



The Medical Student INSIDER

**Special Legislative Edition
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The Word from D.C.

Never a dull moment. Not here, not in this town, when it comes to health care. In the past few months, we've had the State Children's Health Insurance Program (SCHIP) legislation be debated in Congress and ultimately vetoed by the President, we've heard discussions on Medicare payment updates for physicians, and we've seen a loan deferment option for medical residents essentially eliminated, just to name a few.

Caught your interest?

If so, then I hope that you can learn a little bit more by reading this newsletter and looking through the resources I've attached below. Because, at the end of the day, all of this will affect YOU: the medical student, the future physician, the one who becomes the core of our country's health care system.

As you stake out your favorite café or corner in the library to study for your exams, or take a moment to study up on an interesting case you helped work up on the wards, I hope you also take a second to think about health policymaking as it plays out in D.C. and throughout the country. How that process will affect your ability to learn medicine, to care for your patients, and to serve in your profession. Not a day goes by when I am not amazed by some new development that shows me how much of our work, as current and future physicians, is affected by legislation and regulation.

And you can make a difference.

How, you might ask? How do we, as students, even have the time to spend learning about advocacy? Between rounding on our patients, preparing a presentation for our attending, prepping for Step I, and spending the extra few minutes with a patient who needs reassurance . . . how can we?

Well - this issue of the Medical Student INSIDER will give you tools to fit in your daily dose of advocacy right after you check your patient's labs or start gunning for your next shelf exam. Each section will have a mention of how you can find out more about an issue so that you can educate yourself and your peers, and when applicable, a way to be active on that issue. For those of you who find yourself wanting to gain even more experience in health policy and advocacy, I've also included a page of opportunities such as the summer Government Relations Internship Program and my own position.

Let me know if the format and content of this newsletter is helpful, and if you have any suggestions. I'm always just an e-mail away!

Best regards,

Kunal Mitra . . . your Government Relations Advocacy Fellow

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A Voice for the Uninsured

The AMA's Voice for the Uninsured campaign was officially launched back in August, and many of you have already heard of the events that have occurred as a part of our AMA's efforts to reach out to voters and candidates and talk about the problem of the uninsured. The first event in August occurred at the Iowa State Fair, where nearly a thousand Iowa fairgoers signed a petition in support of the AMA's proposal for providing health insurance to all Americans.

The state fair allowed AMA members to speak to citizens and presidential candidates about the issue of the uninsured and the AMA's proposal. Our Resident and Fellow Section Trustee, Samantha Rosman, MD, spoke about her experience at a press conference: "I had a chance to talk about our plan with . . . Senator Barack Obama and former Senator John Edwards. If our nation, in the next election, makes the commitment to make the uninsured its top priority, the next president and the next Congress will have no choice but to issue concrete proposals and take specific action."

Not only has the AMA been involved with state fairs, but the AMA will also be at home football games at the University of South Carolina, Clemson University, the University of Iowa, and Iowa State University. AMA leaders will continue to share the AMA proposal through speaking engagements with various community, civic, and patient groups.

The Voice for the Uninsured campaign is in the first phase of a three-year, multi-million dollar campaign to spur action to cover the uninsured. While our AMA continues to advocate for policy to help deal with the problem of the uninsured today – such as the reauthorization of the State Children's Health Insurance Program (SCHIP) – the Voice for the Uninsured campaign will work for change over the longer term and corresponds to our focus in the Medical Student Section on the issue of access to care.

Want to learn more? Visit our [Voice for the Uninsured Web page](#) for more information.

What can you do regarding this issue? Spread the word with resources from our [Voice for the Uninsured resources Web page](#).

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The Advocate's Toolkit

It's hard to get all the information you need on the issues you are interested in as a medical student, right? Well, our AMA-MSS leadership and our Web site resources are here to help make your life easier.

If there's anything you would like to add for next time, let me know!



[One pagers and short presentations by our Committee on Legislation and Advocacy](#) – get the inside scoop on the issues in a minute or less with these one-page briefs, or use one of the longer presentations to educate your peers!

[Our Medical Student Listservs](#) – stay in touch with what's new in the world of medical students, health policy, community service, and more, by subscribing to the listservs.

Read up on what's going on in the world of health and medicine by signing up for our AMA publications:

- [eVoice](#) – a weekly news summary on health and AMA activities delivered straight to your e-mail inbox
- [AMA Voice](#) – a bimonthly publication about physician issues, available online or in print to your mailbox
- [Advocacy Update](#) – provides a snapshot of the AMA's advocacy on behalf of physicians and their patients
- [Morning Rounds](#) – an invaluable daily morning e-briefing on medical news and studies drawn from 3,000 major media sources around the country
- [AMNews](#) – a newspaper for America's physicians and a forum for information affecting physicians and their practices, with e-mail alerts available
- [Virtual Mentor](#) – the AMA's open-access, ad-free online monthly ethics journal with e-mail alerts

[Conferences and Meetings](#) – meet with other students, discuss policy and present resolutions, and learn more about the AMA at our regional and national meetings.

[Leadership opportunities](#) – from Councils to Committees, learn how to get involved.

