

2019

AMA Medical Student National Advocacy Week

Working for patients and the public health

Oct. 28–Nov. 1



**MEMBERSHIP
MOVES
MEDICINE™**

ACTION KIT

My Fellow Medical Students,

Are you ready for National Advocacy Week!?

I want to thank you in advance for your time and enthusiasm as you prepare to facilitate real advocacy right at your medical school. Taking on *three key issues in five days of events* is no small feat. Thank you for being a leader and a champion of our national grassroots effort **“Working for Patients and the Public Health,” Oct 28th to Nov 1st.**

In the course of planning and executing National Advocacy Week, I hope you explore passions you never knew you had, discover your unique skillset as an advocate, create bonds with your fellow students, inspire action for years to come, and *feel the impact* you are making on your current and future patients.

This is the promise of National Advocacy Week. Welcome.

The AMA Code of Medical Ethics articulates the values to which we will commit ourselves as members of the medical profession. Among these, we commit to the following:

8.11 Health Promotion and Preventive Care

“Medicine and public health share an ethical foundation stemming from the essential and direct role that health plays in human flourishing. While a physician’s role tends to focus on diagnosing and treating illness once it occurs, physicians also have a professional commitment to prevent disease and promote health and well-being for their patients and the community.”

1.2.10 Political Action by Physicians

“Like all Americans, physicians enjoy the right to advocate for change in law and policy, in the public arena, and within their institutions. Indeed, physicians have an ethical responsibility to seek change when they believe the requirements of law or policy are contrary to the best interests of patients. However, they have a responsibility to do so in ways that are not disruptive to patient care.”

Starting on October 28th, the 60,000 medical student members of the AMA will stand together to promote health and fulfill our ethical responsibility. We will fight for commonsense policy changes that benefit anywhere from tens of thousands to hundreds of millions of our patients each year.

As trainees in this profession, we are approaching medicine with a fresh set of eyes, committed to high ideals. Our time as medical students may be our most productive years as advocates! So, here’s what we’ll fight for this week:

- Firearm Violence: Solutions to Save Lives
- Graduate Medical Education: A Slot for Me is a Doc You’ll See
- Prescription Drug Costs: Making Drugs Affordable

As we embark on this jam-packed week, I would like to hear about your #AMAZing successes and amplify your work. For support, please reach out to me via Facebook, email, text, or give me a call.

- ★ To get started... **read through and save this packet.** Early planning will be the key to success.
 - If you gather a team now, you can conquer this packet and have a great week of events.
 - Make a game plan and commit. **Each event comes with a checklist—use it!**
- ★ Set up a district office visit with your congressperson and state representative **ASAP** (pgs. 4 and 15)
- ★ Apply for a [Section Involvement Grant](#) no later than **Oct. 16** for food funding from AMA [HERE](#)!

Sincerely,

Hari S. Iyer

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Overview & Schedule of Events:

To maximize both your real-world impact and your growth as an advocate, this year's National Advocacy Week (NAW) provides support in your unique planning process. To that end, I have prepared a skeleton of sorts, outlining advocacy topics, background briefs, and event ideas. Please, take these and **make National Advocacy Week your own**, even if it's narrower than this packet!

Remember that **your school is unique**. When you plan NAW, consider the culture and focus of your institution, the interests of your students, the problems affecting your local communities, and the community leaders at your disposal. I can't wait to hear about all the innovative ways you empower your student bodies toward our AMA mantra: #MembersMoveMedicine.

One goal of NAW is to convey our vision for improving public health to students and lawmakers, through a variety of events and media. It's up to you to understand & educate your community on these **"Asks"** [see issue briefs]!

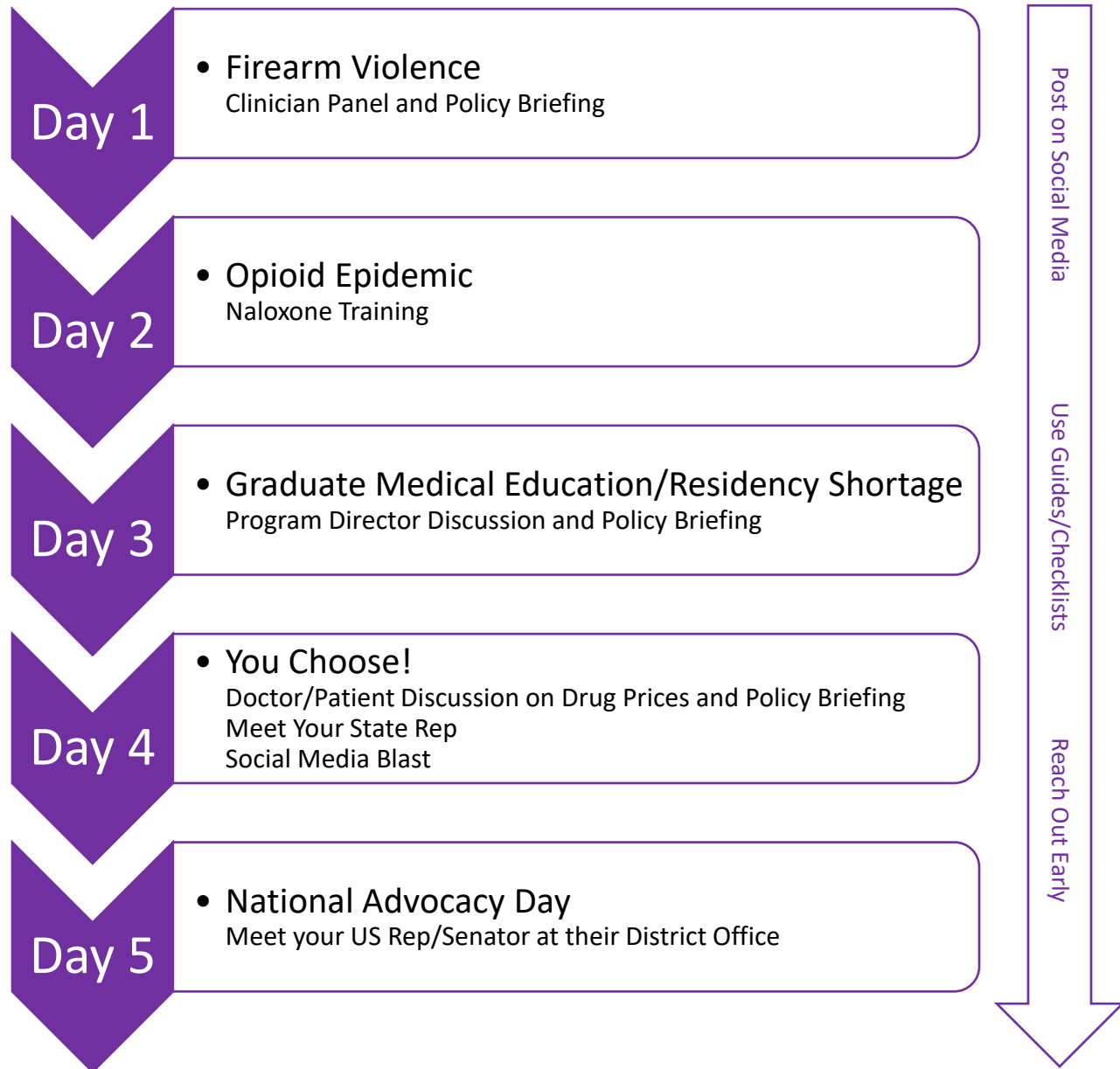
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Additional Resources

