



MEDICAL STUDENT

NATIONAL ADVOCACY WEEK 2020

Moving Forward
and Redefining
Health Care



OCT. 12-16

Dear Colleagues,

Welcome to our National Advocacy Week! This event is a national grassroots effort created in order to accomplish two main goals: first, to address critical barriers in accessing equitable, quality and affordable health care; and second, to equip medical students nationwide with the tools to advocate effectively for their patients. We have truly entered an arduous, yet pivotal, point in history where we as the future leaders in health care will lead the charge in transforming medicine to represent the needs of all patients. The American Medical Association (AMA) is committed to providing equal access to high-quality care to all patients. As such, our AMA has adopted the [Declaration of Professional Responsibility](#), **“As physicians, we are bound in our response by a common heritage of caring for the sick and the suffering. Through the centuries, individual physicians have fulfilled this obligation by applying their skills and knowledge competently, selflessly and at times heroically. Today, our profession must reaffirm its historical commitment to combat natural and man-made assaults on the health and well-being of humankind. Only by acting together across geographic and ideological divides can we overcome such powerful threats. Humanity is our patient.”**

In order to further the AMA’s mission of providing equitable and accessible health care, this year we will seek to address some of the barriers to quality health care as it relates to the following:

- Expanding Telemedicine and Broadband Access
- Advancing Health Equity Through COVID-19 and Beyond
- Fixing Prior Authorization
- Investing In Public Health

Beginning on Oct. 12th, the medical student members of the AMA from every corner of the United States will stand together to actively address the ongoing issues that affect our patients’ access to timely, quality health care. In this kit, you will find everything you need for a successful Advocacy Week! Here are your most immediate action items to ensure your chapter’s goals are accomplished:

Set up a virtual 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 “virtual” 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 18-21 of this document.

Apply for a Section Involvement Grant for programming and events

Consider hosting a virtual lunch for your speaker session! The Section Involvement Grant (SIG) program is available to all medical schools to support local AMA medical school section recruitment and engagement efforts throughout the school year. Apply [here!](#)

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. The issue briefs on the following pages are dense and include three different 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!

This is **your** advocacy experience, but I am here to help guide you along the way. As we move forward, please reach out to me via Facebook, email, text, or phone call if you need any further guidance!

Sincerely,
Reilly Bealer
Government Relations Advocacy Fellow
Cell: (509) 362-2177
reilly.bealer@ama-assn.org

SCHEDULE OF EVENTS AND OVERVIEW

This year's Advocacy Week is designed to empower you and your classmates to engage in vital 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! Finally, make sure to watch our daily briefings where we discuss these important issues with physician leaders, legislatures, and federal stakeholders.

DAY 1: Oct. 12th

Map Out Your Advocacy Plan

Begin the social media campaign by changing your profile picture and post about these campaigns on Facebook, Instagram, and Twitter. Be sure to use the following hashtags on all your social media accounts!

- #NAW2020
- #MSSAdvocacyWeek
- #MembersMoveMedicine
- #FixPriorAuth

Throughout the week, take photos of all your events, and share on social media using the same hashtags. Additionally, make sure you email your photos directly to me at reilly.bealer@ama-assn.org

DAY 2: Oct. 13th

The Future of Telemedicine and Broadband Access

- Consider having a programming session with a topic expert!
- Choose a key health care entity in your state such as a member of your state medical society or a physician leader in your community and invite a speaker to your campus (virtually).
- If you wish to provide lunch and need extra funding from the American Medical Association, apply for a Section Involvement Grant!

DAY 3: Oct. 14th

Improving Health Equity Through COVID-19 and Beyond

- Discuss the impact of health disparities and what health equity would look like in your community and medical education.
- Meet with your State Representative or Senator, using the issue briefs on pages 18-21. This will need to be addressed before I send to Creative as a reference

DAY 4: Oct. 15th

Fix Prior Auth

- Meet with your Federal Congressional Representatives and Senators–this is the centerpiece of Advocacy Week.
- Face-to-face meetings are ideal and should be top priority, due to COVID-19, these will likely be virtual meetings–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 informed and successful visits with your legislators.

DAY 5: Oct. 16th

Investing in Public Health Infrastructure and Final Summary Session

- Attend the final AMA MSS Zoom Session.
- Review how this National Advocacy Week went, what were the highs and lows?
- Consider how you will continue your advocacy work moving forward.

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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 members of Congress, 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 media platforms including Facebook, Instagram, and Twitter.

Check out these [videos from Congress.gov](#) concerning the legislative process, including the 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 reilly.bealer@ama-assn.org or via phone at 509.362.2177.

Remember to [Apply HERE](#) for a Section Involvement Grant (SIG) to receive funding from the AMA for National Advocacy Week events!

DAY 1 - MONDAY: MAP OUT YOUR ADVOCACY ACTION PLAN

Our medical student National Advocacy Week is an opportunity to mobilize and coordinate the efforts of students across the country in order to address critical issues that we face in healthcare. This tool kit is a starting point for planning your advocacy event, but the actions moving forward depend on you!

