Last Year’s Successful Advocacy

- Defeating efforts to repeal parts of Obamacare
- Funding the Children’s Health Insurance Program through 2027
- Increasing primary care funding
  - Community Health Centers, National Health Services Corps, Title VII training programs
Last Year’s Successful Advocacy

Reducing barriers to chronic care services
2018 Budget Agreement

- Extends *Independence at Home Medical Practice Demonstration Program*
- Allows Medicare advantage plans to offer supplemental benefits to chronically ill enrollees
- Expands coverage of telemedicine services
We now need to build on these successes to:

- Strengthen and expand coverage.
- Secure continued funding for essential health programs.
- Fund and reauthorize programs to address the opioids crisis.
- Lower prescription drug costs.
- Reduce administrative tasks.
- Strengthen and improve GME.
- Reduce firearms-related injuries and violence.
ACHIEVE A SERENE AND
HEALTHY LIFE ABSENT FROM
DRUGS AND ALCOHOL

Medical detox in Portland, Maine

GET IN TOUCH WITH US
10,000-foot view

**Policies to improve internists’ daily lives and professional development**
- Reduce unnecessary administrative tasks
- Support funding for primary care workforce programs
- Make GME more effective

**Policies to improve patients’ health**
- Expand and stabilize coverage
- Reduce prescription drug costs
- Promote continued action to address opioids crisis
- Fund public health and research programs
- Reduce firearms-related injuries and deaths
Hill Visits

Come join us for... Capitol Coffee with Angus

An opportunity for visiting Maine constituents to meet and speak with Senator King.

Every Wednesday from 9:00 - 10:00 am when the Senate is in session.
Expanding Coverage and Stabilizing the Insurance Market

Congress should work to help stabilize the individual health insurance market and expand coverage. Specifically:

- Develop and introduce comprehensive market stabilization legislation that includes reinsurance options to help stabilize the markets.
- Expand cost-sharing assistance eligibility to purchase insurance in the exchanges as well as increase the level of premium tax credits and cost sharing subsidies offered to purchase a qualified health plan.
- Introduce legislation that would block the expansion of access to short-term health plans or Association Health Plans that allow insurers to charge more to individuals with pre-existing conditions and permit them to exclude from coverage essential medical care.
- Support $690 million in discretionary funding for federal exchanges within CMS’ Program Operations as part of the FY2019 Labor, Health and Human Services, and Education Appropriations bill.
Expanding Coverage and Stabilizing the Insurance Market

Protect the Affordable Care Act. It saves lives.
Reducing Unnecessary Administrative Tasks on Physicians and Patients

Congress should accelerate its efforts to reduce administrative burdens on clinicians and patients, including:

- Cosponsoring in the House the **Standardizing Electronic Prior Authorization for Safe Prescribing Act (H.R. 4841)**, which standardizes electronic prior authorization for prescription drugs under Medicare Part D. Adopt even greater harmonization of such standards across the health care industry. Senators should introduce companion legislation.

- Cosponsoring in the House the CONNECTIONS Act (H.R. 5812) by Reps. Griffith (R-VA) and Pallone (D-NJ) that would authorize CDC grants to state-run PDMPs to improve data collection and integration into physician clinical workflow specifically, of controlled substances overdose prevention and surveillance activities. Senators should introduce companion legislation.

- Urging health care committees in Congress with jurisdiction over Medicare to exercise their oversight authority of CMS’ effort to overhaul clinical documentation guidelines with input from practicing clinicians. Ensure that the narrative of the patient’s history can be documented, preserved, and accessible within the record.

- Cosponsoring the **Improving Access to Medicare Coverage Act of 2017 (S. 568/H.R. 1421)**, which deems patients under observation as inpatients for the purposes of satisfying the Medicare 3-day inpatient stay requirement.
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- Cosponsoring in the House the **CONNECTIONS Act (H.R. 5812)** by Reps. Griffith (R-VA) and Pallone (D-NJ) that would authorize CDC grants to maintain PDMPs to improve data collection and integration into physician clinical workflow specifically to help healthcare providers and patients identify and control misuse of prescription drugs and reduce overdoses and deaths.