- ★ 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 hari.iyer@ama-assn.org or call at (248) 943-3052.
- ★ Remember to Apply [HERE](#) for a [Section Involvement Grant](#) (SIG) to receive *funding from the AMA* for National Advocacy Week events! Submit application to MSSIG@ama-assn.org.
- ★ Note: *Invited speakers' role is to educate and lay out solutions rather than persuade on a topic*

The Picture Worth 1,000 Words



Read the #HIGHYIELD Notes on the next page carefully for key tips.

Assign roles. At each planned event, it's up to you to present our advocacy and legislative **Asks**.

Acronyms and contact information for recommended committees that can help you may be found [HERE](#).

Reach out early and often with questions at hari.iyer@ama-assn.org or (248) 943-3052. Let's do this!

#HIGHYIELD NOTES

A word to the wise...

- ★ I tried to make the most comprehensive guide possible to make your NAW easier. The **checklist for each event is meant to give you actionable steps**. You don't have to plan things from scratch. Don't stress 😊.
- ★ This packet is not a prescription. **You don't have to do everything**. Change the dates or events as desired!
- ★ **Use the table of contents** to flip to an event and get started. The dates provided in this overview are intended as a general roadmap – feel free to move events around as needed or desired. It's up to you!
- ★ **Before planning** any activities or legislative visits, **read the issue briefs** carefully to understand why the important issues we are taking on this week affect our patients.
- ★ Never hesitate [to reach out](#)! Hope your NAW goes great.

ASAP Checklist, Roles To Assign ASAP:

- ☐ Meet with your leadership team: discuss roles & goals, which events to plan, possible guests, set schedule
 - ☐ **Use Key Steps Checklists for each event** Day 1-5 → Draft a Plan of Action to hit each checkbox
- ☐ Social Media and Marketing Person(s) → Manage Social Media → See Social Media Guide
 - ☐ Reach out to MERC committee for support and advertise events on campus
- ☐ Policy Person(s): Responsible for reviewing issue briefs & educating attendees at events on **Asks**
 - ☐ Present briefly or hand out information after speakers
 - ☐ Importantly, assure legislators understand our **Asks**
 - ☐ Coordinate legislative visit ASAP and prepare with colleagues
 - ☐ References for Policy Leads
 - ☐ Issue briefs, particularly Ask sections
 - ☐ Leave Behind
 - ☐ This Page
- ☐ Other Roles
 - ☐ Contact possible guests for events, seek schedules, confirm events
 - ☐ Based on guest availability and interest, decide actual order/events of NAW you will do
 - ☐ Coordinate legislative visit and prepare with colleagues

ADVOCACY GUIDE

- ★ **Review [AMA Guide to Communicating with Congress](#)**
 - ☐ Create a plan to complete each step under **Day 5: National Advocacy Day** early
 - ☐ Start by reaching out to your member's scheduler ASAP!
 - ☐ See [This Article](#) For Expert Advice on Advocacy as a Physician-in-Training
 - ★ **Key Advocacy Reminders**
 - ☐ Request a Meeting with your member or their Health Legislative Assistant
 - ☐ Review Issue Briefs → Look up how these issues affect your community
 - ☐ At the Meeting, Focus and Orient the Conversation → Mention NAW
 - ☐ Share Personal Stories, Divide Roles
 - ☐ Discuss Our Policy Perspective (Build Up to the Ask!)
 - ☐ Directly Request Support for Our Asks → *This Is How Change Happens*
 - ☐ Seek to Understand Your Member's Perspective
 - ☐ If they support our position, **ask how to assure the relevant bills are passed**
 - ☐ If they do not, **ask questions and share your perspective** respectfully
 - ☐ Tell Us What You Learned Post-Visit: Fill out [this Form](#)!
 - ☐ *Hearing feedback, information, or positions from your member helps our expert advocates in DC. This is another way to make change. We'd love to hear from you!*
 - ☐ Follow Up with your member via Email → Build a Relationship, Offer to be a Resource
- Post on Social Media post-Visit! How do you plan to follow up with this member down the road?

Issue brief on Firearm Violence: Solutions to Save Lives

Firearm Violence, a Public Health Crisis in the Clinic and our Communities

Why We Fight: Locations of 2019 US Mass Shootings

Odessa, TX Dayton, OH El Paso, TX Gilroy, CA Virginia Beach, VA Aurora, IL State College, PA Sebring, FL

[Mass shootings](#) in the news [break our hearts](#) and spur our current and future colleagues to action, [in the clinic](#) and [across the nation](#). Active Shooter drills are a reality in many workplaces and schools. We hear about the obstacles to progress, the severity of our gun violence problem, and we ache for real solutions that represent lives saved.

The day-to-day firearm-related injuries and deaths that occur outside the context of mass shootings require action equally urgently. As AMA members and physicians-in-training, we must—we do advocate for our neighbors' and our patients' safety. But to win, we have to keep at it.

What is the problem?

Firearm violence in the US is a public health crisis. Incidence of firearm-related death and injury is startlingly high and only increasing:

- [From 2008 to 2017](#), there were 342,439 firearm-related deaths in the United States and an estimated 870,000 nonfatal firearm-related injuries
- [In 2017 alone](#), 39,773 people died from firearm-related injuries—the most since at least 1968, the earliest CDC data available online. In population-adjusted terms, this is 12 gun deaths per 100,000 people, the highest rate in over two decades.
- Gun murders rose 32% between 2014 and 2017; gun suicides rose each year between 2006 and 2017, a cumulative 41% increase.
- Suicides have long accounted for the majority of gun deaths in the US, accounting for nearly 60% of the 2017 total compared to the 37% attributed to gun murders.
- [In 2015](#), for the first time in US history, age-adjusted [firearm-related mortality rate surpassed that related to motor vehicle traffic events](#).
- US firearm homicide rate is over [25 times higher](#) than that of comparable countries; firearm suicide rate 8 times higher

A Clinical Lens, High Yield Pitch for #ThisIsOurLane:

- [Clinicians have unique opportunities](#) to prevent all types of firearm-related death and injury—suicide, homicide, unintentional injury, mass violence—through their relationships and interactions with patients. No state statutes prohibit clinicians from discussing firearms with patients or documenting such discussions
- Defining safe storage: means that firearms are stored unloaded and locked (either fitted with a locking device or secured in a locked container) and that ammunition is stored separately and also locked. Clinician counseling can significantly increase safer firearm storage
- Across many specialties, including internal medicine, surgery, and pediatrics, more than 70% believe that physicians should have a role in firearm injury prevention, but fewer than half report ever discussing firearms with patients

What is the AMA advocating for?