The COVID-19 pandemic has brought a spotlight onto many of the issues that patients commonly face in our country's healthcare system, and further exacerbated inequities. Telehealth has become more important than ever to both patients and providers as we all participate in social distancing. Additionally, prior authorization protocols are utilizing precious time that could be better spent caring for patients safely and efficiently. This week, medical students around the country can rally together to spread the word about these problems and advocate for meaningful change.

While we are coming together to take action on these issues, we are all operating in a new landscape full of virtual classes and events. Throughout the week, we have planned a nationwide webinar series that your members can participate in to learn about these issues, with no additional planning needed by your chapter. Additionally, we have created the following toolkit to help supplement this series and provide a framework to conduct more nuanced conversations and efforts to impact your local community.

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](#)
[MSS Twitter](#)
[AMA Instagram](#)
[MSS Facebook](#)
- Use the hashtags: #NAW2020 #MSSAdvocacyWeek #MembersMoveMedicine #FixPriorAuth
- 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

Day 1 Checklist:

- ☐ Attend National Advocacy Week Day 1 webinar
- ☐ If hosting own events, confirm speakers and schedule
- ☐ Highlight the weeklong webinar schedule on your chapter's listserv and social media platforms
- ☐ Set social media post and account settings to "Public" so that the information and resources you provide over the week can be shared by others
- ☐ Check out the AMA's [Center for Health Equity](#), the [Fix Prior Authorization](#) campaign website, and the [AMA Health Care Advocacy](#) page for more background and resources!

DAY 2 - TUESDAY: PRIORITIZE TELEHEALTH ACCESS FOR COVID-19 AND BEYOND

The COVID-19 pandemic has exacerbated the need for accessible care that prevents at risk individuals from unnecessary exposures. In order to accommodate public health preventative measures, physician practices are transitioning towards offering telehealth services to allow patients to shelter at home and decrease the risk of infection to the provider as well as other patients. The AMA has designed [resources](#) to support physicians and practices in expediting the implementation of telemedicine.

One major barrier to expansion of telemedicine is the digital divide within the United States that prevents equitable access to broadband services. The Federal Communications Commission has highlighted the necessity of broadband accessibility for communities by stating that, “[h]igh-speed Internet access, or broadband, is critical to economic opportunity, job creation, education, and civic engagement.” In rural areas, less than 65% of residents have access to high speed fixed services. It is critical to recognize the significant inequities that limit nearly 30 million Americans from securing the benefits associated with the Digital Age. In particular, Native and Black populations have [disproportionately high rates](#) of unreliable or absent broadband access; on tribal lands less than 60% of residents have internet capabilities. This issue is intricately tied to telehealth availability and equitable access to quality healthcare.

Physician training also poses a barrier to accessible telehealth. A 2017 [survey](#) of nearly 5,000 family physicians found that, despite considerable interest, only 15% of respondents were using telemedicine; 55% cited a lack of training as their reason for not using it. To address this gap, the AMA [supports](#) the inclusion of telehealth training as a core competency in medical schools. On Tuesday, your chapter can take the lead on your campus by organizing a training session on telehealth best practices.

Step One: Identify a Clinician Presenter

Invite a local physician, or even a faculty member, that has incorporated telehealth into their practice to speak at a virtual event. Express that you and other students want to learn more about what the practice of telehealth looks like on a day to day basis, how they think it benefits their patients, and that you would like to learn more about telehealth early in your education. Discuss potential challenges that may impact the equitability of telemedicine. Find a time that works well with their schedule.

Step Two: Register and Market Your Training

Work with those leaders at your university responsible for authorizing and setting up student events. Decide which digital platform you will host the event on and create the invitation you will send to students. Be sure to advertise your event to all students, as virtual events may be easier for students on clerkships to attend than events you may have held in person.

Step Three: Prepare for the Event

Familiarize your team with telehealth best practices to help supplement the knowledge of your speaker. [Here's](#) an example telehealth patient appointment checklist from the Texas Medical Society as an example for a productive telehealth encounter. You can also refer students to an [FAQ](#) on telehealth use during COVID-19.

Present some Do's and Don'ts for Telemedicine along with your training:

Do's	Don'ts
<ul style="list-style-type: none">• Make sure you have a quiet, calm environment to conduct your visit• Treat the visit as professionally as an in-person visit• Learn about telehealth-specific CPT codes• Set expectations for what types of visits can be conducted over telehealth for patients	<ul style="list-style-type: none">• Leave your phone or pager on; make sure these are silenced• Forget to offer telehealth as an option for qualifying visits• Assume that patients will easily be able to navigate the technology required for visits• Rely on Wi-Fi if possible; a hard-wired internet connection is more reliable

Day 2 Checklist:

- ☐ Attend National Advocacy Week Day 2 webinar
- ☐ Schedule a telehealth training session for your chapter
- ☐ Discuss with your administration how you can get clinical experience using telehealth during your medical school training
- ☐ Urge your Senators and Representatives to sponsor/support The Telehealth Modernization Act using the issue brief provided on page 18 to continue to expand access to care through telehealth coverage

DAY 3 - WEDNESDAY: EXAMINE MEDICINE THROUGH AN EQUITABLE LENS

According to the World Health Organization, equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. “Health equity” or “equity in health” implies that everyone should have a fair opportunity to attain their full health potential and that no one should be impeded from achieving this potential.

