AMA Medical Student National Advocacy Week

Access to care: Advocating for patients everywhere

Oct. 22–26
Welcome to National Advocacy Week! The purpose of this national grassroots effort is twofold: first, to address three important barriers to accessing both quality and affordable health care; and second, to equip medical students nationwide with the ability to advocate effectively for their patients. The mission of the American Medical Association is to promote the art and science of medicine and the betterment of public health. Recently, our AMA affirmed policy stating, “Health care is a fundamental human good because it affects our opportunity to pursue life goals, reduces our pain and suffering, helps prevent premature loss of life, and provides information needed to plan for our lives. Society has an obligation to make access to an adequate level of care available to all its members regardless of ability to pay.” In order to accomplish the comprehensive goal of access, this year we will seek to address some of the barriers to quality health care as it relates to the following:

★ The Rising Cost of Prescription Medication
★ Treatment Options for Opioid Overdoses, Opioid Use Disorder, and Chronic Pain
★ Public Health Benefits of Securing DACA Status

Starting on Oct. 22, the 56,000 medical student members of the AMA will stand together to actively address the ongoing issues that affect our patient’s access to affordable, quality health care. In this kit, you’ll find everything you need to make a great impact! But first, here are your most immediate action items to ensure a successful week:

★ Set up a district office visit with your congressman and state representative or senator ASAP

Advocacy Week has been scheduled to coincide with a U.S. House recess, so call ahead and see if you can schedule a face-to-face meeting! In-person meetings with legislators or their staffers are the most effective way to make sure that your points are remembered. Your school’s AMA section president has already received information about coordinating a visit. Please speak to your school section president about a meeting first, and read through the information below, most importantly the issue briefs on pages 5-9.

★ Apply for a Section Involvement Grant for programming and events no later than Oct. 5

Although free lunch is not necessary to have an outstanding educational session with a guest speaker, it is always a big draw for medical student events. If you need extra funding for lunch apply for an AMA Section Involvement Grant (SIG) by Oct. 5!

★ Read through and save this packet, and start planning early

This action kit is intended to serve as your comprehensive roadmap for running this weeklong grassroots campaign, and the methods described here can be readily applied to future advocacy efforts. I know there’s a lot of information here, so get a team together now and you can tackle it little by little. The issue briefs on the following pages are dense, and include three differing sub-topics related to access to care. I encourage your school section to explore whether you gravitate towards addressing one specific sub-topic or maybe all three. Make a game plan and commit! I could not be more thrilled to see our #AMAZing medical students in action!

Please don’t hesitate to reach me via Facebook, email, text, or phone call for further guidance – I am here to help!

Sincerely,
Blake Elizabeth Murphy
Government Relations Advocacy Fellow
Office: (202) 789-7424
Cell: (773) 420-8259
blake.murphy@ama-assn.org
Schedule of events and overview

This year’s Advocacy Week is designed to empower you and your classmates to various issues related to Access to Care by engaging in advocacy efforts that interface with stakeholders at multiple levels: via social media; on your medical school campus; through state-level organizations or agencies; in your state legislature; and in Congress. Check out the following table of contents to understand all of the components of this toolkit!

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Additional resources

★ In addition to the information in this toolkit, the AMA Political Affairs team has compiled a very thorough and educational resource entitled, “Congressional Check-Up – A Guide to Physician Advocacy”. As you move forward in planning and executing meetings with your Congressmen and women, I encourage you all to utilize the PDF and this toolkit for guidance and instruction.

★ You will be receiving the social media images for the campaign in a separate packet closer to the date of our Medical Student Section National Advocacy Week. Our social media team is working hard to provide materials that can be used on various social platforms including Facebook, Instagram, and Twitter.

★ Check out these videos from Congress.gov concerning all things related to the legislative process including introduction and referral of bills, committee consideration, and presidential actions, just to name a few!

★ If you have any questions about these additional resources, please feel free to email me at blake.murphy@ama-assn.org or via phone at 773.420.8259. Remember to Apply HERE for a Section Involvement Grant (SIG) to receive funding from the AMA for National Advocacy Week events!
Advocacy guide and #HighYield notes

The information below will help guide your efforts in planning and participating in the Medical Student National Advocacy Week this Monday, Oct. 22 – Friday, Oct. 26. For each day of the week offers a different activity or point of engagement for students at your school, state and region. As stated above, this year we are tackling three different subtopics related to Access to Care including the rising cost of prescription medication, increasing treatment options for tackling the Opioid Epidemic, and the public health benefits of securing DACA status. The first step before planning any activities or legislative visits is to read the issue briefs carefully in order to understand these important issues affecting our nation’s access to care. If you want to plan several lunches instead of legislative visits, go for it! If you want to only plan an Opioid Training Session, great! The dates provided in this overview are intended as a general roadmap – feel free to move events around as needed for scheduling. Your school section, region, or state delegation can engage in just one activity or all of them, it’s up to each one of you as #AMAzIng medical students. Here’s what we have in store…

