for enrollment in Affordable Care Act (ACA) health plans.

Why is Action Needed

The federal government took important steps to expand access to telehealth services during the COVID-19 public health emergency. ACP is grateful that Congress extended many flexibilities for the use of telehealth through the end of 2024, including the use of audio only telehealth and allowing telehealth services to be furnished in any geographic area and in any originating site setting, including the beneficiary's home. However, we remain concerned that patients will lose access to these vital telehealth services if Congress fails to extend them by the end of this year.

Behavioral health has become a public health crisis in the United States, as data from the National Institute of Mental Health indicate that nearly one in five U.S. adults lives with a mental illness. Many patients seek care for behavioral health through their primary care physician but unfortunately their access is limited as our health system does not equip our physicians to provide for the significant amount of time and resources needed to deliver this type of care. Patients often confront a siloed health care system that fails to integrate behavioral health into the primary care setting.

Additionally, we are pleased that recent data shows record-breaking enrollment in ACA health plans with more than 20 million people signed up this year. This increase has been largely due to provisions in the Inflation Reduction Act that increased federal subsidies to purchase plans as well as lowered premiums for all ACA plans. Unfortunately, these subsidies are set to expire in 2025 and should be extended to ensure affordable health coverage.

ACP Position

ACP supports the expanded role of telehealth as a method of health care delivery that may enhance patient-physician collaborations, improve health outcomes, and reduce medical costs. We support increased resources for physicians to adopt new models of care such as the Collaborative Care Model, to improve the integration of behavioral health care into primary care. We also strongly urge Congress to extend the federal subsidies and tax credits, set to expire in 2025, that support enrollment in the ACA. We advocate for the Administration and states to continue enrollment for all eligible for Medicaid or sign up uninsured in ACA health plans.

Call to Action

- Support the CONNECT for Health Act of 2023, S.2016/H.R.4189, and the Protecting Rural Telehealth Access Act, S. 1636/H.R. 3440, which facilitate access to care via telehealth.
- Improve access to behavioral health care by supporting the Connecting our Medical Providers with Links to Expand Tailored and Effective (Complete) Care Act, S.1378/H.R. 5819.
- Protect access to health insurance by extending ACA premium tax subsidies through the Health Care Affordability Act of 2023, H.R. 1692.



Valuing the Care Provided by Internal Medicine Physicians

Protect patients' access to care by ensuring fair and appropriate physician compensation, including annual inflationary adjustments, and policies that support physicians' transition from fee-for-service (FFS) to value-based models of care.

Why is Action Needed?

Physicians continue to work in a flawed Medicare payment system that fails to keep up with rising practice expenses and the cost of caring for their patients. Unlike nearly every other segment of the Medicare payment system, the Medicare Physician Fee Schedule does not include annual inflationary adjustments. As a result, when accounting for inflation, current Medicare physician payment rates have decreased by a staggering 26 percent since 2001.

Not only have Medicare payment rates fallen below the rate of inflation, but physicians have also faced Medicare payment cuts over the past few years. On January 1, 2024, CMS implemented a 3.4 percent across-the-board cut to physician payment in Medicare. This broken, inadequate payment system is not sustainable and threatens access to care for seniors.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) has also failed to meet the Congressional intent of helping clinicians in Medicare transition away from fee-for-service, or volume-based payments to value-based models of care. MACRA is intended to introduce value-based components into fee-for-service via the Merit-based Incentive Payment System (MIPS) and for CMS to offer robust options for physicians to transition into advanced alternative payment models (APMs) that deliver value-based care; however, most physicians continue to practice in fee-for-service models with few incentives or options to join advanced APMs.

ACP's Position

We continue to urge Congress to ensure that the Medicare Physician Fee Schedule provides physicians with positive and stable payment updates consistent with the Medical Economic Index that adequately reflect the increased costs in their practice due to inflation. We support the implementation of a new payment code, G2211, to address the resources and costs associated with furnishing comprehensive, longitudinal primary care. We also urge that Congress reform MACRA to ensure that it better facilitates a value-based physician payment system and moves the needle toward achieving greater equity in the delivery of health care.

Call to Action

- Enact H.R. 6683, the Preserving Seniors Access to Physicians Act of 2023, which would eliminate the 3.4 percent Medicare payment cut that was implemented on January 1, 2024.
- Enact legislation to raise the threshold to implement budget-neutral payment cuts in Medicare to \$53 million and use cumulative increases in the Medicare Economic Index to update the threshold every five years afterward.
- Reform MACRA to ensure that it facilitates a value-based payment system and pass H.R. 5013, the Value in Health Care Act of 2023, that would increase and extend incentive payments for physicians to join advanced APMs.