Structural determinants of health are a set of conditions that predispose populations to better or worse health outcomes. These include the zip code in which patients are born in and reside in, resources available in a patient’s immediate community such as safe and affordable housing, education, job training, broadband internet access, healthcare providers, and transportation options, along with other factors. The [Health People 2020](#) campaign outlines resources available to combat health inequities perpetuated by structural determinants of health.

The American Medical Association formed its [Center for Health Equity](#) in May of 2019, which works tirelessly to promote the vision of equitable access and outcomes to all patients as outlined in the organizations [reformed policy](#) on health equity passed in June of 2018. In the midst of the pandemic, the Center for Health Equity has been busy creating resources and providing educational opportunities for members, including the ongoing [Prioritizing Equity](#) video series.

Addressing Equitable Data Collection During COVID-19

The COVID-19 pandemic is disproportionately affecting communities of color. Detailed data collection, including demographics such as race and ethnicity, are critical to understanding the course of the pandemic and vital to providing evidenced-based care to patients. According to the Boston Medical Center, “[l]ong-standing systemic health, health care, and socioeconomic inequities and systemic racism, which influence life expectancy, underlying medical conditions, and health care access and utilization, as well as current work and living circumstances are all factors that can play a crucial role in risk for COVID-19 exposure, illness, and mortality.”

We need data disaggregated by race and ethnicity on who receives tests, who tests positive, who is hospitalized, who dies, and once developed, on who receives treatment and a vaccine, along with who participated in clinical trials which historically lack representation for Black, Indigenous, and People of Color (BIPOC). Without timely and accessible data on the race and ethnicity patterning of the pandemic, we limit our capability to:

- Understand this pandemic to its fullest extent.
- Focus efforts and messaging that are culturally responsive and appropriate that quell misinformation and fears.
- Ensure equitable access to testing and treatment.
- Ensure equitable distribution of resources in the present and for future emergency preparedness and response.

Learn more about why equitable data collection is so vital [here](#), and spread the word in your social media circles to bring attention to these disparities. The general population may not be as aware of the stark differences in health outcomes, particularly in less diverse geographic areas.

Sample social media posts:

- “The death rate of Black Americans from COVID-19 is more than double that of white Americans. We need equitable data collection to effectively treat our patients #HR6585”
- “Without accurate data that is representative of all our citizens, we cannot appropriately evaluate the unique challenges facing these communities during public health disasters like COVID-19. Pass HR 6585!”

Confronting Inequities in Maternal Mortality

Maternal mortality is often considered a litmus test for the health of a nation. Unfortunately, as many developed nations have seen decreased maternal mortality in recent history, the United States has seen an [increasing rate](#) of maternal mortality. Alarming, these rates are more than doubled in the Black and Native American patient populations as compared to White patient populations. This disparity is yet another sign that mothers and newborn children need equitable medical support, particularly in communities of color.

To provide some perspective, the national maternal mortality rate is [reported by the CDC](#) at 17.4 deaths per 100,000 live births. This rate increases for Black mothers at 37.1 deaths per 100,000 live births compared to 14.7 and 11.8 per 100,000 live births in non-Hispanic white patients and Hispanic patients, respectively.

Unfortunately, for many years, infant and maternal mortality was [not uniformly reported](#). In 2003, a system implementing a checkbox on death certificates for identifying maternal morbidity and mortality related deaths was introduced, however there was not a timely schedule for mandating implementation of data collection and dispersal. Only in 2018, after an eleven-year hiatus, did the CDC publish updated national maternal mortality data.

It is imperative that we support legislative efforts that address these disparities and promote measures to decrease overall maternal mortality in a timely manner. Additionally, medical student literacy on this topic can broaden awareness and promote mindfulness of these problems while we are training and have the opportunity to work with affected patients. To help accomplish this, we suggest hosting a lunch talk by a local expert that can speak on maternal mortality and the local disparities that exist in your communities.

Step One: Reach Out to Your State Medical Society

Your state medical society will likely have dedicated legislative staff members that are familiar with broad issues in medicine. Contact them and ask if they can point you in the direction of a physician leader or society policy analyst that is passionate about policy issues surrounding maternal mortality. These individuals would be well prepared to discuss issues pertinent to your state. If they are unable to provide you with a contact, reach out to your institution's obstetrics and gynecology faculty, and see if they can get you in contact with a local physician.