Action. Thus far in 2019 alone, our AMA has penned four letters to Congress supporting various meaningful actions to address firearm violence, including our asks here related to expanding background checks and allocating federal funding for firearm violence research.

Additionally, [On July 11th, 2018](#), AMA partnered with [AFFIRM](#) (American Foundation for Firearm Injury Reduction in Medicine) to build up the science of firearm-injury prevention through fundraising, research, and evidence-based recommendations.

On August 5 of this year, AMA teamed up with physician and health advocacy groups to publish a series of robust, specific policy recommendations in the Annals of Internal Medicine. More details may be found here: [8/5/19 Firearm-Related Injury and Death in the United States: A Call to Action From the Nation's Leading Physician and Public Health Professional Organizations](#).

Ask #1 [See Advocacy Guide]: Background Checks

AMA has supported [H.R. 8, the "Bipartisan Background Checks Act of 2019"](#) to "expand the existing background check system to cover all firearm sales, including those at gun shows, over the internet and through classified ads, while providing reasonable exceptions for law enforcement and family and friend transfers," closing loopholes to make the federal background check system "more effective." This bill passed in the US House by a [240-190 vote on February 27, 2019](#). Whether the Senate will take up this bill and push its passage into law remains to be seen, though the combined advocacy of our AMA and our medical student section may just get us to the finish line.

If you're meeting with your US Senator or their staff:

- Urge them to co-sponsor and support the advancement in the Senate of the House-passed H.R. 8. If they will, thank them. If not, discuss our position and seek theirs.

If you're meeting with your US Representative or their staff:

- See if they [voted for H.R. 8](#). If so, thank them. If not, discuss our position and seek theirs.

Ask #2 [See Advocacy Guide]: Federal Firearm Violence Research Funding

Our AMA has long supported federal funding for gun violence research. Right now, we recognize a critical need for comprehensive, multi-faceted public health solutions to prevent gun violence. To drive these solutions, we need improved surveillance and epidemiological research; we need to understand the causes and risk factors for gun violence and see which interventions work. AMA supports \$50 million of specific funding allocated to CDC and NIH in the Fiscal Year (FY) 2020 appropriations process to conduct such research. The US House of Representatives has heeded this call to action and [passed such a spending bill](#) (H.R. 2740) [226-203](#). However, Senate appropriators have not yet taken up this provision.

If you're meeting with your US Senator or their staff:

- Inquire as to their position on appropriation of dollars for firearm violence research.
 - If in favor, thank them and urge them to push for this provision to be part of the FY2020 Senate appropriations bill.
 - If not, discuss our position and seek theirs. Urge them to consider supporting and advocating for FY2020 appropriation of \$50 million to CDC and NIH for firearm violence research.

If you're meeting with your US Representative or their staff:

- See if they [voted for H.R. 2740](#). If so, thank them. If not, discuss our position and seek theirs.

And just like that, you're a champion of one of the key public health issues of our time!

Issue Brief on Graduate Medical Education: A Slot for Me is a Doc You'll See

GME and Public Health!

After the trials and tribulations of medical school—several years of countless challenges and immeasurable growth—we all hope to matriculate into a residency program to pursue further training. In the end, we join the ranks of those licensed physicians eligible for board certification. However, there is a significant hurdle affecting our prospects in The Match that we do not always hear about:

Each spot in a residency training i.e. GME program needs to be funded to be available—and there are far too few spots and far too little funding.

For Starters, What is GME?

GME stands for Graduate Medical Education, as opposed to medical school, known as UME, or Undergraduate Medical Education. GME is the supervised training after medical school that physicians must complete prior to becoming licensed and practicing independently, like residency and fellowship.

How is GME financed?

The federal government is by far the largest single source of GME funding, primarily through Medicare. [Medicare funding accounts for](#) about \$10.3 billion a year to fund [over 85,000 full time equivalent trainees](#). Other sources include the Department of Veterans Affairs (\$1.5b), Medicaid (\$2.4b), Department of Defense, Children's Hospital GME Program (\$0.25b), Teaching Health Centers GME Program (\$0.08b), some states, and [hospitals](#).

What does the physician workforce shortage look like?

Now, as our population grows and ages, the demand for health care services grows. [Workforce experts continue to predict that the U.S. will face a significant physician shortage for both primary care and specialty physicians over the next 10+ years if training positions are not expanded](#). The projected shortage of between 46,900 and 121,900 physicians by 2032 includes both primary care (between 21,100 and 55,200) and specialty care (between 24,800 and 65,800). Among specialists, the data project a shortage of between 1,900 and 12,100 medical specialists, 14,300 and 23,400 surgical specialists, and 20,600 and 39,100 other specialists, such as pathologists, neurologists, radiologists, and psychiatrists, by 2032. Did you see the specialty you plan to pursue here?

How does this affect us and patients?

The crux of the GME issue is that access to care from generalists and specialists alike is at risk when the pipeline for training cannot keep up with patient needs.

The seeds of this problem were sown with the [Balanced Budget Act of 1997](#), which put [caps on the number of federally funded residency training positions](#), freezing the number available to that which existed in 1996 despite an growing, aging population. [In response](#), first-year medical school enrollment grew by 25% between 2002 and 2015. However, the already-insufficient number of first-year residency positions at ACGME-accredited programs grows at just 2.4% per year. [At the same time](#), in 2019, the number of applicants in The Match exceeded available PGY-1 positions by over 6,200 or about 16%!

As med students, we are perfect ambassadors for action. We invest significant amounts of time and money into our education, inching toward The Match, dreaming of serving patients. Our legislators need to know our stories!

What impact do residents and physicians actually have on communities?

Roughly 40% of all charity care in the U.S. is provided by teaching facilities where residents learn—that's 8.4 billion dollars in care. Residents also often stay and practice in the towns where they train, benefiting local communities.

According to [AMA's 2018 Economic Impact Study](#), overall, 736,873 physicians provide patient care, supporting 12.6 million jobs. That is 17.1 jobs supported by each physician. In addition, physicians support \$1 trillion in total wages

and benefits for workers, \$1.4 million per physician. In total state and local taxes, physicians generate \$929.9 billion in, or \$126,129 average total taxes per physician.

So, what is AMA advocating for?

Over the past 6 years, AMA has invested over \$30 million to cultivate a consortium of innovators to improve medical education called [Accelerating Change in Medical Education \(ACE\) initiative](#). Given that health care progresses so rapidly, AMA believes medical education must follow suit *to assure patients' needs are met: innovations include* “expanded learning about the determinants of health and their impact over a lifetime, technology trends...and navigating the complexities of our health care system.” AMA has grown the ACE consortium, which includes [37 medical schools and some 24,000 medical students](#). At the same time, AMA pioneered the [Reimagining Residency initiative](#), providing \$15 million dollars to fund 11 projects to improve GME.