- Urging health care committees in Congress with jurisdiction over Medicare to exercise their oversight authority of CMS’ effort to overhaul clinical documentation guidelines with input from practicing clinicians. Ensure that the narrative of the patient’s history can be documented, preserved, and accessible within the record.

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Reducing Unnecessary Administrative Tasks on Physicians and Patients

Three Midnight Rule

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Reducing Unnecessary Administrative Tasks on Physicians and Patients

Put patients before paperwork

Congress should act to reduce administrative paperwork for clinicians and patients by:

- Cosponsoring in the House the Standardizing Electronic Prescriptions in Medicare Act (H.R. 4841), which standardizes electronic prescription medication description for drugs under Medicare Part D, promoting greater harmonization of such standards across the health care industry. Senators should introduce companion legislation.

- Cosponsoring in the House the CONNECTIONS Act (H.R. 5812) by Reps. Griffith (R-VA) and Pallone (D-NJ) that would authorize grants to state-run PDMPs to improve data collection and integration into physician clinical workflow.

- Urging health care committees in Congress with jurisdiction over Medicare to exercise their oversight authority of CMS’ effort to overhaul clinical documentation guidelines with input from practicing clinicians. Ensure that the narrative of the patient’s history can be documented, preserved, and accessible within the record.

- Cosponsoring the Improving Access to Medicare Coverage Act of 2017 (S. 568/H.R. 1421), which deems patients under observation as inpatients for the purposes of satisfying the Medicare 3-day inpatient stay requirement.
Doctors are frustrated because they got into medicine to help their patients. But, paperwork has distracted them from caring for their patients, who often have waited weeks, if not months, for the brief opportunity to see them.

We have all felt this squeeze in the doctor’s office...we have all seen our doctors looking at a computer screen instead of us. I hear it from patients across the country. This must change. The primary focus of a patient visit must be the patient.

Just last week, CMS announced our new initiative “Patients Over Paperwork” to address regulatory burden. This is an effort to go through all of our regulations to reduce burden. Because when burdensome regulations no longer advance the goal of patients first, we must improve or eliminate them.

Our door is open to your ideas and we invite a two-way discussion about how we can accomplish our shared mission of delivering the best possible care at the lowest cost.
The administration has already committed to many of ACP’s proposals to ease burdens:

- Overhaul of **documentation requirements** for office visits and other E/M services.
- New initiatives to achieve health record **interoperability** and give patients ownership over health data.
- “Meaningful measures” under Medicare’s Quality Payment Program.
- Effective January 1, 2018 CMS now allows the teaching physician to verify in the medical record any **student documentation** of components of E/M services, rather than re-documenting the work.
And Congress agrees!

- Ways and Means Committee health subcommittee held a hearing and roundtable to solicit comments on what could be done to reduce Medicare red tape.

- ACP’s president-elect, Robert McLean, testified at the roundtable on our behalf, sharing specific examples of unnecessary documentation and redundancy from his practice.
Reducing Prescription Drug Costs

Congress should increase transparency and accountability in prescription drug pricing and improve access to lower-cost generic medications by cosponsoring or introducing the following bills and urging their enactment:

- The *Drug Price Transparency in Communications Act* (S. 2157) would require drug companies to disclose the Wholesale Acquisition Cost of an Rx in Direct-to-Consumer Advertising. Representatives should introduce the companion bill.
- The *Creating and Restoring Equal Access to Equivalent Samples (CREATEs) Act of 2017* (S. 974/H.R. 2212) would improve patient access to alternative low-cost prescription drugs and biological products by preventing prescription drug manufacturers from misusing the FDA’s Risk Evaluation and Mitigation Strategies (REMS) process to make it difficult for competing generics to be brought to the market.
- The *Medicare Prescription Drug Price Negotiation Act of 2017* (S. 41/H.R. 242) would grant authority to the Secretary of HHS to negotiate prescription drug prices with manufacturers for high-cost drugs and biologics covered under Part D.
- The *Fair Accountability and Innovative Research (FAIR) Pricing Act* (S. 1131/H.R. 2439) would require drug manufacturers to disclose and provide more information about planned drug price increases, including R&D costs.
Reducing Prescription Drug Costs

- **Price transparency**
- **Generics**
- **Medicare negotiation**
Percent who say that because of cost, in the past year, they or a family member has...