Step Two: Identify Goals with Your Speaker

Once a guest speaker has been identified, reach out to them, and inquire if they would be willing to talk to your chapter virtually about maternal mortality. Collaborate on goals for the session. These could include but are not limited to:

- Identifying local efforts to improve maternal mortality
- Discussing what role medical students play in improving maternal mortality
- Elaborating on structural barriers, social, and economic factors that lead to maternal mortality

Step 3: Prepare for the Event

Register your virtual event with your university, publicize the guest lecture, and prepare an introduction for the speaker. Encourage potential attendees to familiarize themselves with the [CDC's interface](#) for maternal mortality statistics, and learn about what the American Medical Association is doing to promote efforts [mitigating maternal mortality](#) at the legislative level.

Day 3 Checklist:

- ☐ Attend National Advocacy Week Day 3 webinar
- ☐ Spread the word on social media regarding disparities in the current COVID-19 pandemic to highlight the need for equitable data collection
- ☐ Highlight disparities in maternal mortality via an expert lecture lunch event, and provide resources to students that are active in your local community
- ☐ Communicate to your legislators that these issues are essential to providing evidence-based care to all patients

DAY 4 - THURSDAY: FIX PRIOR AUTHORIZATION

What is Prior Authorization?

Prior authorization is a utilization management process used by some health insurance companies to determine if they will cover a prescribed procedure, service, or medication. There are a number of reasons that insurance providers require prior authorization, including age, medical necessity, the availability of a generic alternative, or checking for drug interactions. A failed authorization can result in denial of payment by the insurance company or requiring that the patient go through a separate process known as “step therapy” or “fail first.” Step therapy dictates that a patient must first see unsuccessful results from a medication or service preferred by the insurance provider, typically considered either more cost effective or safer before the insurance company will cover a different service. Ethically, forcing patients to fail therapy, which can cause adverse events including death and decreased quality of life, before starting a therapy that may provide more benefits to the patient, is directly in opposition of a physician’s goal to do no harm.

Fast Facts

- Physicians complete an average of [33 prior authorizations per week](#). This administrative nightmare eats up roughly two business days (14.4 hours) of you and your staff’s time. If an insurance plan covers a treatment that would benefit your patient, you should not have to waste time ensuring access to it.
- 91% of physicians report that their patients experience [delays of essential care](#) due to prior authorization requirements.
- Prior authorization increases the [cost of care](#), placing burden on both practices and patients

[Prior authorization requirements](#) have changed quickly for testing of and treatment for COVID-19

We now must ask how we can reform prior authorization requirements for all treatments, even outside of the pandemic to ensure that patients’ health needs are prioritized over the profit of insurance companies. Without reform, we can anticipate spending hours negotiating with insurance companies to get patients treatments they need instead of treating patients.

Potential reforms to prior authorization include:

- Forcing any utilization management programs to follow evidence-based guidelines--cost alone should not be a reason that a therapy is not covered
- If such programs exist, timely review should be guaranteed
- Prior authorization should only need to occur once, and not be required throughout the duration of a treatment (i.e. refilling a prescription)
- Patients who are already stabilized on a therapy requiring prior authorization should have the duration of their treatment covered, or at a minimum, have a grace period of coverage

Day 4 Checklist:

- ☐ Attend National Advocacy Week Day 4 webinar
- ☐ Check out the AMA’s [Fix Prior Auth](#) Grassroots Resource Page
- ☐ Ask the preceptors and clinicians you work with about how prior authorization has personally impacted their experience practicing medicine
- ☐ Share anecdotes with your legislators and encourage support for H.R. 3107 using the issue brief provided on page 21

DAY 5 - ADVOCACY IN ACTION

You have now spent the past week learning about telehealth access, prior authorization, equitable data collection, and disparities in maternal mortality. Medical student literacy on these topics will prove invaluable to our patients, but to enact meaningful change at a systemic level, we must convey this knowledge to our legislators!

Be sure to attend our Zoom webinar on Friday, Oct. 16th for our Wrap Up Session. We will be providing a summary as well as a special session on public health infrastructure. The COVID-19 pandemic has strained all aspects of our country's healthcare system. Please join us in a special conversation on the importance of investing in our public health infrastructure, supporting our physicians, and communicating vital health information to our patients.

Confront Issues at a State Level

The experiences of the patients you see in your clerkships, or even the free clinic run by your medical school, are greatly shaped by state-level policies. Meeting with the state Senator or Representative for the district your medical school is located within will allow you the chance to prioritize local issues and give the representative your perspective on the health of their constituents.

Check out your Representative or Senator's [voting record](#) on legislation related to telehealth, health equity, and prior authorization. This will give you the background to start a conversation about these topics.

Use your [state medical society](#) as a resource. They likely have information already compiled about how local issues are affecting your patients and area physicians!

Step 1: Setting up a visit

Find your local legislators by searching this [tool](#) 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 and offer to set up a conference call or preferably a video chat. Feel free to refer to the same "scheduling via phone call" script you used for your state level meetings found on page 15.

If there are multiple schools in your area, please coordinate amongst yourselves to ensure minimal overlap. Also, if several students at your school wish to attend this meeting, consider scheduling more than one (potentially with different state legislators) to avoid a situation in which not everyone participating gets a chance to share their thoughts and perspectives.