What is [SaveGME.org](#)?

In 2013, AMA launched [SaveGME.org](#) to champion the needs of physicians-in-training and patients alike. Shareable [posts](#) and [videos](#) illustrate the magnitude of impact residents have on patient care in the United States. The content here is not just geared toward us, but toward the general public and our elected representatives! Spreading awareness on this issue can make all the difference. **This week, amplify [SaveGME.org](#).**

In addition, [AMA's Health Workforce Mapper](#) allows individuals to visualize the geographic distribution of our US Health Workforce, which may be particularly helpful for legislators concerned about their state or district. The 2018 Economic Impact Study also breaks down physician economic impact in the various states. The above simply represent a snapshot of AMA's work for students and trainees, not yet including our asks for National Advocacy Week to follow.

Ask: Increase Residency Slots and Alleviate Physicians Shortage to Serve Our Aging, Growing Population

#OurAMA has long-supported legislative measures to increase GME funding. This year, AMA has supported the Resident Physician Shortage Reduction Act of 2019 ([H.R. 1763 in House of Representatives](#), [S. 348 in Senate](#)), which seeks to address the growing physician shortage and strengthen the nation's health care system by providing 15,000 additional Medicare-supported graduate medical education (GME) positions over five years. In addition, our AMA has supported [H.R. 2439 Opioid Workforce Act of 2019](#), which would provide 1,000 additional Medicare-supported graduate medical education (GME) positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain management. Each of the prior links will show you who has co-sponsored each bill. Use your experience to show why these bills matter.

If you're meeting with your US Senator or their staff:

- See if they have co-sponsored Resident Physician Shortage Reduction Act of 2019 [S. 348 in Senate](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill in the US Senate.

If you're meeting with your US Representative or their staff:

- See if they have co-sponsored the Resident Physician Shortage Reduction Act of 2019 [H.R. 1763 in House of Representatives](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill.
- See if they have co-sponsored [H.R. 2439 Opioid Workforce Act of 2019](#). If so, thank them. If not, encourage them to co-sponsor and pass this bill.

What if AMA stands for All Members Advocate? Great work getting this far!

Issue Brief on Prescription Drug Costs: Making Drugs Affordable

Prescription (Rx) Medicine Saves Lives!

We hear constantly about prescription drug costs. Whether we are watching the news or talking to family members and friends, we cannot avoid stories of people struggling to afford medically necessary prescriptions. As medical students, we have a chance to speak out. We have a chance to tell the power brokers in our country about the kind of medicine we would like to practice: the kind where drug price increases do not lead patients to skip or go without needed medicines, like insulin, antibiotics, or cancer drugs. Today, physicians and patients are often left in the dark about how and why prices increase year after year while ingredients remain the same. As physicians-in-training, we need to learn about this critically important issue. Let's take a look at the numbers and get to work. After all, major drug pricing legislation is on the political agenda *for the first time in years*.

Many Americans Take Prescription Medicines

About 6 in 10 American adults and 9 in 10 seniors report taking at least one prescription medicine.

1 in 4 American adults and 1 in 2 seniors say they take four or more prescription medicines.

The Magnitude of Our Affordability Problem

In the past 12 months, 3 in 10 American adults did not take prescription medicine as directed due to cost.

This means patients either did not fill prescriptions (19%), cut pills in half/skipped doses (~10%), or took OTC medications (18%) instead.

Who reports having a difficult time affording prescription medicines?

24% of American adults taking at least one prescription drug -- 15% "somewhat difficult" and 9% "very difficult"

35% of Americans taking 4 or more prescription drugs

35% of Americans who make less than \$40,000 per year

58% of Americans spending over \$100 per month on prescriptions

Trending Spending

In 2017, per capita prescription drug spending slightly decreased (down 0.3%) for the first time since 2012

In 2015, pharmaceutical spending grew 8.1% per capita

In 2014 these costs had grown 11.5%, particularly because new specialty drugs came to market.

Since 2014, branded drug prices have increased by over 60%!

Since 2014, among commonly used specialty drugs, branded drug prices have increased by 57%

U.S. inflation-adjusted per capita retail prescription drug spending increased from \$90 (1960) to \$1,025 (2017).

In 1990, pharmaceuticals accounted for 5.6% of total U.S. health care spending, growing to nearly 10% in 2017.

Another source estimates drug sector spending accounts for ~\$480 billion or 15% of total US health care spending.

In 2017, pharmaceutical spending accounted for 21% of employer insurance benefits.

This rivals the 23% employers spend on all inpatient hospital care.

From 2005 to 2017, Medicare's contribution to U.S. spending on prescription drugs jumped from 2% to 30%.

Now, Medicare is the second largest contributor to drug spending after private insurance.

Out-of-pocket drug costs expected to increase, but will likely represent a smaller portion of overall drug spending.

What is AMA advocating for?

TruthinRx.org Grassroots Campaign

Our AMA engages with patients and those of us on the frontlines of health care with initiatives like this. Here, we, along with our colleagues and communities, have an opportunity to share real stories about how an opaque system of drug pricing hurts patients. Combining grassroots energy with the weight of AMA advocacy, we can demand drug price transparency and make medicine more affordable! Explore TruthinRx.org!

Three major market players contribute to an opaque system of spiking drug prices and spending:

- 1) pharmaceutical companies make and sell drugs, but do not explain why prices can greatly exceed research-and-development and manufacturing-related expenses— some even buy existing drugs, spend nothing on research and development, and still raise prices;
- 2) pharmacy benefit managers (PBMs) strike deals between drug makers and health insurers but these middlemen do not share their pricing agreements and it is unknown if savings ever reach patients; and
- 3) health insurance companies approve treatments, set co-payments, and price out with PBMs how much patients pay for drugs.

AMA's [TruthinRx.org](https://truthinrx.org) campaign is working to expose the process that pharmaceutical companies, PBMs, and health insurers engage in when pricing prescription drugs and to rally grassroots support to demand price transparency.

AMA has gathered [facts & resources](#) to expose [games industry plays to keep prices high](#) & their real-world impact. Actions AMA and [our roadmap to a better system](#) may be found on the website, too.

Share [TruthinRx.org](https://truthinrx.org) and understand the anatomy of our drug pricing system & the pathologic practices we fight. Most importantly, you and your classmates should **use the [Take Action section](#) and [Share Your Story section](#).**

This is advocacy made easy. To date, over 827,759 messages have been sent to Congress demanding transparency. You may be the straw that broke the camel's back, ushering in real change.