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
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<tbody>
<tr>
<td><strong>Monday, Oct. 22: Social media campaign for TruthinRx and FixPriorAuth</strong></td>
<td><strong>Tuesday, Oct. 23: Opioid overdose training session</strong></td>
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<tr>
<td>Begin the social medial campaign by changing your profile picture and post about the these campaigns on Facebook, Instagram, and Twitter. Be sure to use the following hashtags on all your social media accounts!</td>
<td>★ Using the materials provided, put together a hands-on educational session for your fellow students about how to identify and respond to opioid overdose.</td>
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<tr>
<td>★ #FixPriorAuth</td>
<td>★ Obtain training devices for each of the major emergency naloxone delivery systems. Giving your fellow students the opportunity to become familiar with these tools could one day mean the difference between life and death.</td>
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<tr>
<td>★ #TruthinRx</td>
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<tr>
<td>★ #MSSAdvocacyWeek</td>
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<tr>
<td>Throughout the week, take photos of all your events, and share on social using the same hashtags. Additionally, make sure you email your photos directly to me at <a href="mailto:blake.murphy@ama-assn.org">blake.murphy@ama-assn.org</a></td>
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<tr>
<th>DAY 3</th>
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<tr>
<td><strong>Wednesday, Oct. 24: Lunch programming session with an expert</strong></td>
<td><strong>Thursday, Oct. 25: District office visit with a state legislator</strong></td>
<td><strong>Friday, Oct. 26: District office visit with a member of Congress</strong></td>
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<tr>
<td>★ Choose a key health care entity in your state from the list provided, and invite a speaker to your campus</td>
<td>★ Meet with your State Representative or Senator, using the issue briefs on pages 5-9 as a reference</td>
<td>★ Meet with your Congressman – this is the centerpiece of Advocacy Week</td>
</tr>
<tr>
<td>★ If you wish to provide lunch and need extra funding directly from the American Medical Association, apply for a Section Involvement Grant by Friday Oct. 5</td>
<td></td>
<td>★ Face-to-face meetings are ideal and should be top priority – if you are informed that your Congressman is only available on a different day, you should rearrange the order of events to make that work. Make sure to utilize both this toolkit and the supplemental “Congressional Check-Up” Guide to ensure that you have the most informed and successful visits with your legislators.</td>
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Issue brief: The Deferred Action for Childhood Arrivals (DACA) program

What is DACA?

DACA is a program established under President Obama’s administration whereby the Department of Homeland Security (DHS) enabled certain individuals without lawful immigration status who initially came to the United States as children to receive deferment of immigration enforcement action, as well as eligibility for employment authorization, provided they meet certain criteria - arrived in the United States before 16 years of age; resided continuously in the United States since 2007; are currently in school; have received a high school diploma, or are an honorably discharged veteran; and have not been convicted of a felony or a significant misdemeanor.

What is the problem?

The DACA program allows for the tremendous contribution of hundreds of thousands of individuals who are living, working, and providing vital services in the United States, including health care services. The American Medical Association is particularly concerned that this reversal in policy could have severe consequences for many in the health care workforce, impacting patients and our nation’s health care system. Those protected by the DACA program also include medical students, residents, and fellows who are working to pass the lengthy and rigorous training and education needed to become a physician – most often filling gaps in patient care affected by the rising physician shortage. DACA-eligible medical students and physicians can provide tremendous relief of this mounting provider deficit, expected to grow to between 42,600 and 121,300 physicians by 2030. In 2017, approximately 100 students with DACA status applied to U.S. allopathic medical schools. Those who enrolled will now face uncertainty about completing their degrees, paying their student loans, and serving patients. The AMA believes that these DACA recipients should be able to continue to study, work, and improve patient access to care without the fear and uncertainty of being deported before their training is completed.

Additionally, the termination of the DACA program and continued need for a legislative solution may reverse the mental health benefits for the roughly 800,000 DACA recipients and their families, potentially resulting in a public health crisis. Although DACA was not a public health program by design, numerous studies have shown immigration status security afforded by the DACA program had positive effects on mental health that truly rival those from large-scale health policies. However, there is mounting evidence illustrating that the ongoing threat of deportation, has been shown to cause increased blood pressure and body mass index. The stress caused by the immigration enforcement system can also exacerbate chronic diseases and proper clinical management of these conditions amongst the immigrant population. Therefore, it is essential that Congress take the appropriate actions to secure a legal pathway to citizenship for DACA recipients, based on the tremendous public health benefits evidenced above.

What is the American Medical Association advocating for?

The AMA urged Congress to pass legislation, such as the DREAM Act of 2017 (S. 1615/H.R. 3440) on Sept. 5, 2017 and Sept. 25, 2017. On Dec. 13, 2017, the AMA sent a letter to Congressional leaders, along with over 50 other health care stakeholders, re-affirming support for all members of the health care workforce with DACA status, further urging the need for immediate and permanent legislative solutions. The Administration has acknowledged that Congress could act to continue the DACA program and provided a six-month timeframe for lawmakers to consider alternatives following the suspension of the DACA program on Sept. 5, 2017. Congress failed to offer a legislative solution during that time period.

HOW CAN I MAKE AN IMPACT?

Medical students learn in clinical environments that serve a wide variety of patient populations – including individuals with different levels of immigration status. You have the unique opportunity to share how your friends, family, and patients may be affected by the ongoing threat of deportation. Add your voice by telling Congress to support DACA recipients and pass a legislative solution in the near future.
Issue brief: Improving treatment options and availability for the management of opioid use disorder, chronic pain, and opioid overdoses

What is the problem?