In some cases, your lawmakers may not be available to meet, but one of their health policy staffers will offer to meet with your group 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 18-21 and that everyone has a consistent message. Ensure that you have the leave-behind information sheet ready to be shared on your screen during the call, and plan to email it as an attachment to the staffer and legislator following the meeting.

Before the meeting, spend a few minutes to plan as a group who will speak to which parts of each topic. This will help avoid talking over one another during the video chat or phone call. 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 the state and federal levels. Additionally, the information you gathered from your state society website might be helpful for this meeting.

Step 3: After the visit

Courtesy is an important part of building productive relationships with lawmakers and staffers. Be sure to record the information of anyone you met with and provide them with contact information for anyone in your group, especially those that are voting constituents. Consider sending a follow up emailing thanking the Senator/Representative/staffer for their time. Identify yourself as a resource if they have any further questions. The next time you organize an advocacy event, particularly regarding the topics you discussed with them, consider inviting them to the event. These connections can have lasting impacts on the health of your local community!

Take Action Nationally

The policies outlined in the issue briefs provided are most pertinent to our federal legislators. Their support or sponsorship of these bills is crucial in prioritizing equitable access to quality healthcare. Setting up and conducting meetings with federal legislators is similar to meeting with your state Senators and Representatives, with a few key differences.

The largest of these differences is that you will enter the meeting with the direct goal of asking for support or sponsorship of the bills highlighted in the National Advocacy Week issue briefs.

Step 1: Setting up a visit

Look up your federal legislators by searching this [tool](#) 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 and offer to set up a conference call or preferably a video chat. Feel free to refer to the same "scheduling via phone call" script you used for your state-level visits found on page 15.

Again, coordinate with other local chapters to prevent overlap if there are multiple meetings. Strategize amongst those participating in visits to prioritize support for different bills in each meeting and spread students across these meetings so that everyone has a chance to speak up and share their experiences.

You may end up meeting with the health policy staffer, which may mirror state level visits. They likely will be well versed on the bills you want to speak to them about, so make sure you are too!

***NOTE: Due to COVID-19, many of our Representatives and Senators are adopting an online method for scheduling a visit:

- Go to www.House.gov or www.Senate.gov
- Click on Senators or Representatives
- Find your Member of Congress and click on their name to go to their website
- Click on Contact Me
- Click on Scheduling Requests/Schedule a Meeting

Step 2: Preparing for the visit

Ensure that all the students attending the meeting have reviewed the issue briefs found on 18-21 and that everyone has a consistent message. Have the leave-behind information sheet ready to be shared on your screen during the call, and plan to email it as an attachment to the staffer and legislator following the meeting.

Decide on a legislative ask:

- The Telehealth Modernization Act
- H.R. 6585, "Equitable Data Collection and Disclosure on COVID-19 Act"
- H.R. 1897/S. 916, "Mothers and Offspring Mortality and Morbidity Awareness Act" (MOMMA's Act)
- H.R. 4995, "Maternal Health Quality Improvement Act of 2019"
- H.R. 3107, "Improving Seniors' Timely Access to Care Act of 2019"

* Be sure to check to see if your legislator is already supporting or sponsoring these bills. You don't want to look unprepared by asking them to support something that they already are! If they are already supporting one of these bills, be sure to express your gratitude.

Before the meeting, spend a few minutes to plan as a group who will speak to which parts of each topic. This will help avoid talking over one another during the video chat or phone call. 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.

Step 3: After the visit

Courtesy is an important part of building productive relationships with lawmakers and staffers. Be sure to record the information of anyone you met with and provide them with contact information for anyone in your group, especially those that are voting constituents. Consider sending a follow up emailing thanking the Senator/Representative/staffer for their time. Identify yourself as a resource if they have any further questions. Establishing relationships with both the staffer and legislator will benefit you when you meet with them at the Medical Student Regional and Advocacy Conference (MARC)!

Day 5 Checklist:

- ☐ Attend our final zoom webinar
- ☐ Review Issue Briefs
- ☐ Check up on local issues on your state medical society's website
- ☐ Schedule a meeting with your local legislators
- ☐ Schedule a meeting with your federal legislator

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 is meant to serve as a basic outline of what you ought to say. Reach out to Reilly Bealer at 509.362.2177 or reilly.bealer@ama-assn.org if there are any questions or concerns.

- 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 schedule a virtual meeting with [REP./SEN. NAME] sometime in the next few weeks to discuss the following [choose one, two, or all three topics to discuss]
 - Access to Telehealth Services
 - Equitable Access to Healthcare
 - Prior Authorization
- I am available to provide additional information that you may require and we are happy to accommodate [REP./SEN. NAME]'s 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!