AMA Speaks Out (2019)

AMA has actively relayed our views on drug pricing several times just *this year* to Congress and the Administration:

- [Examining the Actions of Drug Companies in Raising Prescription Drug Prices](#)
- [Identifying the Drivers of Solutions to Rising Health Care Costs](#)
- [Support for Efforts to Address Escalating Prices of Prescription Medication](#)
- [Safe Harbor Protections and PBMs](#)
- [Lowering Prescription Drug Prices: Deconstructing the Drug Supply Chain](#) & [Related Letters](#)
- [Comments on Modifying Medicare Part D Prescription Drug Program](#) and [Related](#)

Legislators need to stand up to pharmaceutical companies, PBMs, and health insurance companies to protect patients. Our advocacy will be an essential part of this equation.

Ask [See Advocacy Guide]: Pass Legislation on Drug Prices Consistent with AMA Principles

Congress is discussing drug pricing legislation this legislative session. As the year wraps up, we may see the first meaningful action on the issue in a generation. Using what you've learned above, and your own stories, convey the urgency of change to your legislator.

1) Explain [TruthinRx.org](https://truthinrx.org) to your legislator and offer this website as a resource.

2) Urge your member that any legislation addressing drug prices be consistent with the following principles:

- Any redesign of the Medicare prescription drug benefit should ensure appropriate alignment of incentives & cost sharing, while ensuring Medicare beneficiaries have access to medically necessary treatment
- Subsidization of prescription medication for Medicare patients should be tailored based on financial need
- Efforts should be taken to address medication price increases that outpace inflation
- Increase competition and combat the anti-competitive practices of pharmaceutical manufacturers

Beyond this National Advocacy Week, you now have a roadmap for *how* to be an advocate on *key policy issues*.

In your long careers in medicine, I cannot wait to see the waves you make. Now, let's dive into events.

Day 1

Monday, October 28th: Firearm [Violence](#) – Physician and Public Health Perspectives

The Basics:

In 2016, AMA declared [firearm violence](#) a public health crisis.

In the words of AMA President, Dr. Patrice Harris:

“Common-sense steps, broadly supported by the American public, must be advanced by policymakers to prevent avoidable deaths and injuries caused by gun violence”

“[We see the victims](#) in our emergency departments and deliver trauma care to the injured, provide psychiatric care to the survivors, and console the families of the deceased.”

In the U.S., the vast majority of gun deaths each year are *not* the result of tragic mass shootings, but rather equally tragic suicides and other forms of firearm violence. Let’s learn with our classmates. Let’s spread awareness!

- Event type: Individual/Panel Remarks and Advocacy Asks
- Guest type: Local physicians or public health practitioners
- Recommended Speakers...
 - Individuals willing to share stories:
 - Patients, Clinical-Year Medical Students, Physicians
 - Trauma, orthopedic surgery, emergency medicine, intensive care, primary care, etc.
 - AMA member physicians in your area or leaders involved in your state medical society
 - Search the [Federation Directory](#) and ask for recommendations
 - Find contact info for state, county, national, and medical specialty societies
 - Ask your College of Medicine (COM) faculty for recommendations!
 - Individuals who may provide background/epidemiology of gun violence:
 - Public Health professionals or Professors or Physicians (as mentioned above)
 - Look up and reach out to your [city, county](#), or [state health department](#)
- Purpose: Share stories about gun violence in the clinic, your area, and as a public health issue in the U.S.
- For Help...
 - [Reach out to me](#), your region advocacy chair, COLA liaisons if you’re stuck!
- Other ideas
 - Stop The Bleed Event
 - How To Ask Patients About Gun Safety
 - Collect art reflecting how your classmates and community members (faculty, whoever) feel when they hear about tragedies in the news, in their communities, etc.
 - Reach out to Committee on Bioethics and Humanities!

Key Steps Checklist:

- ☐ Identify and invite speaker/panelists: patients, physicians, or public health (Mention NAW!)
- ☐ Once speaker confirmed, brainstorm topics for talk: work with your speaker
 - ☐ Confirm Topic: Epidemiology of the Problem, Stories from the Field, Policy Options, etc.
 - ☐ Leave time for Policy Person to highlight our Asks (issue brief) → Gain confidence talking policy!
- ☐ Secure event/food funding, if needed. [SIG Application](#)
- ☐ Book a room for the event (through Student Affairs)
- ☐ Market NAW as a finished package once all events are scheduled, rather than piecemeal
 - ☐ Personal/group social media pages, email listservs, class pages, official class calendar
 - ☐ [Seek administration permission for class listservs] → reach out however you can!
- ☐ Review issue brief and read up on how this issue affects your local community/state!
- ☐ Post-Event: Thank your guests & amplify photos, quotes from speakers, recorded blurbs via social media
 - ☐ Consult Social Media Guide Pg. 19

Day 2

Tuesday, October 29th: [Opioid Overdose Prevention](#) -- Skills to Save Lives

The Basics:

AMA's [Opioid Task Force](#) has called on America's doctors and medical students to "ensure that they have the necessary education and training to ensure effective, evidence-based treatment for patients with pain and substance use disorders." The actions our AMA has taken on at the [state](#) and [national](#) levels have led us to a point where we [may be turning the tide](#) on this deadly epidemic, if only just by an inch. We are committed to assuring that [physicians help](#) end the opioid crisis. In fact, as medical students, you and I can do our part. Learn and educate your classmates on [how to save lives with naloxone](#), the opioid overdose reversal agent. We can *literally save lives*!

- Event Type: Practical Learning Session
- Guest Type: Naloxone Training Instructor
- Recommended Speakers...
 - [State Health Department](#)
 - [Local Health Department](#)
 - Local physician, faculty, [state/specialty society physician](#)
 - [Individual from local syringe exchange program](#)
 - Ask COM faculty for recommendations
 - Use above links to find email/phone contacts nearby
 - Ask to be connected with someone able to provide free training during NAW
 - Folks want to help medical students learn how to revive patients!
- Purpose: Leave the event *feeling comfortable administering naloxone* to an opioid overdose patient
- For Help...
 - [Reach out to me](#), your region advocacy chair, COLA liaisons if you're stuck!
- Other Ideas
 - Speaker Event on Opioid Epidemic locally/nationally OR Patient Story
 - Include addiction treatment, effect of stigma, how to be a first responder
 - Set up [drug takeback event](#) or visit [syringe exchange program](#)
 - Invite leaders/government relations folks from state medical society to discuss opioid legislation
 - Figure out how to collect data on stigma, comfort managing pain, willingness to administer medication-assisted treatment (MAT), the gold-standard opioid use disorder (OUD) treatment.