Last year alone, drug overdoses claimed a record 72,306 lives – a 13% increase over 2016. The number of deaths involving opioid drugs, including opioid analgesics, heroin, and illicit synthetic opioids totaled greater than 49,000 people in 2017. In 2017, opioid-related overdose deaths became the leading cause of death for Americans under the age of 50. Increasing illicit use of an extremely powerful opioid, fentanyl, is driving a “third wave” of the opioid epidemic: fentanyl and its synthetic derivatives were responsible for 29,400 of the total overdose deaths in 2017, a 22-fold increase in the total number of deaths from 2002 to 2017. This year, we want to focus on continuing the improvements made to increasing access to comprehensive and affordable treatment options for chronic pain and opioid use disorder. Additionally, we are seeking to expand access to naloxone, a lifesaving medication that counters the effects of opioid overdoses, to law enforcement and other first responders.

What is the AMA Opioid Task Force?

In 2014, the AMA Opioid Task Force convened to coordinate efforts that were under way within organized medicine to help end the nation’s opioid epidemic. Together, the Task Force identified six recommendations focused on the actions that physicians could take – and the Task Force has since committed to measuring progress toward each recommendation. Those recommendations include the following:

- Support physicians’ use of effective Prescription Drug Monitoring Programs (PDMPs) – See more HERE
- Enhance education on effective, evidence-based prescribing and treatment – See more HERE
- Support access to comprehensive, affordable, compassionate treatment – See more HERE
- Put an end to stigma – See more HERE
- Expand access to naloxone in the community and through co-prescribing – See more HERE
- Encourage safe storage and disposal of prescription medication – See more HERE

The AMA Opioid Task Force 2018 Progress Report noted that following improvements related to tackling the Opioid Epidemic, in line with the recommendations and efforts of the Task Force:

- Between 2013 and 2017, the number of opioid prescriptions decreased by more than 55 million – a 22.2% decrease nationally. All 50 states have seen a decrease in opioid prescriptions over the last five years.

- In 2018, more than 1.5 million physicians and other health care professionals are registered in state-based Prescription Drug Monitoring Programs (PDMPs), increased from only 471,896 in 2014.

- Physicians and other health care professionals made more than 300.4 million PDMP queries in 2017 – a 121% increase from 2016 and 389% increase from 2014.

- Naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 naloxone prescriptions dispensed per week

- Between January 2018 and April 2018, naloxone prescriptions dispensed reached a record high in the United States, increasing to more than 11,600 naloxone prescriptions.

- There are now more than 50,000 physicians certified to provide in-office buprenorphine for the treatment of opioid use disorder across all 50 states – a 42.2% increase in the past 12 months.

- In 2016 and 2017, physicians and other health care professionals used the AMA opioid microsite website to access education and training resources from the nation’s medical societies and other trusted sources a total of 19,260 times. The materials cover opioid prescribing, pain management, screening for substance use disorders, and related areas.
What is the American Medical Association advocating for?

The AMA advocates for legislation that supports and funds initiatives in line with the six recommendations from the Opioid Task Force, addressed above. In line with improving access to comprehensive treatment and naloxone medication in the case of an opioid overdose, the AMA continues to call for the acceptance, promotion, and reimbursement of medication-assisted treatment at both the provider and payer level.

To help ensure patients receive care, health insurance companies, Medicaid and other payers must remove administrative barriers such as prior authorization for medication-assisted treatment (MAT), such as buprenorphine and methadone. Please review the recent correspondence the AMA has released, specifically advocating for increased access to medication-assisted treatment (MAT):

- House of Representatives Ways and Means Committee
- Senate Finance Committee
- State Legislators
- President Trump’s Commission on Combating Drug Addiction and the Opioid Crisis
- Centers for Medicare and Medicaid Services (CMS)
- U.S. Department of Defense

Given the exponential rise in opioid-related drug overdoses, the availability of naloxone (an opioid antagonist) has become increasingly important. Consistent with the AMA Opioid Task Force recommendation and the U.S. Surgeon General’s public health advisory urging great use of naloxone, physicians have increased access to naloxone through co-prescribing and advocating for standing orders. Please review the recent correspondence the AMA has released, specifically advocating for increased access to and reimbursement of naloxone medication:

- U.S. Food and Drug Administration (FDA)
- U.S. Drug Enforcement Agency (DEA)
- House of Representatives Ways and Means Committee
- Senate Committee on Health, Education, Labor and Pensions (HELP)
- State Legislators
- Centers for Medicare and Medicaid Services (CMS)

HOW CAN I MAKE AN IMPACT?

Medical students have a unique ability to make the case for addressing the opioid epidemic given their medical training and clinical experiences. Refer to these unique attributes as you make your case, such as instances in which you’ve experience an opioid overdose as a medical student or patient provider. If comfortable and willing, discuss challenges your communities have faced in dealing with those who suffer from an opioid overdose, opioid use disorder, or chronic pain. While recent opioid legislation moving through both the House and the Senate has received favorable feedback, and will most likely pass both chambers, we must continue to advocate for appropriate funding of proposed treatment and prevention programs. The appropriations process allocates the financial resources necessary for public health initiatives and programs to function effectively and efficiently. Add you voice by tell Congress by doing the following…

- Support ongoing efforts to increase access to medication-assisted treatment and naloxone medication
- Support full funding of programs established under H.R. 6 – Support for Patients and Communities Act
- Support the allocation of additional resources for treatment and prevention programs

***Opioid legislation is a broad term used for the package of ~70 bills that were being proposed and subsequently passed during the production of this toolkit***
Issue brief: The rising cost of prescription medication

What the problem?