...cut pills in half or skipped doses:
- Insured < age 65: 14%
- Uninsured < age 65: 26%

...not filled a prescription:
- Insured < age 65: 19%
- Uninsured < age 65: 35%

By income:
- <$40,000: 25%
- $40,000-$90,000: 11%
- $90,000+: 9%

By insurance status:
- Insured < age 65: 14%
- Uninsured < age 65: 26%

SOURCE: KFF Health Tracking Poll (conducted December 13-19, 2016)
77% say pharmaceutical profits are a major factor contributing to prices.

Americans cite other major contributors to drug prices too, like the costs of medical research (64%), marketing and advertising (54%), lawsuits against drug companies (49%).

SOURCE: KFF Health Tracking Poll (conducted June 2-9, 2015)
Most Americans favor several steps to lower drug costs

<table>
<thead>
<tr>
<th>Step</th>
<th>Percent Favored</th>
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</thead>
<tbody>
<tr>
<td>Allowing the federal government to negotiate lower prices for people on Medicare</td>
<td>92%</td>
</tr>
<tr>
<td>Making it easier for generic drugs to come to market</td>
<td>87%</td>
</tr>
<tr>
<td>Requiring drug companies to publicly release information on how prices are set</td>
<td>86%</td>
</tr>
<tr>
<td>Limiting the amount drug companies can charge for high-cost drugs for illnesses like cancer</td>
<td>78%</td>
</tr>
<tr>
<td>Allowing Americans to buy prescription drugs imported from Canada</td>
<td>72%</td>
</tr>
<tr>
<td>Creating an independent group that oversees the pricing of prescription drugs</td>
<td>72%</td>
</tr>
<tr>
<td>Allowing Americans to buy prescription drugs from online pharmacies in Canada</td>
<td>64%</td>
</tr>
<tr>
<td>Eliminating prescription drug advertisements</td>
<td>56%</td>
</tr>
<tr>
<td>Encouraging people to buy lower-cost drugs by requiring them to pay a higher share for similar, higher-cost drugs</td>
<td>52%</td>
</tr>
</tbody>
</table>

SOURCE: KFF Health Tracking Poll (conducted April 17-23, 2017)
Funding for Workforce, Medical, and Health Services Research, and Public Health Initiatives

- **Primary Care and Training Enhancement (PCTE):** Fund the program at $71 million in order to maintain and expand the pipeline for individuals training in primary care.

  - **National Health Service Corps (NHSC):** Fund the NHSC at least at $415 million in total program funding to fund scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and meet the health care needs of underserved communities.

- **Centers for Disease Control and Prevention (CDC) and Prevention and Public Health Fund (PPHF):** Fund the CDC at $8.45 billion; including PPHF funding at $805 million.

- **Agency for Healthcare Research and Quality (AHRQ):** Fund AHRQ at $454 million, restoring the agency to its FY2010 enacted level adjusting for inflation after cuts in FY2016 and FY2017 and a small increase in FY2018 so it can help clinicians help patients by making evidence-informed decisions, fund research that serves as the evidence engine for much of the private sector’s work to keep patients safe.

- **National Institutes of Health (NIH):** Fund NIH at $39 billion so that this nation’s biomedical research can continue to fund cures for disease and maintain the U.S.’ standing as the world leader in medical and biomedical research.
Funding for Workforce, Medical, and Health Services Research, and Public Health Initiatives

- Primary Care and Regional Emergency Training Network (CREATE): Fund the program at $305 million to maintain and expand the pipeline for individuals training in primary care.
- National Health Workforce Commission (NHWC): The NIH Council of Science and Public Health recommended $84 million in new or increased funding to fund scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and meet the health care needs of underserved communities.
- Centers for Disease Control and Prevention (CDC) and Prevention Public Health Fund (PPHF): Fund the CDC at $8.45 billion; include PPHF at $8 billion.
- Agency for Healthcare Research and Quality (AHRQ): Fund AHRQ at $272 million to its FY2010 enacted level adjusting for inflation after cuts in FY2016 and FY2017 and a small increase in FY2018 so it can help clinicians help patients by making evidence-informed decisions, fund research that serves as the evidence engine for much of the private sector’s work to keep patients safe.
- National Institutes of Health (NIH): Fund NIH at $39 billion so that this nation’s biomedical research can continue to fund cures for disease and maintain the U.S. ’ standing as the world leader in medical and biomedical research.