Five Essential Steps for First Responders

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

Key Steps Checklist:

- ☐ Identify and invite speaker/panelists: Naloxone trainer (Mention NAW!)
- ☐ Once speaker confirmed, figure out brainstorm topics for talk: work with your speaker
 - ☐ Ask about stigma, stories about using naloxone to revive a patient, solutions to epidemic, etc.
 - ☐ Confirm what kind of space needed for event, availability of naloxone kits, etc.
- ☐ Secure event/food funding, if needed, and *consider inviting faculty/community*. [SIG Application](#)
- ☐ Book a room for the event (through Student Affairs)
- ☐ Market NAW as a finished package once all events are scheduled, rather than piecemeal
 - ☐ Personal/group social media pages, email listservs, class pages, official class calendar
 - ☐ [Seek administration permission for class listservs] → reach out however you can!
- ☐ Review issue brief and read up on how this issue affects your local community/state!
 - ☐ Learn about [naloxone products](#), **print copies of [ASA's Opioid Overdose Resuscitation](#)** one-pager
 - ☐ Hand out/post on campus/social media
 - ☐ For more details, see pages 57-63 of the [Harm Reduction Coalition's Overdose Prevention Guide](#).
- ☐ Post-Event: Thank your guests & amplify photos, quotes from speakers, recorded blurbs via social media
 - ☐ Consult Social Media Guide Pg. 19

Day 3

Wednesday, October 30th: Graduate Medical Education Caps -- Making Headway

The Basics:

Answer me this: Why is there a cap on residency positions if we need more physicians?

I hope that the issue brief on GME begins to illustrate that there really is no good answer right now. We have the opportunity to expand residency positions significantly, but only if we organize. Through this event, we'll hear from people further on in training than we are. We'll get a glimpse of [the path that lies ahead for us](#). We'll realize how advocating for patients requires that we [powerfully advocate for our future](#) as trainees, a fight [AMA and our student-predecessors have led](#) for years.

- Event Type: Individual/Panel Remarks and Advocacy Asks
- Guest Type: GME insiders -- local medical students, residents, attending physicians
- Recommended Speakers...
 - MS4 Match Applicants, Local Residents, [Residency Program Director\(s\)](#)
 - *To reach program directors:* Use [FREIDA](#) (free residency search tool for AMA members)
 - If you have a specific program in mind, look it up!
 - If you do not have a specific program in mind, follow these steps:
 - Search for any specialty
 - Narrow results to local programs
 - Select your state under "Locations" on the left
 - Select a nearby program
 - Email/Call the "Person to contact for more information about the program"
 - COM Faculty or [local AMA or state medical society members](#), especially if...
 - They have run a residency program or work with students applying to the Match
 - Medical Student Section Region Leadership can help connect you with local docs!
- Purpose:
 - Understand how the surplus of med student applicants due to residency caps affects the Match
 - Implications of physician shortage on patient care
- For Help...
 - [Reach out to me](#), your region advocacy chair, COLA liaisons if you're stuck!
- Other Ideas
 - Informational session followed by a large networking event, Q&A

Key Steps Checklist:

- ☐ Identify and invite speaker/panelists: MS4, resident, physician from residency program (Mention NAW!)
- ☐ Once speaker confirmed, brainstorm topics for talk: work with your speaker
 - ☐ Confirm Topic:
 - ☐ Informal dialogue/stories about wait times related to shortage: Effects on patient care?
 - ☐ How to open/expand a residency program, residency application/selection process
 - ☐ Amount of applicants vs. amount of slots → role of caps → effects on selection process
 - ☐ Leave time for Policy Person to highlight our Asks (issue brief)
- ☐ Secure event/food funding, if needed. [SIG Application](#)
- ☐ Book a room for the event (through Student Affairs)
- ☐ Market NAW as a finished package once all events are scheduled, rather than piecemeal
 - ☐ Personal/group social media pages, email listservs, class pages, official class calendar
 - ☐ [Seek administration permission for class listservs] → reach out however you can!
- ☐ Review issue brief and read up on how this issue affects your local community/state!
- ☐ Post-Event: Thank your guests & amplify photos, quotes from speakers, recorded blurbs via social media
 - ☐ Consult Social Media Guide Pg. 19

Day 4

Thursday, October 31st: Prescription Drugs, State Visits, or Social Media -- The Choice is Yours

The Basics:

Take a breath! You've done a great job so far. Here, you'll have a few options depending on how your week is going!

The Options:

Social Media Blast -- See Social Media Guide

How Drug Pricing Affects People -- Stories That Are Far Too Common

Recommended Speakers... Physician & Patient:

- ☐ Ask any practicing physician at your College of Medicine if they're interested!
- ☐ Be sure to respect confidentiality

Purpose: Patients' lived experiences motivate us to persist in our advocacy on their behalf!

- ☐ **Key Steps Checklist:** Example: Invite an elderly person on Medicare and their PCP
 - ☐ Invite and confirm speakers, topic, food, and location → Market event
 - ☐ Assign a moderator
 - ☐ Ask questions and listen to guests' narratives:
 - ☐ How drug costs and disease affect their ability to live comfortably
 - ☐ What it was like to sign up for Medicare
 - ☐ What it was like to [select a Medicare Part D \(prescription drug\) plan](#)
 - ☐ [What drugs are covered and not covered](#) and [what are out of pocket costs](#)
 - ☐ In the above links, click on sub-tabs on left-sided panel to learn more!
 - ☐ How the plan works for them and if it makes sense to them
 - ☐ What it was like to get a new medication for the first time
 - ☐ Reflect on experience physician and patient share with you
 - ☐ Leave time for Policy Person to highlight our Asks (issue briefs)

Show Your Face State-side -- Say Hello to your State Representative

Recommended Speakers...

- ☐ You and your NAW Leadership Team!

Purpose: Establish a relationship... introduce yourself, where you're from, and your future plans!

- ☐ **Key Steps Checklist:**
 - ☐ Look up your local elected representatives [here](#) and [here](#) using your med school address.
 - ☐ Find the phone number of the lawmaker's local office
 - ☐ Visit his or her website (Google: [name], [state], and "website")
 - ☐ Call to schedule a meeting using the attached phone call script found on pg. 16
 - ☐ Coordinate with local medical schools
 - ☐ Review [their voting record](#) and consider reaching out to [your state society](#) for help
 - ☐ *Prepare:*
 - ☐ Review Advocacy Guide and Issue Briefs (especially **Asks**) → Print out leave-behinds
 - ☐ Split up roles within your team, practice, and have a consistent message
 - ☐ Consult Advocacy Guide
 - ☐ Ask your state legislator how to support work on these issues at the state-level and follow-up
- ☐ Progress often happens at the state-level, so now you have a headstart for this work!

Whichever option you choose, market it as part of NAW, highlight it on social media, and send thank you's after!

For Help... [Reach out to me](#), your region advocacy chair, or COLA liaisons if you're stuck!

Day 5:

Friday, November 1st: National Advocacy Day

The Basics:

We have spread a whole lot of awareness and set the stage for important advocacy. How do we see to it that our ideas move forward and eventually become policy or law? We need our legislators to hear our stories.

Friday's event is intended as the crown jewel of Advocacy Week. Because of distance and expense, many students cannot attend advocacy events in Washington, D.C., like MARC, so this experience has been designed to replicate a Capitol Hill visit as closely as possible. Today, you will organize a district office meeting with a member of Congress who represents the district/state where your medical school is located.