2020 AMA MEDICAL STUDENT NATIONAL ADVOCACY WEEK

Expanding Telehealth Services and Broadband Access

- Currently, under 1834(m) of the Social Security Act (SSA) (42 U.S.C. 1395m(m)), Medicare is prohibited from covering and paying for telehealth services delivered via two-way audio-visual technology unless it is provided at an eligible site in a rural area. The home is not considered an eligible originating site, except in a few instances.
- Prior to the COVID-19 public health emergency, the beneficiary would be **required** to go to either:
 - county outside a Metropolitan Statistical Area (MSA)
 - A Rural Health Professional Shortage Area (HPSA) in a rural census tract
 - A specific eligible site
- On March 6, Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act allowing physicians and other health care professionals to bill Medicare fee-for-service for patient care delivered by telehealth during the current coronavirus public health emergency.
- In the last week of April, nearly **1.7 million** beneficiaries received telehealth services, compared to 13,000 beneficiaries per week prior to the public health emergency.
- In total, over 9 million beneficiaries have received a telehealth service during the public health emergency, mid-March through mid-June.
- Telemedicine is allowing patients, especially those vulnerable to COVID-19 complications, to continue accessing care safely and continuously with their physicians.
- Telemedicine is helping many physicians maintain their practices and retain their staff during stay-at-home orders and when providing in-person care is not safe or feasible.

Our Ask: Please join us in supporting the Telehealth Modernization Act (S. 4375) making permanent the COVID-19 related expansion of telehealth services. This would amend Medicare's "geographic and originating site" restrictions improving telehealth accessibility for patients. We strongly support bipartisan calls to expand broadband infrastructure to address inequities, including improving access to health care via telehealth.

Improving Health Equity Through COVID-19 and Beyond

- The COVID-19 public health crisis has had a disproportionate impact on BIPOC communities.
- Data (especially disaggregated data on race/ethnicity, age, gender) is critical to understanding the impact of COVID-19 across the U.S. and also to inform the appropriate response, planning and allocation of resources.
- Without timely and accessible data on the race and ethnicity patterning of the pandemic, we limit our capability to:
 - Understand this pandemic to its fullest extent.
 - Focus efforts and messaging that are culturally responsive and appropriate that quell misinformation and fears.
 - Ensure equitable access to testing and treatment.
 - Ensure equitable distribution of resources in the present and for future emergency preparedness and response.
- Nationally, Black women have a maternal mortality rate three to four times higher than that of white women.
- At least 60 percent of maternal deaths are preventable.
- Out of 10 similarly wealthy countries, the US had the highest number of maternal deaths per capita in 2018.
- Experts are concerned that the COVID-19 pandemic is worsening the United States' Maternal Mortality Crisis.

Our Ask: Please support legislation that would designate efforts to address inequities that contribute to poor health outcomes in our marginalized communities such as the Equitable Data Collection and Disclosure on COVID-19 Act (H.R. 6585/S. 3850), the Maternal Health Quality Improvement Act of 2019 (H.R. 4995), and the Mothers and Offspring Mortality and Morbidity Awareness (MOMMA's) Act (H.R. 1897/S. 916).

Fixing Prior Authorization

- Physicians complete an average of 33 prior authorizations per week which accounts for about 14.4 hours, or two business days, worth of time.
- 91% of physicians say that prior authorization sometimes, often, or always results in care delays.
- Prior authorization requirements frequently delay access to medically necessary care, negatively impact patient clinical outcomes, and drain practice resources, as illustrated by the results of the [2019 AMA Prior Authorization Physician Survey](#).
- During the COVID-19 public health crisis, prior authorization requirements often divert physician and staff time away from direct care, force patients to make multiple trips to the pharmacy, and delay hospital discharges.

Our Ask: Please support legislation such as the Improving Seniors' Timely Access to Care Act of 2019 (H.R. 3107) that would reduce unnecessary administrative burdens through revision of prior authorization requirements. To learn more about our asks, please visit our AMA grassroots campaigns at <https://fxpriorauth.org>

ISSUE BRIEF: TELEMEDICINE EXPANSION

What is the issue?

Interest in, and implementation of, telemedicine has expanded rapidly during the COVID-19 pandemic. An estimated 9 million Medicare beneficiaries used telemedicine services during the first few months of the pandemic. In addition to Medicare related services, nearly \$4 billion was billed nationally for telemedicine services during March and April up from the approximately \$60 million that was billed for telemedicine services at the same time last year.

Many changes have been made to telehealth policy, coverage, and implementation, to increase accessibility. The federal government has loosened geographic and origination restrictions on telehealth for Medicare beneficiaries, HHS has waived enforcement of HIPAA for telemedicine, and the DEA has loosened requirements on e-prescribing of controlled substances. Many insurers have reduced or eliminated cost sharing, broadened coverage of telemedicine, and expanded in-network telemedicine providers. However, the Federal Communications Commission (FCC) estimates that 21 million Americans still lack broadband access.

What is the legislative action the AMA is supporting?

The Telehealth Modernization Act (S. 4375), authored by Sen. Lamar Alexander (R-Tenn), would make permanent important COVID-19 related expansions related to telehealth services. S.4375 would remove Medicare's "geographic and originating site" restrictions, which restricts access that patients using most telehealth services live in rural areas and utilize the telehealth services at an eligible provider's office. It would also expand which Medicare services were available via telehealth such as physical therapy, speech language pathology, and hospice and home dialysis initial appointments.