Supporting and Enhancing Health Information Technology

Support policies that will help leverage health information technology (IT), including augmented intelligence, to improve patient care and reduce administrative burdens on physicians and their teams. Promote policies to ensure health IT is used in appropriate ways to enhance patient care, and not discriminate or inappropriately restrict patient access to care.

Why Action is Needed

Insufficiently developed and monitored health IT tools can worsen various aspects of health and health care. For example, augmented intelligence (AI) technologies can exacerbate disparities in health and health care if not appropriately developed and monitored. Health IT must be developed and used to improve the quality of care, increase efficiency, and prevent medical errors. Additionally, insufficient privacy protections for personal health information can erode patient trust and contribute to patients withholding important health information from their physicians, which can have negative clinical consequences for patients.

ACP's Position and Advocacy Efforts

The American College of Physicians (ACP) believes that health IT, including emerging technologies such as AI, should support and enhance equitable, high-value patient care and improve the patient-physician relationship. At the federal level, ACP advocates for policies that aim to leverage health IT to improve shared clinical decision-making at the point of care, and to support physicians in sharing practical and useful information effectively and securely with other health care professionals and patients.

Call to Action

- Support the American Data Privacy and Protection Act (ADPPA), which would establish a comprehensive federal consumer data privacy framework.
- Support legislation and rulemaking that would streamline and clarify information blocking regulations and compliance.
- Support legislation and rulemaking that promotes the seamless exchange of health information electronically between and among physicians, clinical care teams, and health care settings through the development and implementation of appropriate health care interoperability standards.
- Support policies that will bolster the appropriate use of AI to enhance health care delivery.



Protecting the Patient-Physician Relationship

Promote policies that protect patient access to reproductive, LGBTQ+, and gender affirming care services and that ensure health care teams are led by physicians.

Why Action is Needed

The U.S. Supreme Court's decision to overturn *Roe v. Wade*'s guaranteed federal right to abortion in *Dobbs v. Jackson Women's Health Organization* set back reproductive health care by restricting access to abortion services and potentially jeopardizing access to other related medical services and privacy protections, such as contraception or fertility treatments in some states. As a result of the decision, which the American College of Physicians (ACP) strongly opposed, abortion access has been severely curtailed or banned in at least 24 states. Its implications have also included criminalizing the provision of a range of health care services, severely harming the patient-physician relationship.

Further intruding upon the patient-physician relationship are restrictions to gender-affirming care. Since 2021, 13 states have restricted gender-affirming services for minors and/or adults, and at least 30 states introduced legislation in 2023 that would restrict access to this care. There has been a proliferation of anti-LGBTQ+ legislation at the state level, with more than 450 anti-LGBTQ+ bills introduced last year.

Additionally, federal and state policymakers are also increasingly introducing legislation to expand the scope of practice for non-physician health care professionals. For example, 27 states and the District of Columbia have adopted a "full practice model," which, despite significant differences in training, allows all nurse practitioners to provide a broad range of medical services without appropriate physician supervision, which includes evaluating and diagnosing patients; as well as ordering, and interpreting diagnostic tests; and initiating and managing treatments, including prescribing medications and controlled substances.

ACP's Position

ACP believes policymakers should respect the principle of patient autonomy and ensure access for all patients to the full range of reproductive health care services, including abortion. ACP also believes that reproductive health care decisions are foundational to the patient-physician relationship. We strongly oppose medically unnecessary government restrictions on any health care service. In the recent paper "*Reproductive Health Policy in the United States: An ACP Policy Brief (2023)*," ACP makes recommendations to protect patient access to care through the freedom to travel to seek medical care, the ability to receive prescription medication in the mail or via other shipping and delivery services, and to oppose efforts to criminalize the practice of medicine and restrict access to care.

ACP opposes restrictions on health care for transgender individuals, who already may face extreme barriers to accessing care, and strongly objects to any unnecessary government interference with any health care services. ACP has decried discriminatory policies against LGBTQ+ people and objected to interference with the patient-physician relationship and penalization of evidence-based care. ACP policy also calls for coverage of comprehensive transgender health care in private and public insurance plans. ACP has joined amicus briefs in legal challenges to laws discriminating against transgender people.

