



NATIONAL ADVOCACY WEEK 2021

OCT. 11-15



**Moving Forward with a New
Normal in Medicine**

Fellow medical students,


Welcome to National Advocacy Week! The purpose of this week is twofold: first, to address important barriers to accessing both quality and affordable health care, and to equip medical students nationwide with the ability to advocate effectively for themselves and their patients. Over the past 18 months, we have all had to adapt as a result of the Covid-19 pandemic. We have been forced to pivot to a new normal in a time of great uncertainty but despite these changes and obstacles, we have persevered. The mission of the American Medical Association is to promote the art and science of medicine and the betterment of public health, which is why this year's theme is Moving Forward with a New Normal in Medicine.

Starting on October 11, 2021, the 55,000 medical student members of the AMA will stand together to actively address the ongoing issues affecting our patient's and colleague's lives. In this kit, you'll find everything you need to make a meaningful impact! But first, here's what you should do to ensure a great week:

- **Optional: 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. As such, please speak to your school section president about setting up a meeting first, and read through the information below, most importantly be sure to review the issue briefs on pages 20-24 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. I know there's a lot of information here, so get a team together now and you can tackle it little by little. The issue briefs on the following pages are dense and include three 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!

Please don't hesitate to reach me via Facebook, email, text, or phone call for further guidance – I am here to help! I cannot wait to see the inspiring and creative things you all come up with.

Warmest regards,



Brittany Ikwuagwu
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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; and in Congress. Check out the following table of contents to understand all 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.

<p>Day 1: Map Out Your Advocacy Plan – October 11th</p> <p>Kickoff #MSSAdvocacyWeek by using our customizable IG Story templates and social media graphics on Facebook, Instagram, and Twitter. And, be sure to use the following hashtags on all your social media accounts!</p> <ul style="list-style-type: none"> • #MSSAdvocacyWeek • #OurAMA • #MembersMoveMedicine <p>Throughout the week, take photos of all your events, and share on social media using the same hashtags. Don't forget to follow and tag the AMA on social!</p> <ul style="list-style-type: none"> • Instagram • AMA Twitter • MSS Twitter <p>Additionally, make sure you email your photos directly to me at brittany.ikwuagwu@ama-assn.org</p>	<p>Day 2: Telehealth Coverage for COVID-19 and Beyond- October 12th</p> <ul style="list-style-type: none"> • Consider having a programming session with a topic expert! • Get on Twitter and @ your Representative! Don't forget to use the approved hashtags and refer to the social media guide on best practices. • If you wish to provide lunch and need extra funding from the American Medical Association, apply for a Section Involvement Grant!
<p>Day 3: Achieving Health Equity in Maternal Health - October 13th</p> <ul style="list-style-type: none"> • Discuss the impact of health disparities in maternal health and what health equity would look like in your community and medical education. • Send out a letter to your elected officials asking them to support the MOMMA's Act. 	<p>Day 4: Medicare Payment Cuts and the Impending Physician Shortage - October 14th</p> <ul style="list-style-type: none"> • Discuss the future implications of what the impending physician shortage will have on our patients. • Consider holding a session with a physician on how the Medicare payment cuts will impact their practice.

Day 5: What Advocacy Means to You and Final Summary Session October 15th

- 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 brittany.ikwuagwu@ama-assn.org or via phone at 832.226.3470.
- 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 ongoing 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, the proposed Medicare payment cuts will have a real impact on how we practice medicine. 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](#)

[AMA Twitter](#)

[MSS Twitter](#)

[AMA Instagram](#)

[MSS Facebook Group](#)

- Use the hashtags: #OurAMA #MSSAdvocacyWeek #MembersMoveMedicine.
- The Social Media team will be following the hashtags mentioned above on Facebook, Instagram, and Twitter, and will share and retweet select posts.

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](#), [GME Compendium](#) website, and the [AMA Health Care Advocacy](#) page for more background and resources!

Sample Social Media Posts:

#MSSAdvocacyWeek is Oct. 11 - 15! Join #OurAMA #medstudents from across the country as they stand together to address barriers to quality health care. View the agenda here: <https://www.ama-assn.org/residents-students/medical-school-life/2021-medical-student-national-advocacy-week> #MSSAdvocacyWeek has gone digital! All week long @AMAmmedstudents will be hosting virtual events featuring future and present-day physician leaders. Read the full agenda and register today! <https://www.ama-assn.org/residents-students/medical-school-life/2021-medical-student-national-advocacy-week>

Day 2 - Tuesday: Telehealth Coverage for COVID-19 and Beyond

The COVID-19 pandemic has exacerbated the need for accessible care that prevents at risk individuals from unnecessary exposures. The continued reliance on telehealth services is needed to reduce staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities. 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.