In an effort to address the many challenges and opportunities impacting American patients and consumer in obtaining affordable access to prescription medicine, the U.S. Department of Health and Human Services (HHS), released the *Blueprint to Lower Drug Prices and Reduce Out-of-Pocket (OOP) Costs*. The agency continues to work with physician groups and other federal agencies to develop and implement well-crafted and effective public policy solutions that would alleviate the financial burdens the high cost of prescription drugs imposes on patients, physicians, other health care providers, and the health care system. In a recent letter to HHS, the AMA outlined the effects of escalating cost and complexity in obtaining prescription medicine on patient adherence, access, health outcomes, and the overall cost the health care system.

Between 2013 and 2015, net spending on prescription medication increased by 20 percent. Federal payments for brand-name drugs in Part D, utilized by Medicare beneficiaries, increased 62% between 2011 and 2015 — and that’s after accounting for rebates that offer discounts on drugs’ sticker prices. The number of actual prescriptions fell 17% over the same period. Furthermore, during that time, more than 300 generic drugs had at least one “extraordinary” price increase of 100% or more, according to a Government Accountability Office (GAO) report last year.

Unfortunately, the increase in prescription medication prices has continued to grow inexorably from year to year. Physicians experience and see first-hand the difficulty and burden high pharmaceutical costs have imposed on our patients, on physician practices, and the broader health care system. When patients delay, forgo, or ration their medication, their health status may deteriorate. Health plans respond to high prescription medication costs by imposing administrative barriers, such as frequently changing formularies, step therapy requirements, and prior authorization requirements. A recent AMA survey showed that the average physician completes 29 prior authorization requests per week, taking them and their staff an average of 14.6 hours.

While the reasons for price increases are complicated and varied, rising costs may adversely affect patients’ health when they cannot afford the medications prescribed to them. Pharmaceutical manufacturers, PBMs, and health insurers contribute to the prescription drug cost equation, ultimately impacting patient cost-sharing, drug tiering decisions, prior authorization policies, and decisions whether to change formularies in the middle of a plan.

What are the AMA’s “Truth in Rx” and “Prior Authorization” campaigns?

The *Truth in Rx* and *Prior Authorization* campaigns are grassroots efforts convened by the AMA to educate providers and patients about the contributions to the rise in the cost of prescription drugs and frequency of required prior authorizations, respectively.

The “Truth in Rx” campaign - [https://truthinrx.org/](https://truthinrx.org/)

★ Offers an opportunity for physicians, medical students, health care providers, and patients to share the stories about how inflated drug prices affect care and treatment in clinical practice

★ Provides resources related to need for increased drug transparency

★ Presents information about how the AMA has responded to increased drug prices; analysis and research about the role of pharmacy benefit managers (PBMs), pharmaceutical companies, and health insurers in rising prescription drug prices; examples of state and federal legislation offered to address rising prescription drug prices; and other media attention on the topic.
The “Get Involved” allow health care providers and patients to directly call on Congress to increase drug transparency effort in controlling pharmaceutical costs. To date, 827,759 messages have been sent to Congress demanding prescription drug price transparency.

The “Fix Prior Authorization” campaign - https://fixpriorauth.org/

★ Provides resources for patients and physicians about how prior authorization affects the delivery and quality of health care delivered in the United States

★ Offers an opportunity for patients and providers to share stories and accounts of how prior authorization practices have affected clinical practices and management of chronic conditions

★ Shares resources for about prior authorizations in health care-related news, educational programming, and advocacy information about the current prior authorization landscape for providers

What is the American Medical Association advocating for?

The AMA has a large body of policy that addresses the rising cost of prescription drugs and continually advocates for improved access to and lower cost of prescription drugs, while also reducing the administrative burdens without stifling innovation. In order to do so, the AMA has recently support several pieces of legislation listed below.

In House, the AMA recently supported the “Know the Cost Act of 2018” (H.R. 6733). This legislation would prohibit group health plans, health insurance issuers, prescription drug plan sponsors, and Medicare Advantage (MA) organizations from limiting certain information on drug prices. Furthermore, this resolution seeks to increase the transparency in the pharmaceutical supply chain for the purposes of identifying the factors that drive the high cost of prescription drugs. One example of these efforts includes removing gag clauses imposed by group health plans, commercial and government prescription drug benefit health insurers, expanded upon above.

In both the House and Senate, the AMA recently supported the “Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act” (H.R. 2212/S. 974), Certain pharmaceutical companies abuse the Food and Drug Administration’s (FDA) regulatory rules that allows them to use a tool designed to protect patient safety as a pretext to deny generic manufacturers the ability to purchase the samples they need to bring more affordable FDA-approved drugs to market. These anti-competitive practices cost patients and the health care system an additional $5.4 billion annually. The CREATES Act is a bipartisan, pro-competition, and market-based solution to these abuses that cost patients, job-creators, and taxpayers billions of dollars each year, providing incentive for innovation through exclusivity while providing for affordability through generic competition.