Purpose: Learning to communicate with lawmakers, especially at the federal level. With a little planning in advance, you can finish NAW as a budding expert!

For Help... [Reach out to me](#), your region advocacy chair, or COLA liaisons if you're stuck!

Key Steps Checklist:

- ☐ Set up the visit
 - ☐ Look up your members of Congress by searching your med school's address [here](#) or [here](#).
 - ☐ Identify your two U.S. Senators and one U.S. Representative [phone # is for DC office]
 - ☐ Find **lawmaker's district (i.e. local) office phone number** by visiting his or her website
 - ☐ Google: [name], [state], "website") → Contact
 - ☐ Call and schedule a meeting using Phone Call Script
 - ☐ Coordinate with local medical schools to minimize overlap
 - ☐ Avoid overcrowding if your school has a lot of interest (8 at the very most)
 - ☐ If you can't meet with your Rep or Senator in person, meet staff!
 - ☐ **I challenge you to bring 5 students to your visit**
- ☐ Prepare for Visit
 - ☐ Review Advocacy Guide and Issue Briefs (especially **Asks**) → Print out leave-behinds
 - ☐ Split up roles within your team, practice, and have a consistent message
 - ☐ Before the meeting, spend a few minutes to plan as a group who will speak on each topic.
 - ☐ Encourage students who have personal anecdotes or experiences to share them – these stories may be the most impactful part of your meeting.
 - ☐ Consult Advocacy Guide
- ☐ Decide which legislative asks you will be highlighting in your discussion, choosing from our issues:
 - ☐ H.R. 8 Bipartisan Background Checks Act of 2019 [House passed, Senate pending]
 - ☐ FY 2020 Appropriations: \$50 million for gun violence research [House passed, Senate pending]
 - ☐ H.R. 1763/S. 348 Resident Physician Shortage Reduction Act of 2019
 - ☐ H.R. 2439 Opioid Workforce Act of 2019
 - ☐ Demonstrating [TruthinRx.org](#) to member of Congress
 - ☐ Urging that drug pricing legislation aligns with *the following principles*:
 - ☐ Any redesign of the Medicare prescription drug benefit should ensure appropriate alignment of incentives & cost sharing, while ensuring beneficiaries have access to needed treatments
 - ☐ Prescription drug subsidies for Medicare patients should be based on financial need
 - ☐ Efforts should be taken to address medication price increases that outpace inflation
 - ☐ Increase competition & combat the anti-competitive practices of drug manufacturers
- ☐ Post-Visit
 - ☐ Don't forget to grab business cards on your way out, and send a thank you email soon after.

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: hari.iyer@ama-assn.org.

- "Hello, could you please direct me to the staff member 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 a group of medical students at [MEDICAL SCHOOL]."
- "We would like to come and meet with [REP./SEN. NAME] sometime the week of October 28th to discuss the following: [choose one, two, or all three topics]."
 - Firearm Violence
 - Graduate Medical Education Funding
 - Prescription Drug Pricing
- "If you'd like any additional information, please feel free to let me know at [YOUR CONTACT], and we are happy to accommodate [REP./SEN. NAME]'s schedule, if that week does not work well."
- "If [REP./SEN. NAME] 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 help arranging this meeting. Is there an email address or phone number where I can contact you to confirm as the date approaches? Thank you and 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 you called to set up a visit. Ask to speak with your Representative/Senator or the staffer who handles health policy, and proceed as you would have had the meeting been in person. Discuss 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.

2019 AMA Medical Student National Advocacy Week Leave-Behind

Reduce Firearm Violence through Background Checks and Federal Research Funding

Facts

- ★ 342,439 people died from gun violence in the US and about 870,000 got injured from 2008-17
- ★ In 2017 alone, 39,773 people died from gun violence—the most since 1968, the earliest CDC data online.
- ★ Suicides have long accounted for the majority of gun deaths in the US (60% vs. 37% murders).
- ★ In 2015, age-adjusted gun death rates surpassed traffic accident fatality rates, a first in US history.
- ★ US gun homicide rate is over 25 times greater than comparable countries'; gun suicide rate 8 times higher.

Background

- ★ AMA has supported [H.R. 8, the “Bipartisan Background Checks Act of 2019”](#) to “expand the existing background check system to cover all firearm sales, including those at gun shows, over the internet and through classified ads, while providing reasonable exceptions for law enforcement and family and friend transfers,” closing loopholes to make the federal background check system “more effective.”
- ★ Right now, we recognize the critical need for comprehensive, multi-faceted public health solutions to prevent gun violence. To drive these solutions, we need improved surveillance and epidemiological research; we need to understand the causes and risk factors for gun violence and see which interventions work. AMA supports \$50 million of specific funding allocated to CDC and NIH in the Fiscal Year (FY) 2020 appropriations process to conduct such research.

Our Ask

We insist that Congress pass legislation mirroring H.R. 8, the Bipartisan Background Checks Act of 2019 into law, so guns are kept out of the hands of people who should not have them. Please urge that Congress fund firearm research (\$50 million for CDC and NIH) in Fiscal Year 2020 appropriations bills, so we can continue generating solutions to the firearm violence crisis in our country.

Increase GME Funding to Improve Access to Care

Facts

- ★ To become full-fledged physicians, medical students must complete GME, also known as residency training
- ★ In 2019, the number of applicants in The Match--where graduating medical students find out where they will train to become full-fledged physicians--exceeded available first year residency positions by over 6,200 or about 16%! As a result, these students' ability to become full-fledged physicians is compromised.
- ★ As our population grows and ages, the demand for health care services grows.
- ★ [Workforce experts continue to predict that the U.S. will face a significant physician shortage for both primary care and specialty physicians over the next 10+ years if training positions are not expanded.](#) The projected shortage is between 46,900 and 121,900 physicians by 2032.
- ★ The federal government is by far the largest single source of GME funding, primarily through Medicare (\$10b) to assure our elderly population has physicians to care for them.

Background

- ★ #OurAMA has long-supported legislative measures to increase GME funding. This year, AMA has supported the Resident Physician Shortage Reduction Act of 2019 ([H.R. 1763 in House of Representatives](#), [S. 348 in Senate](#)), which seeks to address the growing physician shortage and strengthen the nation's health care system by providing 15,000 additional Medicare-supported graduate medical education (GME) positions over five years. In addition, our AMA has supported [H.R. 2439 Opioid Workforce Act of 2019](#), which would provide 1,000 additional Medicare-supported graduate medical education (GME) positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain management.

Our Ask

We urge Congress to please join us in supporting the Opioid Workforce Act (H.R. 2439) and Resident Physician Shortage Reduction Act (H.R. 1763/S. 348), so we have the opportunity to train and care for patients in our communities after we complete medical school.