ACP also supports a physician-led, team-based approach to health care as published in its December 2023 paper in the *Annals of Internal Medicine* "*Principles for the Physician-Led Patient-Centered Medical Home and Other Approaches to Team-Based Care*." It affirms that health care teams should be led by physicians, underscores the need for payment models to promote team-based care, and recommends interprofessional training to foster collaboration and cooperation among health care professionals. ACP supports efforts to protect the patient-physician relationship by ensuring that health care teams are led by physicians.

Call to Action

- Support the Secure Access for Essential Reproductive (SAFER) Health Act, H.R. 459/S. 323, which strengthens health privacy laws and ensures that abortion-related health data cannot be shared without patient consent.
- Support the Women’s Health Protection Act, H.R. 12/S. 701, which would codify a right to reproductive health care services, in federal statute.
- Support measures such as H. Res 269/S. Res. 144, which would establish a Transgender Bill of Rights, that supports amending the Civil Rights Act and guaranteeing the right to bodily autonomy and ethical health care for transgender and nonbinary people.
- Oppose the Protect Children’s Innocence Act, H.R. 1399, which would make the provision of gender-affirming care to minors a federal felony and restrict education that may be provided at the state level.
- Support \$400 million for the Title X Family Service Grants in FY 2024, to help facilitate a broad range of services relating to achieving pregnancy, preventing pregnancy, and assisting women, men, and couples achieving their desired number of children.
- Oppose the Equitable Community Access to Pharmacist Services Act, H.R. 1770/S. 2477, which would expand Medicare coverage to permanently include select services provided by a pharmacist.



Preventing Firearms-Related Injuries and Deaths

Reduce the public health crisis of firearms-related injuries and deaths through investments in research and much needed evidence-based policy reforms at all levels of government.

Why Action is Urgently Needed

In 2022, more than 48,000 Americans' deaths were firearm related, according to the U.S. Centers for Disease Control and Prevention (CDC). ACP remains concerned not only about the alarming number of mass shootings in the country, but also suicides which make up over 50 percent of injuries and deaths from firearms. These events take a daily toll in our neighborhoods, homes, workplaces, and public and private venues.

While the 2022 enactment of the Bipartisan Safer Communities Act, which ACP strongly supported, is an important foundation, it is clear that additional state and federal regulatory and legislative action is needed to improve safety and reduce injury and death from firearms.

ACP's Position

For more than thirty years, ACP has consistently called for common-sense policies that would help reduce the number of injuries and deaths stemming from firearms. In 2019, ACP joined with 41 other leading organizations in a call-to-action that requested evidence-based solutions to mitigate firearms violence. ACP is continuing that work in 2024 by participating in several physician-organization coalitions dedicated to reducing injury and death caused by firearms such as the Healthcare Coalition for Firearm Injury Prevention (HCFIP) and the Gun Violence Prevention Research Roundtable.

While it is encouraging that some of the policies included in our most recent policy paper about firearms violence prevention were in the Bipartisan Safer Communities Act, such as closing domestic violence loopholes, increasing background checks, and providing support and funding for Extreme Risk Protection Orders (ERPOs), more action must be taken. ACP calls on the federal and state governments to take urgent and necessary steps to curb firearm violence by implementing comprehensive criminal background checks for firearm purchases, funding research for gun violence prevention, expanding Extreme Risk Protection Orders (ERPOs), increasing education and awareness about safely storing firearms, prohibiting high-capacity magazines, and preventing "gag laws" that prohibit physicians from counseling their at-risk patients about mitigating the risks associated with firearms. In addition, there has been a great deal of momentum in states to reduce firearms-related injuries and deaths, and ACP has developed a toolkit, <https://www.acponline.org/advocacy/state-health-policy/toolkit-reducing-firearm-related-injuries-and-deaths> that physicians can use to advocate for action in their own states. ACP members can also access materials about how to talk to their patients about firearms and read the latest Annals of Internal Medicine articles about this topic at: <https://www.acponline.org/about-acp/who-we-are/preventing-firearms-related-deaths-and-injuries-information-for-internal-medicine-physicians>

Call to Action

- Support Ethan's Law, H.R. 660 and S. 173, requiring gun owners to safely and securely store their firearms.
- Support the Extreme Risk Protection Order Expansion Act, H.R. 768 and S. 247, empowering family members and law enforcement to prevent firearm violence by petitioning a court to temporarily separate an at-risk individual from firearms.
- Support the funding level from the Senate FY 2024 Labor-HHS-Education appropriations bill for firearm violence prevention research in the in any final FY 2024 appropriations bill. Support a funding increase for this research in FY 2025.