What is the AMA advocating for?

The American Medical Association joined with the Physicians Foundation, Florida Medical Association, Massachusetts Medical Association, and Texas Medical Association to launch [The Telehealth Initiative](#). The program helps physicians shift to a telehealth model of care to improve patient access and reduce the risks posed by COVID-19.

In a [letter](#) to Seema Verma, Administrator of the Centers for Medicare and Medicaid (CMS), the AMA strongly supported actions taken by CMS to expand patient access to remote care. These actions include expanding the coverage of telehealth services to increase access to, and use of, important medical services during the COVID-19 public health emergency; paying for telehealth visits at the same rates as in-office visits; and permitting telehealth services to be used for new and established patients.

The AMA House of Delegates adopted policy in 2018 to advocate for the expansion of broadband and wireless connectivity to all rural and underserved areas of the United States. The AMA has strong policy that supports the promotion of quality telemedicine services and insurance coverage parity for telemedicine visits.

How can I make an impact?

Remember this when you reach out to your elected officials and call for the following:

- Support the Telehealth Modernization Act (S. 4375)
- Become an official co-sponsor
- Consider introducing and supporting a companion bill in the House of Representatives

ISSUE BRIEF: HEALTH EQUITY AND COVID-19 DATA COLLECTION

What is the issue?

Marginalized communities have historically had higher rates of the morbidity and mortality related to contracting diseases even without a pandemic. These communities are especially vulnerable during the COVID-19 crisis. Without collecting data on historically marginalized communities, the breadth of this issue will never be fully understood, thus inhibiting the ability of medical professions and community members to learn about inequities from this current pandemic.

The [Centers for Disease Control and Prevention](#) (CDC) has documented social determinants of health that play a role in contributing to increased risk of COVID-19 infection and death among racial and ethnic minority groups, including discrimination, health care access and utilization, occupation, housing, education, income, and wealth gaps. It has also been [shown](#) that Black, Indigenous, Latinx, and Pacific Islanders are three times more likely to die of COVID-19 compared to their White counterparts. To put this in perspective, if Black people died of COVID-19 at the same rates as White people, over 20,000 Black individuals would still be alive today.

What is the legislative action the AMA is supporting?

The “Equitable Data Collection and Disclosure on COVID-19 Act” (H.R. 6585/S. 3850), introduced by Representative Robin L. Kelly (D-IL) and Senator Elizabeth Warren (D-MA), would establish the Commission on Health Equity during the COVID-19 Public Health Emergency and would create reporting requirements for certain demographic data related to COVID-19.

This bill would increase the depth of knowledge regarding demographic data related to COVID-19 by creating a Commission to support and conduct the collection of such data within the United States and its territories. The goal of the Commission would be to provide a written report of the data itself, barriers to COVID-19 testing and treatment, and analyses of the data for different subgroups including race, sex, gender, sexual orientation, income status, disability status, and geographical location.

What is the AMA advocating for?

The [American Medical Association](#) (AMA) is aware that data collection and analysis is critical to understanding the impact of COVID-19 across the U.S. and that it plays a pivotal role in the appropriate planning, response, and allocation of resources. The [AMA](#) is also aware of which states are tracking COVID-19 based on race and ethnicity and to what extent they are doing so. The AMA issued an [open letter](#) against racism and xenophobia amid COVID-19 and called on public officials and the media to use the officially designated name for COVID-19 so as to abstain from using racially charged language surrounding the geographic location of the origin of the virus.

The AMA has recognized the importance of data collection to increase health equity and recently wrote a [letter](#) to Representative Robin Kelly (D-IL) strongly supporting the “Equitable Data Collection and Disclosure on COVID-19 Act” (H.R. 6585/S. 3850). The AMA supports this legislation as “an important step forward in helping to improve health outcomes and reduce health inequities.”

How can I make an impact?

As medical students, from the first time we don our white coats, we are told to uphold the 4 tenets of medical ethics: non-maleficence, beneficence, autonomy, and justice. Demanding better data for our patients regarding COVID-19 helps us to maintain beneficence and justice for our patients. Data tells us who needs help and how to distribute resources accordingly.

Remember this when you reach out to your elected officials and call for the following:

- Support H.R. 6585/S. 3850, The “Equitable Data Collection and Disclosure on COVID-19 Act”
- Continue to monitor the existing data collection services for inequities
- Support legislation that provides data collection resources to the states

ISSUE BRIEF: HEALTH EQUITY AND MATERNAL MORTALITY

What is the issue?

The United States has the highest rate of deaths related to pregnancy and childbirth in the developed world and maternal deaths have been rising in the U.S. in recent years, even as they declined in other wealthy countries. The Centers for Disease Control and Prevention (CDC) defines a maternal death as “the death of a woman while pregnant or within 42 days of termination of pregnancy,” but excludes those from accidental/incidental causes.

