

Preserve DACA status for immigrants

The American Medical Association has expressed its support for the Bar Removal of Individuals who Dream and Grow our Economy (BRIDGE) Act, a bipartisan, bicameral bill that would provide protection from deportation for undocumented young immigrants—often called “dreamers”—who have Deferred Action for Childhood Arrivals (DACA) status.

Introduced in the Senate by Sens. Lindsey Graham (R-S.C.) and Richard Durbin (D-Ill.) as S. 128, and in the House by Reps. Mike Coffman (R-Colo.) and Luis Gutierrez (D-Ill.) as H.R. 496, the BRIDGE Act would allow people who meet certain requirements to apply for protected legal status and work authorization for an additional three years. This extension of DACA status would provide important protection and stability until a permanent solution on lawful immigration status for these individuals is implemented.

DACA's impact has been felt in medicine. More than 60 medical schools considered applications from students with DACA status for the 2016–2017 academic year, according to the Association of American Medical Colleges. In the coming decades, DACA protections could enable as many as 5,400 previously ineligible people to join the U.S. physician workforce.

- **Ask your senators to cosponsor S. 128, the BRIDGE Act**
- **Ask your representative to cosponsor H.R. 496, the BRIDGE Act**

Protect graduate medical education

The American Medical Association wants to ensure that all patients have access to the best care and treatment. Our population is growing and aging, requiring more demand for health care services. Workforce experts predict a physician shortage of 46,000–90,000 by 2025.

While medical schools have increased enrollments and new schools are producing more graduates to respond to this shortage, many students are still finding themselves without a residency to complete their training. In 2016 more than 500 U.S. graduates did not match to residency positions. This does not take into account the many international medical graduates who could not find a position but are vital to the health care workforce.

One reason why residency positions have not increased is the Balanced Budget Act of 1997. This law placed a cap on the number of graduate medical education (GME) positions that could be funded by Medicare. This cap inhibits the establishment of new programs as well as the expansion of existing programs that could train more residents, decrease the physician shortage and add to America's workforce.

- **Ask your senators and representatives to:**
 - **Protect and expand GME funding so that there are enough training positions to meet our nation's medical workforce needs**
 - **Ensure that any method utilized to create new training positions will not create disparities or adversely impact patient access to care**

AMA health reform objectives

The American Medical Association views discussions about the future of health system reform through its mission of promoting the betterment of public health, medical ethics, scientific evidence and long-standing policies adopted by representatives from over 190 physician organizations that participate in the AMA House of Delegates. The following are key objectives we believe should guide decision-making related to health system reform.

1. Ensure that individuals currently covered do not become uninsured and take steps toward coverage and access for all Americans.
2. Maintain key insurance market reforms, such as coverage for pre-existing conditions, elimination of lifetime benefit caps and parental coverage for young adults.
3. Stabilize and strengthen the individual insurance market.
4. Ensure that low- and moderate-income patients are able to secure affordable and adequate coverage.
5. Ensure that Medicaid, CHIP and other safety net programs are maintained and adequately funded.
6. Reduce regulatory burdens that detract from patient care and increase costs.
7. Provide greater cost transparency throughout the health care system.
8. Incorporate common sense medical liability reforms.
9. Continue the advancement of delivery reforms and new physician-led payment models to achieve better outcomes, higher quality and lower spending trends.

We also believe that before any action is taken that could potentially affect those who now have health care coverage, policymakers should lay out for the American people, in reasonable detail, what will replace current policies. Patients and other stakeholders should be able to clearly compare current policy to new proposals, so they can make informed decisions about whether it represents a step forward in the ongoing process of health system reform.

The AMA and the physician community are ready to work with policymakers to continue the process of improving our health care system and ensuring that all Americans have access to high-quality, affordable health care coverage.