[Community Service Project Ideas](#) – browse through dozens of project ideas online.

[Cover the Uninsured](#) – get involved with the MSS activities to cover the uninsured!

[Lobby Day](#) – learn more about this opportunity to come to D.C. for a day in March and advocate for our top policy priorities alongside your fellow students and residents.

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The Insider's Policy Debriefing

State Children's Health Insurance Program

You've probably heard it called "SCHIP" on the news. What is it? It's the State Children's Health Insurance Program, the largest investment in children's health coverage in the past decade. The program, established in 1997, provides grants to states over 10 years to provide free or low-cost health insurance for uninsured children age 18 and younger. Although benefits vary from state to state, once children are insured, they generally will be able to receive regular check-ups, hospital care, immunizations, eyeglasses, and prescription drug coverage. SCHIP is due for reauthorization this year, with our AMA leading efforts to push through legislation.

You might have also heard that both the U.S. Senate and House of Representatives passed a bill that would reauthorize SCHIP, via H.R. 976. However, the President **vetoed this legislation last Wednesday**. The compromise bill he vetoed is now scheduled for an override vote on October 18 in the House would increase funding for SCHIP by \$35 billion over the next five years, paid for by a tobacco tax increase. The Senate already has a veto-proof majority, but the House still needs 15-20 votes for a successful override.

Our AMA Board Chair, Dr. Edward L. Langston, has stated, "The number of uninsured kids has increased by nearly one million over the past year, and action must be taken to reverse this trend. The AMA strongly urges members of Congress from both political parties to stand on the side of America's parents and children by voting to override the veto. The nation's children, parents and physicians are counting on Congress to strengthen this successful program."

This bill is supported by the AMA, AARP, many governors, and private insurers. Contrary to much misinformation, this bill focuses the program on serving low-income kids who are U.S. citizens. The legislation also does not increase income eligibility limits, nor does it provide for coverage of illegal immigrants. The AMA and AARP have issued a joint letter to every member of the House of Representatives, urging them to override the veto. But there's more left for medical students to do.

Want to learn more? Find out more about the program at our [SCHIP Web page](#). You can also read more about it at the [COLA Web site](#) by scrolling down and looking for the issue brief on Medicaid/SCHIP.

What can you do regarding this issue? If you are reading this before Oct. 18, 2007, then you can **contact your member of Congress** and urge him or her to override the President's veto. This bill can still pass and ensure access to health care for nearly 10 million children in America. A list of Congressmen who voted for and against the bill can be found [online](#).

Call the AMA Grassroots hotline at (800) 833-6354 and tell your Congressmen to override President Bush's veto, or access our [grassroots network](#) to send a personalized e-mail.

The Insider's Policy Debriefing (cont.)

Medicare Payment Reform

Because of a broken payment system, Medicare will automatically cut payments to physicians 15 percent over the next two years. Over nine years the cuts will swell to about 40 percent, while practice costs increase 20 percent. What does that mean for physicians and patients?

In a recent AMA survey of nearly nine thousand physicians, 60 percent reported that they would have to limit the number of new Medicare patients they treat due to next year's cut. Inadequate reimbursement by Medicare to physicians would thus threaten access to care for our nation's seniors!

Medicare payment to physicians has been an issue of importance to our AMA for several years. The flawed payment formula is based on the Sustainable Growth Rate (SGR), which does not account for the true increase of practice costs for physicians. It is critical that Congress take action this year to replace the cuts with positive updates based on practice cost increases, and in the long term, replace the flawed formula for physician reimbursement.

Thus far this year, there had been a provision in the original SCHIP legislation in the House that called for providing a 0.5% update to physician payment for 2008 and 2009. Unfortunately, during the House and Senate compromise, this provision was removed with legislators stating that they would address the issue separately and later on.

The American Medical Association and AARP unveiled a new campaign to spur congressional action on this issue. "America's seniors expect their Medicare coverage to include access to the doctors they need, but if Congress does not stop planned Medicare cuts to physicians that expectation may no longer hold true," said AMA Board Chair Edward Langston, MD. "A full 60 percent of physicians say that next year's steep Medicare payment cut will force them to limit the number of new Medicare patients they can treat."

AMA and AARP are calling on the Senate to take action, similar to the House of Representatives, which passed legislation to eliminate \$54 billion in excess payments to private insurers offering Medicare Advantage plans. Only one in five seniors are enrolled in Medicare Advantage, but these excess payments to insurers are coming out of everybody's pockets.

Want to learn more? Find out more about the program at our [Medicare Web page](#). You can also read more about it at the [COLA Web site](#) by scrolling down and looking for the issue brief on Medicaid/SGR reform.

What can you do regarding this issue? Learn more about what you can do with our AMA's [physician action kit](#).

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Spotlight on Medical Student and Resident Issues: Changes to the Higher Education Act

What is the Higher Education Act, Anyway?

The Higher Education Act of 1965, known as the HEA, essentially established the federal student loan program and currently governs all federal postsecondary funding, including student loan interest rate adjustments, deferments, subsidies, and tax deductions – all of which can affect us medical students at some point in our careers.

I Heard That the HEA Needed to be “Reauthorized”?