HOW CAN I MAKE AN IMPACT?

At each stage in your medical school career, you will most likely experience situations in which patients, family members, or even yourself will encounter an exorbitantly expensive prescription drug or difficulty obtaining a necessary prescription. Refer to these personal moments when meeting with your elected representative and call for the following:


★ Continued congressional focus and investigation into factors surrounding rising drug prices

★ Sharing of grassroots efforts at https://truthinrx.org and https://fixpriorauth.org/

As medical students, we encourage you to share the Truth in Rx and Prior Authorization campaign materials with your Congressmen and women, as well as your colleagues, friends, and family. These websites offer a tremendous amount of useful information that can be used by health care providers and patients to increase awareness surrounding this important issue.
Day 1—Monday, Oct. 22: Kickstart your Advocacy Week Social Media Presence

Although most Americans understand there is an ongoing opioid problem, much of the public, and even some of our colleagues, are not fully aware of the severity of the situation. Moreover, details such as the Congressional appropriations process are often a challenge to explain, even for experienced medical professionals. So, to kick-off our Advocacy Week, on Monday help us spread the word about these issues surrounding access and what we can do about it by sharing some of the content our Social Media team has created just for us:

On day 1:

☐ Post #MSSAdvocacyWeek social graphics on Facebook/LinkedIn, Instagram and Twitter – graphics to be provided closer to the date of advocacy week

☐ Share the following pre-made Twitter and Facebook posts, or create your own – a personal anecdote is always powerful!

☐ Make sure to include links to Truth in Rx and Fix Prior Authorization campaign websites as well as important links to AMA Advocating for Patients and Physicians and AMA Advocacy Update Archives!

☐ Tag your friends and use our hashtags: #FixPriorAuth #TruthinRx #MSSAdvocacyWeek

☐ Be sure to make your social media accounts public and set each post to “Public” when posting on Facebook so your content can be shared!

Throughout the week:

★ Throughout the week, make sure to capture your Advocacy Week efforts by documenting them on Facebook, Twitter, Instagram (and Insta Stories), tagging the AMA and/or AMA MSS social channels, and using our Advocacy Week hashtags, as applicable.

AMA Facebook   AMA LinkedIn   MSS Twitter
AMA Twitter     AMA Instagram   MSS Facebook

★ The Advocacy and Social Media team will be following the hashtags mentioned above on Facebook, Instagram, and Twitter so we can share and retweet your photos!

★ The most outstanding chapters will be recognized at Interim in the MSS Assembly, and during the House of Delegates Opening Session! Remember also to email your photos to me directly at blake.murphy@ama-assn.org

Sample posts:

When drug prices increase without warning or justification, patients can be left without affordable treatment options. It can also jeopardize their health. The time is now to demand drug price transparency. http://spr.ly/6000D4GfQ #TruthinRx

As a physician in training, I see the effects of high drug prices every day. This #MSSAdvocacyWeek, I’m raising awareness for the need for drug price transparency. Join me! http://spr.ly/6004D4HBy

Prior authorization often creates a barrier for patients’ access to care. It’s time to #FixPriorAuth once and for all. Click here to see solutions from the @AmerMedicalAssn.

Prior authorization doesn’t put patients first and results in care delays. It’s time to #FixPriorAuth now.

Click here for social media graphics to accompany your Advocacy Week posts.
**Day 2—Tuesday, Oct. 23: Opioid overdose training session**

The AMA’s Opioid Task Force has called on America’s doctors to “ensure that they have the necessary education and training to ensure effective, evidence-based treatment for patients with pain and substance use disorders.” This process must begin in medical schools. On Tuesday, your chapter can take the lead on your campus by hosting a training session for your peers on how to identify and respond to opioid overdose.

The AMA has curated educational materials that you can use to build a 30 minute to 1 hour-long seminar on campus for your peers. An important component of response to overdose is administration of naloxone, and it is possible for your chapter to obtain free training devices so you can offer hands-on exposure to this crucial intervention. Below is an example for how to design your training session.

**Step 1: Order naloxone auto-injector training devices or contact a local non-profit**

If you feel uncomfortable with leading a training session or using the guided resource below, check out the Harm Reduction Coalition Website and search for programs in your area on the righthand toolbar under, “Overdose Prevention Programs – Find the nearest overdose prevention and naloxone program.” Local organizations, community partners, and non-profits offer naloxone training for opioid-related overdoses!

There are 4 major delivery systems for emergency naloxone. One manufacturer will ship your school several auto-injector trainer devices (without the drug and needle) upon request at no charge. Although this is not a complicated tool, seconds matter in an emergency, and immediate familiarity with an auto-injector could save a life. Here’s how to get yours:

⭐ Call (855) 773-8946, select option 2 (health care professional line), then option 1 (sales representative)

⭐ Explain you are requesting Evzio auto-injector naloxone training devices for a medical school educational event, and provide any needed information

⭐ All credit goes to MSS leaders Shyama Appareddy, Abhi Desai, Kieran McAvoy, Logan Ramsey, Laura Rasmussen, and Omar Salman for originally developing this idea

**Step 2: Reserve a room on-campus**

Work with student affairs staff at your school to schedule this event. Your administration and/or faculty may even be interested in participating, which would be highly encouraged!