CDC GOOD.

EBOLA BAD.
Funding for Workforce, Medical, and Health Services Research, and Public Health Initiatives

- Primary Care and Workforce Education and Training (CTE) initiatives are important in order to maintain and expand the pipeline for individuals entering primary care.
- National Health Service Corps (NHSC) is a federal program that aims to increase funding to fund scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and meet the health care needs of underserved communities.
- Centers for Disease Control and Prevention (CDC): The agency’s FY2021 budget request is $45 billion; the agency received $45.4 billion in FY2020. The CDC is the agency with the highest budget of all the agencies. It currently receives $2.45 billion in total funding.
- Healthcare Networks: Healthcare networks are collaborative arrangements among hospitals, clinics, and other organizations to help improve the quality and efficiency of care.
- Alzheimer’s: National Institutes of Health (NIH): Funding for Alzheimer’s research is crucial in order to find a cure for this devastating disease.
Funding for Workforce, Medical, and Health Services Research, and Public Health Initiatives

**PRIMARY CARE GOOD. PREVENTABLE ILLNESS BAD.**

- Primary Care Training enhancements (PCGT): Fund the program at $71 million in new, to maintain and expand the infrastructure for primary care training in any care.
- National Health Service Corps (NHSC): Use the NHSC at least at $425 million total program funding to fund scholarships and loan repayment to health care professionals to help expand the country’s primary care workforce and meet the health care needs of underserved communities.
- Centers for Disease Control and Prevention (CDC): Fund the prevention and preparedness budget.
- Agency for Healthcare Research and Quality (AHRQ): Fund AHRQ at $454 million, restoring the agency to its FY2010 enacted level adjusted for inflation. It has not received a budget increase in FY2016 or FY2017 and the small increase in FY2018 so it can help clinicians help patients. It makes evidence-based recommendations that serve as the evidence engine for much of the private sector’s work to help patients and save.
- National Institutes of Health (NIH): Fund NIH at $39 billion so that this nation’s biomedical research can continue to fund cures for disease and maintain the U.S.’ standing as the world leader in medical and biomedical research.
Promoting Continued Action to Address the Epidemic of Opioid Use

Congress should introduce and pass a comprehensive legislative package this year to improve prevention, education, treatment and recovery for those suffering from opioid-related addictions, including:

• Providing for sufficient and increased funding to address the opioid epidemic, building and expanding upon the $4.65 billion in the omnibus bill approved by Congress, with at least $1 billion for programs as authorized by CARA 2.0.
• Expanding access and coverage for medication assisted treatment (methadone, buprenorphine, and naltrexone to prevent opioid and substance use disorders.
• Rejecting any proposal to impose a three day prescribing limit for initial opioid prescriptions to ensure that doctors have appropriate flexibility to determine the proper duration of each opioid prescription.
• Cosponsor the Comprehensive Addiction and Recovery Act 2.0 of 2018 (S. 2456/H.R. 5311) as a step toward a more comprehensive opioids-related package that is under development.
Promoting Continued Action to Address the Epidemic of Opioid Use
Reducing Firearms-Related Injury and Death

Congress should introduce, cosponsor, and pass legislation, inclusive of policies that would help reduce firearms-related injury and death by:

- Cosponsoring the *Assault Weapons Ban of 2018* (S. 2095/H.R. 5077), which would ban the sale of high velocity, rapid file “assault rifles” and large capacity ammunition magazines and bump stocks.
- Cosponsoring the *Brady Background Expansion Act* (S. 2009), to expand background checks to virtually all firearm sales in the United States. House members should introduce the companion bill.
- Cosponsoring the *Stop Illegal Trafficking in Firearms Act of 2017* (S. 1185), and the *Stop Straw Purchases Act* (H.R. 5134). Both would increase penalties for individuals who unlawfully purchase firearms for other persons who are prohibited from possessing firearms (known as straw purchasers).
- Repealing the Dickey amendment restricting firearms-related research by federal agencies and support $50 million in funding for the CDC to conduct such research. As a good first step, cosponsor S. 834/H.R. 1832 that authorizes funding for the CDC to conduct such research.
Gun violence is a public health crisis

Reducing Firearms-Related Injury and Death

Congressional legislation to reduce firearms-related injury and death by:

- Cosponsoring the Assault Weapons Ban of 2018 (S. 2095/H.R. 5077), which would ban the sale of high velocity, rapid fire "assault rifles" and large capacity ammunition magazines and bump stocks.
- Cosponsoring the Baby Jacks and Elizabeth Act (S. 2939), which would require background checks for all firearm sales.
- Cosponsoring the Stop Illegal Trafficking in Firearms Act of 2017 (S. 1185), and the Stop Straw Purchases Act (H.R. 5134). Both would increase penalties for individuals who unlawfully purchase firearms for other persons who are prohibited from possessing firearms (known as straw purchasers).
- Repealing the Dickey amendment restricting firearms-related research by federal agencies and support $50 million in funding for the CDC to conduct such research. As a good first step, cosponsor S. 834/H.R. 1832 that authorizes funding for the CDC to conduct such research.
Reducing Firearms-Related Injury and Death

Huge majorities agree on common-sense, evidence-based gun laws.

- Cosponsoring the Assault Weapons Ban of 2018 (S. 2095/H.R. 5077), which would ban the sale of high velocity, rapid fire “assault rifles” and large capacity ammunition magazines and bump stocks.
- Cosponsoring the Background Checks Expansion Act (S. 528), which would require background checks on firearm sales in the secondary market. The bill has already passed the Senate.
- Cosponsoring the Stop Illegal Trafficking in Firearms Act of 2017 (S. 1185), and the Stop Straw Purchases Act (H.R. 5134). Both would increase penalties for individuals who unlawfully purchase firearms for other persons who are prohibited from possessing firearms (known as straw purchasers).
- Cosponsoring the Public Safety and Fiscal Responsibility Act (S. 2827), that would require background checks for all firearm sales and support 0.001% in funding for the CDC to conduct such research. As a good first step, cosponsor S. 834/H.R. 1824 that authorizes funding for the CDC to conduct such research.
Most say Trump, Congress not doing enough to stop mass shootings

Q: Do you think Trump/Congress is or is not doing enough to try to prevent mass shootings in this country? Do you feel that way strongly or somewhat?

<table>
<thead>
<tr>
<th></th>
<th>Is Doing Enough</th>
<th>Is Not Doing Enough</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19%</td>
<td>77%</td>
</tr>
<tr>
<td>Congress</td>
<td>11%</td>
<td>59%</td>
</tr>
<tr>
<td>President</td>
<td>21%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Note: No opinion not shown.

Do you favor or oppose the following proposals about gun policy:

Banning assault-style weapons

<table>
<thead>
<tr>
<th></th>
<th>Strongly favor</th>
<th>Somewhat favor</th>
<th>Somewhat oppose</th>
<th>Strongly oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>54%</td>
<td>15%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Democrats</td>
<td>76%</td>
<td>12%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Republicans</td>
<td>36%</td>
<td>27%</td>
<td>10%</td>
<td>24%</td>
</tr>
<tr>
<td>Independents</td>
<td>43%</td>
<td>21%</td>
<td>10%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Banning high-capacity ammunition magazines that hold more than 10 rounds

<table>
<thead>
<tr>
<th></th>
<th>Strongly favor</th>
<th>Somewhat favor</th>
<th>Somewhat oppose</th>
<th>Strongly oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>34%</td>
<td>13%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Democrats</td>
<td>74%</td>
<td>14%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Republicans</td>
<td>32%</td>
<td>24%</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>Independents</td>
<td>42%</td>
<td>21%</td>
<td>10%</td>
<td>11%</td>
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</table>