Make Prescription Drugs More Affordable Through Increased Transparency

Facts

- ★ About 6 in 10 American adults and 9 in 10 seniors report taking at least one prescription medicine.
- ★ In the past 12 months, 3 in 10 American adults did not take prescription medicine as directed due to cost.
- ★ From 2005 to 2017, Medicare's contribution to U.S. spending on prescription drugs went from 2% to 30%.
 - Now, Medicare is the second largest contributor to drug spending after private insurance.
- ★ In 1990, pharmaceuticals accounted for 5.6% of total U.S. health care spending, reaching 10% in 2017.
- ★ Out-of-pocket drug costs are expected to continue to increase.

Background

- ★ Three major market players contribute to an opaque system of spiking drug prices and spending:
- ★ Pharmaceutical companies make and sell drugs, but do not explain why prices can greatly exceed research-and-development and manufacturing-related expenses— some even buy existing drugs, spend nothing on research and development, and still raise prices.
- ★ Pharmacy benefit managers (PBMs) strike deals between drug makers and health insurers but these middlemen do not share their pricing agreements and it is unknown if savings ever reach patients; and
- ★ Health insurance companies approve treatments, set co-payments, and price out with PBMs how much patients pay for drugs.
- ★ AMA's [TruthinRx.org](https://www.truthinrx.org) campaign is working to expose the process that pharmaceutical companies, PBMs, and health insurers engage in when pricing prescription drugs and to rally grassroots support to demand drug price transparency.

Our Ask:

Please see to it that any drug pricing legislation Congress passes aligns with the following principles...

- 1) Any redesign of the Medicare prescription drug benefit should ensure appropriate alignment of incentives & cost sharing, while ensuring Medicare beneficiaries have access to medically necessary treatment
- 2) Subsidization of prescription medication for Medicare patients should be tailored based on financial need
- 3) Efforts should be taken to address medication price increases that outpace inflation
- 4) Increase competition and combat the anti-competitive practices of pharmaceutical manufacturers

Please explore [TruthinRx.org](https://www.truthinrx.org) to understand how pharmaceutical companies, pharmacy benefit managers, and insurance companies contribute to spiking drug prices and spending. Here, you'll find real stories, too!

SOCIAL MEDIA GUIDE

Oftentimes, our ability to advocate hinges on our ability to amplify a message. This packet is filled with ideas, but your work will determine what change happens in the real world. You've lived a life full of passion; you've met patients who share deep stories and count on physicians to care for them. Social media is an invaluable tool in our campaign to advocate policies that serve these patients. Spreading awareness is among our most important tools to drive solutions, as are organization and relationships with policymakers--these AMA's strengths, as your powerful ally in improving patient care. See below tips, checklists for a 'social media day,' and sample posts.

Social Media Tips--Make a Plan!

- 1) **Each day, it is essential to have someone dedicated to social media**
- 2) **Kick Off the Week with a few Posts!**
 - a) Announce your plans at the beginning of the week → Change your Profile Pic/Cover Photos
 - b) What is National Advocacy Week?
 - c) What have you planned? Tell folks to follow your journey!
 - d) What is AMA advocating for?
 - e) Why should students advocate as future physicians?
 - f) Why are you advocating as an AMA med student?
- 3) **Take Photos**
 - a) Don't be afraid to move to the front to take high-quality pictures of your guests/members
 - b) Take pictures of individuals interacting or asking questions
 - c) Avoid pictures of audiences, large unfilled rooms, or backs of heads
 - d) Get pictures with/of the guest with permission (especially at Congressional office!)
- 4) **Prepare Posts: make them "public" → we will amplify nationally!**
 - a) Use sample posts
 - b) Capture notable quotes from your speaker and post with pictures
 - c) Post a notable statistic or reflection from the event
 - d) Share a story from your life
 - e) Discuss importance of medical student advocacy
- 5) **Where to post?**
 - a) Your class page
 - b) Your school's AMA page/GroupMe → Take over your school's social media page → ask admin!
 - c) Your AMA Region Facebook page: [Map 1 2 3 4 5 6 7](#)
 - d) Your state MSS Facebook page
 - e) [AMA Med Students Facebook group](#) → You can contribute to the group's story!
 - f) Twitter/Instagram
 - g) Stories (Insta, FB, Snap → Tag AMA at @AmerMedicalAssn!)
- 6) **Hashtags and @s**
 - a) Official National Advocacy Week hashtag: #MSSAdvocacyWeek
 - b) Issue specific: #SaveGME #TruthinRx #EndGunViolence (feel free to add other relevant hashtags!)
 - c) Supplementary AMA hashtags: #MembersMoveMedicine #OurAMA
 - d) Like/Follow AMA Pages → Tag AMA in your posts/stories
 - i) Twitter: [@AmerMedicalAssn](#) [@AMAmestudents](#)
 - ii) Facebook: [@AmericanMedicalAssociation](#) [@AMAmestudents](#)
 - iii) Insta: [@AmerMedicalAssn](#)
 - iv) Our Social Media team will be looking for your posts and our hashtags to share/retweet!
 - v) Tag other people of interest, if you'd like!
- 7) **Make sure participants sign up for AMA Membership!**
 - a) Add members to our AMA Med Students FB page and Region Page
- 8) **Keep me posted** at hari.iyer@ama-assn.org or (248) 943-3052 or feel free to message!
 - a) At least two posts a day is a great goal → Leverage as many platforms as possible!

If you'd like to dedicate a day to social media, consider using the following checklist...

Social Media Blast Day-- Celebrating Success

☐ **Key Steps:**

- ☐ Highlight your successes with your school and region → Give your section/planners a shoutout!
- ☐ Post action shots of you and your team planning the week, and speaking at events
- ☐ Use FB, Twitter, Insta, & GroupMe to post pictures/content → involve AMA/school media
- ☐ Give extra love to events you've posted less about on pages you've posted less on
- ☐ Highlight policy issues
- ☐ Consult social media guide
- ☐ Hype up National Advocacy Day meeting with legislator!

Sample Posts –

Gun violence:

Each year nearly 40,000 Americans are killed and about 85,000 more are injured in acts of firearm violence. This is a public health issue. As members of the medical community we must act. This #MSSAdvocacyWeek, join me in working to #EndGunViolence. <http://spr.ly/60041Dg5e>

GME/Residency Slots:

By 2025 the U.S. will face a shortage of 90,000 physicians. This will impact patients' access to care. During #MSSAdvocacyWeek I'm fighting to #SaveGME positions so that federal funding that supports physician training won't get cut. Will you join me? <http://savegme.org/>

Prescription Drug Costs:

Patients shouldn't have to sacrifice their health due to high Rx drug costs. This #MSSAdvocacyWeek, I'm raising awareness for the need for drug price transparency. Join me in advocating for the #TruthinRx. <http://spr.ly/60001DgRE>

Research shows that in the last year 3 in 10 Americans did not take prescriptions as directed due to cost. That cannot stand. Follow me and my classmates this #MSSAdvocacyWeek, as we fight for more #TruthinRX. <http://spr.ly/60001DgRE>