



AMA 2020 MEDICAL STUDENT ADVOCACY AND REGION CONFERENCE

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Bipartisan medical marijuana legislation: "Cannabidiol and Marihuana Research Expansion Act"

The "Cannabidiol and Marihuana Research Expansion Act" (S. 2032), introduced by Senators Dianne Feinstein (D-CA), Charles Grassley (R-IA) and Brian Schatz (D-HI), would improve the process for conducting scientific and clinical research on cannabidiol (CBD) and marijuana, and streamline the development of safe and effective cannabinoid-based drugs approved by the U.S. Food and Drug Administration (FDA).

Given growing public support and legislative efforts at all levels of government to legalize the medical use of cannabis, many individuals are using Marihuana-derived products that have not been approved by the FDA. Many states and the District of Columbia have enacted laws making the medical use of cannabis legal at the state level even though such use is still illegal at the federal level.

The AMA believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use. Cannabis and its compounds, in particular CBD, have been found to have some therapeutic benefits. However, legal and regulatory barriers to cannabis and cannabinoid research have left physicians and patients without the evidence needed to understand the health effects of these products and make sound clinical decisions regarding their use. Our federal laws today are standing in the way of this needed research.

The AMA strongly supports the "Cannabidiol and Marihuana Research Expansion Act" to enable legitimate research evaluating the potential efficacy and safety of medicines derived from cannabis.

Urge your Senator to cosponsor S. 2032, the "Cannabidiol and Marihuana Research Expansion Act," to enable medical marijuana research, and ask your representative to introduce a companion bill in the House of Representatives.

Bipartisan telemedicine legislation: "CONNECT for Health Act"

The "Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act" (S. 2741/H.R. 4932), introduced by Sen. Brian Schatz (D-HI) and Rep. Mike Thompson (D-CA), would benefit Medicare beneficiaries by removing antiquated restrictions in the Medicare program that prevent physicians from using widely available medical technology that has become commonplace in the past decade.

While the medical profession, other federal health programs, state Medicaid programs and private health plans have been vigorously embracing telehealth services and technologies, Medicare coverage is restricted by law to services provided to patients who travel to certain clinical sites in rural areas. As a result, currently less than 1% of Medicare beneficiaries use telehealth services. It is long overdue that these outdated artificial barriers be removed, and that the Medicare program, beneficiaries and providers be allowed to take full advantage of innovative new telehealth services.

The “CONNECT for Health Act” would expand access to telehealth by providing the secretary of health and human services the authority to waive restrictions on payment for telehealth services, in addition to immediately authorizing Medicare to cover the use of telehealth for mental health, emergency medical services, rural health clinics and federally authorized health centers, Native American health centers, and during national emergencies, and for recertifying hospice care.

Ask your Senators and Representative to make modern telehealth services available to Medicare beneficiaries and physicians. Cosponsor S. 2741/H.R. 4932, the “CONNECT for Health Act.”

Bipartisan Graduate Medical Education (GME) legislation: Increase Residency Training Slots to Alleviate Physician Shortage & Serve Our Aging, Growing Population

AMA has long-supported legislative measures to increase graduate medical education (GME) training slots. GME is the supervised training after medical school that physicians must complete prior to becoming licensed and practicing independently, like residency and fellowship. 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).

The Balanced Budget Act of 1997, which put caps on the number of federally funded residency training positions, froze the number available to that which existed in 1996 despite a growing, aging population. Now, as medical school enrollment grows, future physicians worry about having slots available to complete their training and serve their communities as licensed physicians.

AMA strongly supports the Opioid Workforce Act of 2019 (H.R. 3414 in House of Representatives, S. 2892 in Senate) which would provide for 1,000 additional Medicare-supported 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. AMA has also endorsed 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 GME positions over five years. These bills are critical for medical students to receive appropriate training and go on to care for patients in communities across the country facing physician shortages.

- **Encourage your Senators and Representative to co-sponsor S. 2892/H.R. 3414, the Opioid Workforce Act of 2019, to significantly increase the supply of physicians trained to meet our nation’s immense need for treatment of addiction and related disorders.**
- **Urge your Senators and Representative to co-sponsor S. 348/H.R. 1763, the Resident Physician Shortage Reduction Act of 2019, to assure the amount of physicians trained today will be sufficient to treat the expanding, aging population of tomorrow.**

AMA additionally supports “Cap-Flexibility.” Currently, new teaching hospitals have five years to establish their residency programs before the institution’s Medicare Graduate Medical Education (GME) funding cap is set. Cap flexibility would help address our national physician workforce shortage by providing teaching hospitals additional time to establish Medicare GME caps if they establish new residency training programs. However, these new programs must address specialty shortages specific to their local area, for example to address a local shortage of OB/GYN or geriatric specialists. New “shortage specialty programs” would be given their own five-year period, separate from the teaching hospital’s five-year cap building period, to build out their program.

Ask your Senators and Representative to urge the Center for Medicare and Medicaid Services to leverage its existing authority to adopt cap flexibility so that the US is able to supply a sufficient number of primary care and specialist physicians to meet the needs of individuals in medically underserved and/or economically depressed areas.