Banning firearm attachments (i.e. bump stocks) that allow rifles to rapidly fire similar to an automatic weapon

<table>
<thead>
<tr>
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<th>Somewhat oppose</th>
<th>Strongly oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>62%</td>
<td>10%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Democrats</td>
<td>59%</td>
<td>12%</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>Republicans</td>
<td>49%</td>
<td>24%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Independents</td>
<td>35%</td>
<td>23%</td>
<td>10%</td>
<td>7%</td>
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</tbody>
</table>
Majority of Americans support policies aimed at keeping guns out of hands of dangerous individuals.

Gun owners, non-owners agree on many gun policies
Support for selected gun policies among gun owners (●) and non-owners (○)

- Universal background checks
- Testing requirements for concealed carry permit holders
- Gun violence restraining orders
- Licensing requirements for all gun purchases
- Child access prevention (safe storage) laws
- Publishing information on which gun dealers sell the most crime guns
- 21 age limit for handgun ownership
- Assault weapons ban
- High capacity magazine ban

Source: Barry et. al., 2018
Making Graduate Medical Education Funding More Effective

Congress should develop and introduce legislation to reform GME to prioritize funding toward physician specialties where millions of patients lack access, including internal medicine specialists trained in comprehensive primary care, to:

- Increase the number of GME slots by at least 3,000 per year over five years for specialties facing shortages, including internal medicine, as contained in the Resident Physician Shortage Reduction Act of 2017 (S. 1301/H.R. 2267). Lawmakers should cosponsor these bills in their respective chambers.
- Combine DGME/IME into a single, more functional program; broaden the GME financing structure to include all payers.
- Allocate GME funds transparently and to activities that further the educational mission of teaching and training residents/fellows with input from practicing clinicians and in collaboration with their professional organizations.
- Support continued adequate funding for the VHA and its substantial contributions to the ongoing training of the next generation of physicians. Any legislation under consideration by Congress to reform or consolidate care in the VHA should not undermine the VA’s ability to continue to provide such medical training.
We need more doctors in this country
Since Leadership Day

- Protected CHIP and essential health program funding
- Opioid Crisis Response Act of 2018, almost there
- States!
  - Virginia – Medicaid Expansion, 400k Virginians now eligible
  - Hawaii – State-based patient protections and essential health benefits
  - New Jersey – State individual mandate, reinsurance program
  - Maryland – Restricted short-term health plans and association health plans
- Patients Over Paperwork/Patients Before Paperwork
- Drug prices
Lost Ground

- For the first time since ACA passage, insurance rates did not fall this year

- Tax Cuts and Jobs Act
  - Revoked the ACA individual mandate tax penalty
  - CBO/JCT: 13 million will lose insurance
  - Cost-sharing reduction payments
  - Bills to stabilize the marketplace...don’t hold your breath
  - Texas vs United States...stay tuned, including at the Supreme Court

- Maine?
10,000-foot view

<table>
<thead>
<tr>
<th>Policies to improve internists’ daily lives and professional development</th>
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<td>Promote continued action to address opioids crisis</td>
</tr>
<tr>
<td></td>
<td>Fund public health and research programs</td>
</tr>
<tr>
<td></td>
<td>Reduce firearms-related injuries and deaths</td>
</tr>
</tbody>
</table>
Homework!
Homework

- Pick one issue
  - [https://www.acponline.org/advocacy/](https://www.acponline.org/advocacy/)
  - [https://www.acpservices.org/leadership-day/leadership-day-2018/policy-priority-issues](https://www.acpservices.org/leadership-day/leadership-day-2018/policy-priority-issues)

- Read the 1-2 page policy paper
- (? Print a copy to leave in your carry-on bag ?)
- Talk to a friend about it
Homework

- Say hi to your legislators
- Save their numbers in your phone
- Tell your stories
Thanks!

- Bob Dougherty
- Cashel O’Brien, Brian King, Rebecca Hemphill
- Dan Meyer
- You!
“Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead
VOTE