**Step 3: Learn the material**

Familiarize yourself with the auto-injector before the event. Review SAMHSA’s Opioid Overdose Prevention Toolkit for some high-yield facts about the Opioid Epidemic, Safety Advice for Patients and Family Members, and the Five Essential Steps for First Responders (pages 5-9), which can be a major teaching point for the session and including the following instructions:

1. Call for help (call for 911)
2. Check for signs of opioid overdose
3. Support the person’s breathing
4. Administer naloxone
5. Monitor the person’s response

Print out copies of the ASA’s Opioid Overdose Resuscitation one-pager to hand out during the session. These can also be posted around campus and in your community. For more detailed instructions, pictures, and tips, as well as additional ideas for discussion topics for your seminar, see pages 57-63 of the Harm Reduction Coalition’s Overdose Prevention Guide.

**Step 4: Publicize the event**

Since you will be holding multiple events during the week, consider sending out information about the week’s
events all together instead of piecemeal, once you have them scheduled. Ask your administration for permission to promote the event on class listserv, and request that it be added to the official calendar for the week. Also, be sure to post on social media and the class Facebook pages!

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**Day 3—Wednesday, Oct. 24: Lunch with an expert**

This year’s focus on Access to Care offers students and local school sections to participate in the advocacy week campaign from the three different health policy perspectives, as outlined in the issue briefs above. Although lobbying our elected officials is a cornerstone of advocacy efforts within our organization, *education of medical students, physicians, and the patient populations we serve is just as important*! On Wednesday, chip away at this advocacy objective by hosting an education lunch for your classmates. Different schools will have different resources available, so below are some suggested speakers. It can seem intimidating to cold-call your state medical society or a state agency, but *you might be surprised by how eagerly they respond* when they find out medical students at a nearby school are requesting their help to learn more.

**State Medical Society Legislative Staff:** Many state medical societies have dedicated advocacy personnel, whose responsibilities include providing updates to the membership on legislative developments of relevance to medicine. [Click here to locate your state society’s webpage](#), and look for a “contact us” or “contact headquarters” link. **Potential topics include:**

- Resources or initiatives developed by your state medical society to address the opioid crisis, the rising cost of prescription drugs, or the DACA program
- Legislative update on relevant bills in your state legislature regarding medication-assisted treatment (MAT), naloxone accessibility, drug transparency efforts, prior authorization, or protection of DACA recipients
- Recent trends in overdose deaths and opioid prescribing in your state

**State Medical Society Physician Leader:** Your state may not have dedicated advocacy staff, or they may not be available. In that case, ask instead if they can connect you with one of their physician leaders (i.e. member of the Board of Trustees, chair of a relevant council), or even a local physician member who is well-regarded in this area. **Potential topics include:**

**On the Opioid Epidemic**

- What medical students can do to help address the opioid crisis
- A clinical perspective on the origins and future of the epidemic
- Emerging evidence on best practices for prescribing opioids
- Recent utilization and successes surrounding medication-assisted treatment initiatives

**On Rising Cost of Prescription Rx and Prior Authorization**

- The effects of prior authorization on clinical practice and efficacy
- How reduced prescription drug compliance affects clinical management
- A clinical perspective on the pharmaceutical supply chain

**On the DACA program and their recipients**

- The [chilling effect](#) of immigration policies on health outcomes for immigrant populations
- Discussion surrounding how DACA recipients contribute to the physician workforce

**State Health Agency:** Each U.S. state has an agency within its executive branch that provides for health services in its jurisdiction. Among other duties, *these agencies usually operate the state’s Medicaid program. Furthermore,*
many have physicians in leadership roles. Click here for a full list of these agencies, and contact yours explaining that you’re interested in hosting one of their staff to educate medical students. Potential topics include:

What your state government is doing to address the opioid crisis, the rising cost of prescription drugs, and/or the future of the DACA program

★ How state agencies respond to the unique medical needs of immigration populations
★ The role of Medicaid in the state’s response to overprescribing and substance use disorder
★ How physicians can cooperate with state agencies to improve public health through increasing access to care

Prescription Drug Monitoring Program: All 50 states and the District of Columbia operate Prescription Drug Monitoring Programs (PDMPs), which are “tools utilized by government officials for reducing prescription drug abuse and diversion. PDMPs collect, monitor, and analyze electronically transmitted prescribing and dispensing data…” A complete listing of contact information for staff at each PDMP, current as of Aug. 6, can be found here. Given the crucial role these programs play in addressing the opioid crisis, a speaker could discuss potential topics such as:

★ What medical students should know about using a PDMP, and how they work
★ How effective your state’s PDMP has been in addressing the opioid epidemic
★ What additional steps your state could take to get a handle on opioid abuse and diversion

Organizing the event

As before, work with your student affairs staff to schedule a room. Be sure to determine what resources your speaker will need for his or her presentation (e.g., access to a computer and projector), and publicize the event widely. A lunch hour meeting will probably work best with everyone’s schedule, and while providing free lunch to the students is ideal, it isn’t essential. If your chapter needs extra funding for food, the AMA may be able to help. Apply for a Section Involvement Grant no later than Friday, Oct. 5!