Strengthening Primary Care and the Physician Workforce

Increase investments in federal programs that support and expand the primary care physician workforce, such as funding for Graduate Medical Education (GME), loan deferment initiatives, enable international medical graduates (IMGs) to practice in rural and underserved areas, and fund federal health professions programs that expand primary care training and diversity, equity, and inclusion in the health care workforce.

Why Action is Needed:

It is estimated that there will be a shortage of 17,800 to 48,000 primary care physicians by 2034. A 2021 report by the National Academy of Sciences, Engineering and Medicine called on policymakers to dramatically increase investment in primary care. The evidence clearly shows that high-quality primary care is critical for achieving health care's quadruple aim (enhancing patient experience, improving population health, reducing costs, and improving the health care team experience). Medical students and residents are playing a critical role in furnishing care to patients while many of them carry an average debt of over \$200,000. These physicians-in-training serve an integral role in the delivery of health care in the United States. With the growing demands being placed on the existing workforce it is even more imperative to protect patients' access to care by assisting these clinicians serving on the frontlines and to increase the number of future physicians in the pipeline.

ACP's Position:

The federal government should increase its funding for programs and initiatives that increase the number of physicians and other health care professionals providing care for all communities, including for racial and ethnic communities that are historically underserved and disenfranchised. Accordingly, Congress should increase the number of GME positions it supports, ease the medical education debt burden for trainees by deferring interest on their student loans, reauthorize and expand the Conrad 30 program that makes it possible for IMGs to practice in underserved communities, and increase funding for Title VII health professions programs to improve diversity and expand the primary-clinician pipeline. ACP has provided ongoing feedback and recommendations to Congress about bipartisan solutions to invest in the physician workforce and how investment in primary care is vital in that effort. In an ACP statement submitted to the Senate Health, Education, Labor and Pensions (HELP) Committee, ACP outlines steps Congress can take to foster a more robust physician workforce.

Call to Action

- Support the Resident Education Deferred Interest (REDI) Act, H.R. 1202/S. 704, which would allow borrowers to qualify for interest-free deferment on their student loans while in a medical or dental internship or residency program.
- Support the Resident Physician Shortage Reduction Act of 2023, H.R. 2389/S. 1302, which would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years.
- Support the Conrad State 30 and Physician Access Reauthorization Act, H.R. 4942/S. 665. This bipartisan legislation would reauthorize the program for three years, simplify the visa process, enhance workplace protections for physicians, and, most importantly, increase the number of waivers available to states beyond the thirty currently available, if certain requirements are met.
- Support a funding increase for Title VII health programs administered by the Health Resources and Services Administration (HRSA), such as the Primary Care Training and Enhancement Program. ACP also strongly supports Title VII workforce diversity programs, including Centers of Excellence, Health Career Opportunity Programs, and Scholarships for Disadvantaged Students.



Reducing Administrative Burden in Medicine

Put “Patients Before Paperwork” by advancing policies that will eliminate unnecessary red tape and improve prior authorization processes for patients and their physicians.

Why Action is Needed

Unnecessary administrative requirements can prevent timely and appropriate treatment by forcing physicians to divert time and focus away from their patients. They can also be a financial burden and contribute significantly to the current burnout epidemic among physicians. Medicare Advantage plans can require enrollees to receive prior authorization before a service will be covered, and nearly all Medicare Advantage enrollees (99 percent) are in plans that require prior authorization for some services in 2023. Further, in 2022, a survey of more than 500 doctors from group practices found that 89 percent believe that regulatory burdens increased in the past year, and 82 percent responded that the prior authorization process is very or extremely burdensome of more than 500 doctors from group practices found that 89 percent believe that regulatory burdens increased in the past year, and 82 percent responded that the prior authorization process is very or extremely burdensome.

Prior authorization is a common practice by health insurers to require physicians to first secure approval before moving forward with a patient’s medications, tests, or procedures. It involves paperwork and phone calls, as well as varying data elements and submission mechanisms that force physicians to enter unnecessary data in electronic health records (EHRs) or perform duplicative tasks outside of the clinical workflow. This inhibits clinical decision-making at the point of care and is an unnecessary burden for physicians and barrier to medical care for patients. The Department of Health and Human Services issued a report in 2022 that detailed abuse in the prior authorization process in which “Medicare Advantage insurers sometimes delayed or denied beneficiaries’ access to services, even though the requests met Medicare coverage rules.”

