

November 17, 2016

Dear ACP Member,

I am writing to share with you the American College of Physicians' plans to address the implications of the 2016 U.S. Presidential and Congressional elections. We are preparing for a new administration in Washington, D.C., and assessing the challenges and opportunities related to health care and our policy priorities that will come in this new environment.

The election has evoked strong reactions from ACP members, both within the U.S. and abroad. Like the public, ACP members have divergent views. What unites us is our abiding commitment to our profession, and to our patients. We affirm our continued commitment to equal access to care and non-discrimination against persons based on their gender, gender identity, race, ethnicity, religion, or sexual orientation, including support for our international ACP members and immigrants to the U.S. who are concerned about potential changes in U.S. immigration policies.

The College, as a matter of U.S. law and practice, is non-partisan. We engage in advocacy based on policies that have been adopted by our Board of Regents, through a deliberative, consensus-building process involving our policy committees, councils and elected Board of Governors and Regents, supported by a rigorous review of the evidence of how different policy options will affect patient care. We are obliged to pursue these policies no matter the results of any given election.

Accordingly, ACP will strive to engage in a constructive and bipartisan way with President-elect Trump and his administration, and with Congress, to achieve bipartisan progress on the College's policy objectives. Our hope is to find common ground. If policies are proposed by the new administration or Congress that in our judgment would be detrimental to our profession and our patients, we won't just seek to prevent them from being implemented, we'll offer better alternatives. We remain steadfast in our mission to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine and supporting the critical role played by internists and other primary care physicians in providing high-value, team-based, patient and family-centered care, continuing the transition to value-based payment models, and reducing administrative burdens that interfere with the patient-physician relationship.

Let me share with you some of the areas where we think bipartisan progress may be possible:

- Implementing and funding initiatives to address the opioid epidemic, building on the bipartisan Comprehensive Addiction and Recovery Act signed into law earlier this year
- Improving access to mental health services and integration of behavioral health into team-based primary care
- Promoting policies to improve the prevention, treatment and management of chronic diseases
- Expanding access to telehealth services particularly in underserved communities
- Strengthening graduate medical education funding and primary care training programs to ensure that the U.S. is training a sufficient number of internists with the skills needed to provide the highest quality care
- Supporting the successful transition to quality based payments and new physician-led alternative payment models, as authorized by the bipartisan Medicare Access and CHIP Reauthorization Act (MACRA)
- Redesigning quality measurement to make it clinically relevant, actionable and meaningful for doctors and patients alike
- Addressing the high cost of prescription drugs
- Reforming the broken medical liability system, including innovative options like no-fault health courts and safe harbors for following evidence-based practice guidelines
- Reducing administrative burdens that interfere with the patient-physician relationship

We are also aware of areas where ACP's policy objectives do not appear to be aligned with those of the new administration and Congress and may be more challenging:

- We remain committed to sustaining the gains that the Affordable Care Act (ACA) has made in expanding coverage to tens of millions of people and driving down the uninsured rate to historic lows. While we will consider new approaches to help people get and keep coverage, the result should not be more Americans having to go without coverage or the loss of other key patient protections, such as removing the prohibition on health plans excluding or charging higher premiums to patients with pre-existing conditions. We will seek to address barriers to care created by high deductible plans, narrow networks, and rising premiums. We will also continue to advocate for expanding the Medicaid program to all persons up to 138% of the federal poverty level in all states.
- We believe it is essential to continue the progress being made on addressing the health impacts of climate change. Climate change will have a catastrophic impact on health, both in the U.S. and globally. We must do everything possible to prevent a rollback of the commitments made by the U.S. and other countries to combat it.
- We will continue to advocate for evidence-based policies to reduce injuries and deaths from firearms, including closing loopholes in the U.S. background check system, at both the federal and state levels.

Over the next few weeks, we will assess our advocacy priorities to determine how best to proceed given the election.

How can you help? Please email me with your thoughts on ACP advocacy priorities. Let your ACP chapter governors, U.S. and international, know if you have suggestions for them to take to the Board of Governors. And, if you are a U.S. member of the College, become a grassroots activist for internal medicine by joining our [Advocates for Internal Medicine Network \(AIMn\)](#). As a member of AIMn, you will get timely and concise updates on key developments in Congress, and what you can do to help us achieve our advocacy priorities in this new environment.

Sincerely,

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President
American College of Physicians