Day 4—Thursday, Oct. 25: District office visit with a state legislator

As previously stated, we are asking our elected official at the state and federal level to support measures that increase access to care as it relates to addressing the rising cost of prescription drugs, treatment options and naloxone accessibility for those affected by the opioid epidemic, the public health benefits of securing DACA status. The considerable degree of state influence is evident in many public health issues, so an indispensable weapon in your arsenal as a medical student advocate for the public health is familiarity with state-level advocacy. On Thursday, you and your classmates can gain this valuable exposure through a district office meeting with the state senator or state representative in whose district your medical school is located.

★ Browsing your state medical society’s webpage can aid in understanding the unique issues that are affecting your community, county, and entire state!

★ Check out the voting record of your state senator or representative on pieces of legislation that relate to drug price transparency, prior authorization, medication-assisted treatment options, naloxone accessibility, and protections for DACA recipients.

Step 1: Setting up a visit

★ Look up your local legislators by searching one of these tools with your medical school’s address. Find the phone number of the lawmaker’s district office by visiting his or her website (Google: [name], [state], and “website”). Call to schedule a meeting using the attached phone call script found on p. 16.

★ If there are multiple schools in your area, please coordinate amongst yourselves to ensure there is minimal overlap. Also, if many students at your school wish to attend this meeting, consider scheduling more than
one (potentially with different state legislators) to avoid overcrowding (no more than 10 students). In some cases, your lawmakers may not be available to meet, but one of their health policy staffers will offer to sit down with you instead. This is still a great opportunity! These conversations are often lengthier and more detailed, as these individuals are usually very up to speed on topics within their purview.

**Step 2: Preparing for the visit**

★ Ensure that all the students attending the meeting have reviewed the issue briefs found on pages 4-9, and that everyone has a consistent message. **Print off a few copies of the leave-behind** found on pages 17-18 and bring them with you. Before the meeting, **spend a few minutes to plan as a group** who will speak to which parts of each topic. If possible, encourage students who have **personal anecdotes or experiences** to take this opportunity to share them – these stories may be the most memorable part of your meeting.

★ As you review the issue briefs and leave-behind, you will find that these are geared towards your federal legislative visit, but rest assured that the overall thrust of the message is relevant at both levels. A helpful resource for the opioid topic specifically is found on the AMA’s [opioid epidemic campaign microsite](https://www.ama-assn.org/): scroll down to the horizontal banner that says “Find out what you can do,” and select your state. This will bring up a page with state-specific statistics and documents you can cite during this visit.

**Step 3: After the visit**

Courtesy is an important part of building productive relationships with lawmakers and staffers. Be sure to collect **business cards for everyone you spoke with** before leaving the office, and send a **thank you email** afterwards. Identify yourself as a resource if they have any further questions. The next time you organize an advocacy event, you’ll be able to take advantage of these connections.

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**Day 5—Friday, Oct. 26: District office visit with a member of Congress**

Friday’s event is intended as the capstone of Advocacy Week. Because of distance and expense, many students cannot attend advocacy events in Washington, D.C., like the MARC, so this experience has been designed to replicate a Capitol Hill visit as closely as possible. As you did for day 4, you will organize a **district office meeting** with a member of Congress in whose district or state your medical school is located. Thus, much of the information here is the same as to, though there are several key differences so please read carefully.

**Step 1: Setting up a visit**

★ Look up your members of the U.S. Congress by searching one of these tools with your medical school’s address. IMPORTANT: these tools will provide information for your two Senators and your member of the House of Representatives.

★ Find the **phone number of the lawmaker’s district office** by visiting his or her website (Google: [name], [state], “website”). **Call to schedule** a meeting using the attached phone call script on the next page. If you have trouble scheduling a meeting or need help with logistics, please email me at blake.murphy@ama-assn.org. As above, coordinate with other schools in your area to minimize overlap, and try to avoid overcrowding if your school has a lot of interest. If you can’t get in with the Representative or Senator in person, meeting with a health policy staffer is still very worthwhile.

**Step 2: Preparing for the visit**

Ensure that all the students attending the meeting have reviewed the issue briefs found on pages 5-9, and that everyone has a consistent message. **Print off a few copies of the leave-behinds** found on p. 12 and bring them with you. Before the meeting, spend a few minutes to plan as a group who will speak to which parts of
each topic. If possible, encourage students who have personal anecdotes or experiences to take this opportunity to share them – these stories may be the most memorable part of your meeting.

★ Decide which legislative asks you will be highlighting in your discussion, choosing from the following discussion previous:

- H.R. 6733 – Know the Cost Act of 2018
- H.R. 2212/S.974 – CREATEs Act of 2018
- H.R. 3440/S. 1615 – DREAM Act of 2017
- Future legislation increasing access to medication-assisted treatment and naloxone
- Full funding of programs created under H.R.6 – Support for Patients and Communities Act (When the advocacy toolkit was created the Opioid Package had already passed in the House and Senate and was sent to conference to deal with differences between the legislative pieces!)

★ CHECK how the Representative or Senator you are meeting with voted on the passage of H.R. 6 – Support for Patients and Communities Act (The Opioid Package) if you are advocating for continued funding of the programs created under this legislation. If they voted for this legislation – make sure you thank them!