Another practice implemented by health insurers that can disrupt patient care and hinder access to treatment is step therapy, which aims to curb the costs of drugs but can create unnecessary administrative burden. It requires patients to try and fail at lower-priced drugs selected by their insurer before the drug prescribed by their physician is covered. ACP believes that there should be a transparent exceptions process for step therapy, to provide physicians and patients with clarity for treatment options and to prevent delays in care.

Further, physicians are increasingly faced with an overload of messages in their virtual inboxes, causing them to divert their time away from doing what they do best, treating their patients.

ACP’s Position and Advocacy

ACP’s Patients Before Paperwork initiative serves as the foundation for policy recommendations for revising, streamlining, or removing entirely burdensome administrative tasks. The framework and recommendations call attention to the need to better understand the daily issues physicians face, including prior authorization obstacles, in order to improve patient care.

In January 2024, the Centers for Medicare and Medicaid Services (CMS) issued a final rule requiring health plans to streamline their PA processes. The rule requires Medicare Advantage (MA) organizations, state Medicaid and CHIP fee-for-service programs, Medicaid managed care plans, and CHIP managed care entities to send PA decisions within 72 hours for expedited requests and seven calendar days for standard requests. The rule does not apply to commercial insurers.

ACP also advocates for prior authorization reform with private payers. In 2023, ACP successfully collaborated with other medical specialty societies to address egregious prior authorization requirements. Due to our

advocacy efforts, United HealthCare changed its burdensome protocol for its gastrointestinal (GI) endoscopy prior authorization program and Cigna removed approximately 25 percent of medical services from prior authorization requirements.

At the federal level, ACP continues to advocate for legislative and regulatory policy changes that improve prior authorization and step therapy processes for patients and clinicians. We call on Congress to act now and do its part to improve physicians' ability to provide seamless evidence-based care for their patients without unnecessary administrative delays.

Call to Action

- Support the Improving Seniors' Timely Access to Care Act, which would require that Medicare Advantage (MA) plans establish an electronic prior authorization process for real-time decision making to make it easier for physicians to determine if a prescribed procedure, service, or medication is covered. ACP also supports streamlining prior authorization for other group health plans.
- Support the Safe Step Act of 2023, H.R. 2630/S. 652, a bipartisan bill that would ensure patient access to appropriate treatments based on clinical decision-making and medical necessity rather than arbitrary step therapy protocols. The bill would require group health plans to provide a transparent exception process for any medication step therapy protocol.
- Support legislation and rulemaking to improve electronic health records and streamline the adoption of standards in medical practices that would reduce burdensome administrative tasks.

2024 ACP Advocacy Priorities

ACP's advocacy priorities seek to promote policy reforms on the federal level through legislative, regulatory, and executive actions that benefit the overall health and well-being of patients, physicians, and the practice of internal medicine.

Valuing the Care Provided by Internal Medicine Physicians: Protect patients' access to care by ensuring fair and appropriate physician compensation, including annual inflationary adjustments, and policies that support physicians' transition from fee-for-service (FFS) to value-based models of care.

Reducing Administrative Burden in Medicine: Put "Patients Before Paperwork" by advancing policies that will eliminate unnecessary red tape and improve prior authorization processes for patients and their physicians.

Ensuring Access to Care: Support policies that preserve access to telehealth services, improve the integration of behavioral health in primary care, and extend premium support and tax credits for enrollment in Affordable Care Act (ACA) health plans.

Protecting the Patient-Physician Relationship: Promote policies that protect and preserve patient-physician relationships, including access to reproductive health care, LGBTQ+ and gender-affirming care, and ensure non-physician health care professionals perform within their scope of practice.

Strengthening Primary Care and the Physician Workforce: Increase investments in federal programs that support and expand the primary care physician workforce, such as funding for Graduate Medical Education (GME), loan deferment initiatives, enable international medical graduates (IMGs) to practice in rural and underserved areas, and fund federal health professions programs that expand primary care training and diversity, equity, and inclusion in the healthcare workforce.

Supporting and Enhancing Health Information Technology: Support policies that will help leverage technology, including augmented intelligence, to improve patient care and reduce administrative and practice burdens on physicians. Promote policies to ensure technology is used in appropriate ways to enhance patient care, and not to discriminate or inappropriately restrict patient access to care.

Increasing Prescription Drug Access and Affordability: Support policies that improve the pricing and transparency, and increase access, affordability, and availability of prescription drugs.

Preventing Firearms-Related Injuries and Deaths: Reduce firearms-related injuries and deaths through investments in research and much needed evidence-based policy reforms at all levels of government.