Every five years, the U.S. Congress must reauthorize the HEA and its programs. However, this reauthorization process often lasts several years, requiring the enactment of numerous “HEA extensions” to keep the existing student loan programs funded. The current reauthorization process, which started in 2003, has been extended until October 31, 2007. If a reauthorization bill is not passed by then, another extension will be needed to allow for the continuation of HEA programs.

Right now, the Senate has passed its version of a reauthorization bill, and the House has introduced one bill. Reauthorization presents an opportunity for our AMA to advocate for legislation and regulation for the reduction of medical student debt and for the institution of favorable terms and conditions for borrowing and loan repayment.

So That’s Reauthorization, But What is “Reconciliation”?

Reconciliation – not to be confused with reauthorization described above – is another process taking place this year relevant to HEA programs. In order to produce a \$750 million reduction in the federal deficit over six years, Congress passed a bill, H.R. 2669, known as the “College Cost Reduction and Access Act of 2007.” This bill was just signed into law by the President on September 27.

The new law does result in several positive changes for undergraduate students, including lower interest rates for subsidized undergraduate loans and increased funding for Pell grants. It also does provide some changes for medical students. Some of these changes included loan forgiveness programs for those who go into public service and a new income-based loan repayment program that may affect you.

A controversial revision that will impact medical students also occurred which has to do with the elimination of the “20/220” rule.

Wait a Minute – What is the “20/220” Rule?

The “20/220” rule enabled many resident physicians to qualify for economic hardship deferment, which meant that a resident could defer payment for up to three years without accruing interest on subsidized loans. In fact, 67% of starting residents were eligible for deferment through this pathway! Residents qualified if their debt burden was greater

than 20 percent of their income, and if their income minus their debt burden was not greater than 220 percent of the federal poverty level.

Since changes took effect on October 1, the “20/220” rule no longer exists, essentially disqualifying residents from hardship deferment. Instead, under a new program, loan repayments would be capped at 15 percent of the borrower’s income that is above 150 percent of the federal poverty level. But the new program does not begin until July 1, 2009, leaving only the less preferred options of forbearance and an income contingent program in place.

The disappearance of the “20/220” rule disrupts qualified residents’ current repayment plans at a time when they will be least able to make monthly payments on their education loans. The average resident earns just over \$43,000 a year and carries a debt burden of more than \$130,000.

Want to Learn More?

Find out more about the [HEA](#), read up on the opportunity of [economic hardship deferment](#), and learn more about the [recent changes](#) that could affect you.

What Can You Do Regarding This Issue?

The AMA urges its members to contact the U.S. House Education and Labor Committee, the Senate Health, Education, Labor and Pensions (HELP) Committee, and physician members of Congress. Please urge them to do the following:

- Restore the 20/220 rule that was eliminated in the College Cost Reduction and Access Act.
- Elevate the income threshold for economic hardship deferment to include residents.
- In the meantime, delay the elimination of the 20/220 rule until July 1, 2009, to coincide with the start of the new loan repayment program.

Go [online](#) to find talking points that can help you speak to your legislators.

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Join Us in Washington

Want to get even more involved in health policy? Then take my job!



The AMA-MSS Government Relations Advocacy Fellowship (GRAF) for medical students is currently in its fourth year. One Fellow is selected each spring to work in Washington, D.C., as a full-time paid member of the AMA's Federal advocacy team for one year.

The Fellow is responsible for working with the AMA's federal advocacy team to advance the Association's legislative agenda and policies on behalf of physicians, patients and medical students. The Fellow reports to the AMA's Director of the Division of Legislative Counsel, and works on projects including: researching and analyzing current issues in health and medical education policy; meeting and working with leaders in health care policy and advocacy to help implement the AMA's action plan on our key issues; and developing talking points, letters, and other advocacy documents.

A key goal for the fellowship is to educate medical student, resident, and young physician AMA members about issues in public health and health policy in order to encourage activism and leadership in local communities. This goal is carried out through projects such as the development of new educational presentations and fact sheets, speaking to medical students and resident physicians about health policy, and communicating with the AMA-MSS about legislative issues as they arise.

Interested? [Find out more!](#) Applications are due **Jan. 31, 2008**. For additional information, please contact the [Department of Medical Student Services](#) or [me directly](#).

Want to try something a bit shorter? Try the Summer GRIP!

Our AMA offers assistance to students seeking to increase their involvement and education in national health policy and in the national legislative activities of organized medicine. The Government Relations Internship Program (GRIP) provides stipends to assist selected students who are completing summer health policy internships in the Washington, D.C., area.

All students selected to participate in GRIP will receive a \$2,500 stipend and will benefit from attendance at weekly seminars conducted at the AMA Washington Office. These seminars are designed to increase the continuity of the internship experience, promote camaraderie among medical students working in health policy, and facilitate continuing education on important political issues. Internships should be arranged for a six- to eight-week period, June through August 2008. The GRIP application deadline is **Feb. 15, 2008**. However, late applications (through April 15) will be considered on a rolling basis if space remains. [Find out more](#), and for more information please contact the [Department of Medical Student Services](#) or [me directly](#).

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