Step 3: After the visit
As above, don’t forget to grab business cards on your way out, and send a thank you email soon after the meeting.

Phone call script
Placing calls to congressional district offices can be intimidating, especially if you’ve never done it before. You don’t need to read the following word-for-word when you call; rather it’s meant to serve as a basic outline of what you ought to say. If you run into any issues, I’m always glad to help: blake.murphy@ama-assn.org.

★ Could you please direct me to the member of your staff who handles scheduling for your district office? (Wait for those directions, to be transferred, etc.)

★ (If speaking to a new person) Hello, my name is [NAME] and I am calling on behalf of the medical students at [Medical School].

★ We would like the opportunity to come and meet with [REP./SEN. NAME] sometime in the next few weeks to discuss the following [choose one, two, or all three topics to discuss]

  - The Opioid Epidemic
  - The Rising Cost of Prescription Medication
  - The DACA program

★ I am available to provide additional information that you may require and we are flexible to best accommodate [REP./SEN. NAME] schedule, if that week does not work well.

★ (If the Rep./Sen. Is unavailable) Would it be possible for us to meet with the staff member who handles topics related to health care?

★ (When you get a meeting date) I appreciate your assistance in arranging this meeting. Is there an email address or phone number where I can contact you to confirm the meeting, as the date approaches? Thank you very much, have a great day!
If all else fails

Though this is unlikely, it is possible you may not be able to schedule an in-person meeting in the district office at all. If you find yourself in this situation, consider calling the office instead, using the same number through which you attempted to set up a visit. Ask to speak with the staffer who handles health policy, and proceed as you would have had the meeting been in person, discussing the content of the issue briefs and leave-behind, and sharing relevant anecdotes. You and your classmates can do this individually or in groups.

Note: If you and your classmates call to discuss the issues over the phone, do not use the phone call script above.

Don’t forget to print off a few copies of the leave-behind found on the following two pages and bring them with you.
2018 AMA Medical Student National Advocacy Week

Improving treatment options and availability for the management of opioid use disorder, chronic pain, and opioid overdoses

★ Last year alone, drug overdoses claimed a record 72,306 lives – a 13% increase over 2016.

★ The number of deaths involving opioid drugs, including opioid analgesics, heroin, and illicit synthetic opioids totaled greater than 49,000 people in 2017. In 2017, opioid-related overdose deaths became the leading cause of death for Americans under the age of 50.

★ Increasing illicit use of an extremely powerful opioid, fentanyl, is driving a “third wave” of the opioid epidemic: fentanyl and its synthetic derivatives were responsible for 29,400 of the total overdose deaths in 2017, a 22-fold increase in the total number of deaths from 2002 to 2017.

★ We thank Congress for passing H.R.6 – Support the Patients and Communities Act and encourage continued allocation of funding for programs that increase access to medication-assisted treatment options and naloxone availability.

Our Ask: Please join us in insisting that programs established under the Support the Patients and Communities Act (HR 6) continue to be funded at the maximum level authorized, support measures that ensure adequate resources are available for combating the opioid epidemic including naloxone accessibility and medication-assisted treatment.

The rising cost of prescription medication

★ Between 2013 and 2015, net spending on prescription medication increased by 20 percent.

★ Federal payments for brand-name drugs in Medicare Part D increased 62% between 2011 and 2015. The number of actual prescriptions fell 17% over the same period.

★ Between 2011 and 2015 more than 300 generic drugs had at least one “extraordinary” price increase of 100% or more, according to a Government Accountability Office (GAO) report last year.

★ When patients delay, forgo, or ration their medication due to the rising cost, their health status may deteriorate. Health plans respond to high prescription medication costs by imposing administrative barriers, such as frequently changing formularies, step therapy requirements, and prior authorization requirements – with the average physician completing 29 prior authorization requests per week, taking them and their staff an average of 14.6 hours.

★ We ask Congress to continue support drug transparency efforts and legislative solutions that reduce administrative barriers for physicians such as burdensome prior authorization.

Our Ask: Please support legislation that would increase transparency efforts for prescription drug pricing and reduce prior authorization requirements, such as Know the Cost Act of 2018 (H.R. 6733) and CREATES Act of 2018 (H.R. 2212/S.974). To learn more about our asks, please visit our AMA grassroots campaigns at http://truthinrx.org and https://fixpriorauth.org

Continued ...
Deferred Action for Childhood Arrivals (DACA)

- DACA recipients include medical students, who are trained at medical schools in the United States and fill gaps in patient care, as well as offset the deficit in the physician workforce.

- If DACA physician residents are unable to complete their training, this could waste graduate medical education funds, leave training slots unfilled, and generally exacerbate the physician shortage our country is facing, especially for our most vulnerable patients.

- The continued need for a comprehensive, legislative solution regarding the DACA program has been shown to greatly exacerbate the management of chronic medical conditions and may reverse the mental health benefits for the roughly 800,000 individual recipients and their families.

Our Ask: Please support legislation that would provide a solution to ensure DACA recipients are protected and do not face continuous threats and potential legal challenges, such as the Dream Act of 2017 (S. 1615/H.R. 3440).