More than 700 women die each year in America from causes related to pregnancy or childbirth, while at least 50,000 suffer life-threatening complications. Nationally, Black women have a maternal mortality rate three to four times higher than that of white women. At least 60 percent of maternal deaths are preventable. High blood pressure and cardiovascular disease are two of the leading causes of maternal death, according to the CDC.

There are many reasons why maternal mortality has been rising in the U.S., including the increasing age and complex medical histories of women when they become mothers, unaddressed chronic medical conditions prior to an unplanned pregnancy, a greater prevalence of C-sections, and a fragmented health care system that makes it harder for new mothers, especially those with subpar insurance, to obtain necessary care.

What is the legislative action the AMA is supporting?

The [Maternal Health Quality Improvement Act of 2019](#) (H.R. 4995), introduced by Representative Eliot Engel (D-NY-16), would support training for clinicians on implicit bias and health equity, broaden the obstetric workforce in rural communities, and provide funding for states to enhance data collection and strengthen perinatal quality collaboratives.

The [Mothers and Offspring Mortality and Morbidity Awareness \(MOMMA's\) Act](#) (H.R. 1897/S. 916), introduced by Representative Robin Kelly (D-IL-2) and Senator Richard Durbin (D-IL), would have a multitude of effects on improving maternal health. It would provide technical assistance to states who report comprehensive data on maternal mortality, create best practice recommendations for prevention of maternal mortality, expand Medicaid and CHIP coverage for pregnant and postpartum women from 60 days to one year, and support the creation of Regional Centers of Excellence addressing implicit bias and cultural competency in patient-provider interactions education.

What is the AMA advocating for?

The AMA Immediate Past-President Patrice A. Harris, MD in a statement to the Black Maternal Health Caucus, urged policy makers to “expand the efforts of Maternal Mortality Review Committees, implement equitable standardized data collection methods, expand access to medical and mental health care and social services for post-partum women, expand Medicaid and CHIP coverage to 12-months post-partum, continue to develop a health care workforce that is diverse in background and experience, address shortcomings in our institutions and adopt standards to ensure respectful, safe, and quality care before, during, and after delivery”

AMA policy encourages state and county health departments to develop a [maternal mortality surveillance system](#), identify barriers, and develop strategies to implement evidence-based practices to reduce poor obstetric outcomes in racial and ethnic minorities. The AMA also has policy that supports establishing government-funded [maternal mortality review committees](#) (MMRCs).

How can I make an impact?

- Remember this when you reach out to your elected officials and call for the following:
- Support the Maternal Health Quality Improvement Act of 2019 (H.R. 4995)
- Support the Mothers and Offspring Mortality and Morbidity Awareness (MOMMA's) Act (H.R. 1897/S. 916)

ISSUE BRIEF: FIXING PRIOR AUTHORIZATION

What is the issue?

Prior authorization is used by insurers to reduce spending through improper payments and unnecessary care by requiring physicians and other health care professionals to get pre-approval for medical services. Each insurer has a unique way of handling prior authorization, often requiring the faxing of a patient's medical information or phone calls by clinicians, taking away time from patient care and potentially leading to a delay of needed medical intervention.

Obtaining prior authorization can contribute to delays in patient care which further impedes patient outcomes and places the cost of paying for medically necessary treatment with the patient. In addition, the current prior authorization process undermines a physician's knowledge from years of training on best practices to care for their patients. Current statistics show that physicians complete an average of 33 prior authorizations per week which accounts for about 14.4 hours, or two business days, worth of time

What legislative action is the AMA supporting?

The Improving Seniors' Timely Access to Care Act of 2019 (H.R. 3107), introduced by Representatives Ami Bera (D-CA), Suzan DelBene (D-WA), Mike Kelly (R-PA), and Roger Marshall (R-KS), would improve delivery of care by streamlining and standardizing prior authorization in Medicare Advantage, while also providing much needed oversight and transparency of health insurance for America's seniors.

What is the AMA advocating for?

In September 2019, the AMA sent a [letter](#) to Congress, along with over 350 other health care stakeholders, urging for prior authorization reform and for the passage of the Improving Seniors' Timely Access to Care Act of 2019. In June 2020, the AMA criticized insurance companies for not holding themselves accountable to the [consensus statement](#) signed in 2018, which pledged to advocate for prior authorization reform.

The AMA launched the [#FixPriorAuth campaign](#), which seeks to educate patients and physicians on the effects of prior authorization; offers opportunities for patients and providers to share stories of how prior authorization has affected their health and clinical practices; and shares educational programming and advocacy information.

How can I make an impact?

Early on in medical training, students will undoubtedly witness the inefficiencies of prior authorization which contribute to delays in patient care. Your story as a medical student is valuable to legislators. Call Congress and ask for their support in reforming prior authorization.

- Support the Improving Seniors' Timely Access to Care Act of 2019
- Encourage your Senators to introduce a companion bill in the Senate
- Encourage Congress to review the AMA's Fix Prior Auth Grassroots Advocacy Campaign site at <https://fixpriorauth.org>