Just as medical practices have had to pivot to accommodate for providing telehealth services, so should medical education pivot to ensure that our future physicians are equipped to provide these services. The changes made in health care delivery during this pandemic should be reflected in how medical trainees are taught. 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 rotations 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 of a productive telehealth encounter. You can also refer students to a [FAQ](#) on telehealth use during COVID-19 .

Advocacy Activity:

Twitter is a social media platform that can be a powerful tool to advocate for your specific asks. Most, if not all, of your elected officials have a Twitter account, so we want you to @ your representative and tell them why telehealth coverage is a crucial tool to help our patients. Please note that it is important to always remain respectful and professional when engaging with people on social media.

Here are a couple Do's and Don'ts for using social media this week:

Do	Don't
<ul style="list-style-type: none">• Follow ethics guidance regarding confidentiality, privacy, and informed consent.• Recognize that actions online and content posted may negatively affect your reputations among future patients and colleagues.	<ul style="list-style-type: none">• Use inflammatory or discriminatory language.• Forget to use the National Advocacy Hashtags #NAW2021 when tweeting.

Please refer to the [AMA's Professionalism in the Use of Social Media](#) page for more guidance.

Sample Social Media Posts:

- #Telehealth can be a powerful weapon in the fight against COVID-19. This #MSSAdvocacyWeek, find out how the @AmerMedicalAssn is advancing #telemedicine during the COVID-19 pandemic and beyond. <https://www.ama-assn.org/topics/covid-19-telehealth-guidance>
- Critical underlying needs, such as liability coverage and data privacy, must be resolved to ensure that digital health momentum can be sustained beyond the #COVID19 pandemic. <https://www.ama-assn.org/practice-management/digital/what-physicians-need-do-optimize-telehealth-after-pandemic> #MSSAdvocacyWeek
- Maintaining access to #telehealth is vital, and a key topic of this year's #MSSAdvocacyWeek. New @Amermedicalassn research show how various physician specialties used telehealth 6 months into the pandemic. <https://www.ama-assn.org/practice-management/digital/survey-shows-video-telehealth-s-broad-reach-6-months-pandemic>

Day 2 Checklist:

- Attend National Advocacy Week Day 2 webinar
- Schedule a telehealth training session for your chapter
- Get on twitter and @ your Senators and Representatives to ask them to support H.R. 1332/S. 368, the Telehealth Modernization Act of 2021, using the issue brief provided on page 15

Day 3 - Wednesday: Achieving Health Equity in Maternal Health

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" is defined by the AMA as "optimal health for all" and implies that everyone should have a fair opportunity to attain their full health potential.

Maternal mortality is often considered a litmus test for the health of a nation. Unfortunately, during a time when many developed nations have decreased their maternal mortality rates, the United States' maternal mortality rate has risen. Alarming, maternal mortality rates are more than twice as high 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 for all birthing persons is reported by the CDC at 20.1 deaths per 100,000 live births. This rate increases for Black mothers to 44.0 deaths per 100,000 live births compared to 17.9 and 12.6 per 100,000 live births in non-Hispanic white patients and Hispanic patients respectively.

It is imperative that we support legislative efforts that address these disparities and promote measures to decrease overall maternal mortality. Additionally, medical student literacy on this topic can broaden awareness and promote mindfulness of these problems during a time when 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 who 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 shortcomings, 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.

Advocacy Activity:

Writing a letter to a legislator is another powerful tool available to us to make sure our voices are being heard. Given the importance of the maternal mortality issue in the United States, get together with your Region's advocacy chairs to draft a letter urging your Senator and Representative to support HR 3407/ S 411, the "Mothers and Offspring Mortality and Morbidity Awareness Act" or the "MOMMA's Act".

Sample social media posts:

- The U.S. is 1 of only 3 countries where maternal mortality rates are rising. Learn about the explicit biases embedded into our system that contribute to the maternal death rate among Black, Native American and Alaska Native women. <https://www.ama-assn.org/delivering-care/population-care/inequities-maternal-mortality-must-be-attacked-head> #MSSAdvocacyWeek
- Black women are 3 to 4x more likely than white women to die from a pregnancy-related cause. This #MSSAdvocacyWeek and beyond, @Amermedicalassn is committed to reducing & preventing rising maternal mortality rates and addressing health inequities and SDoH. <https://www.ama-assn.org/delivering-care/population-care/examining-black-us-maternal-mortality-rate-and-how-cut-it>

Day 3 Checklist:

- Attend National Advocacy Week, Day 3 webinar
- 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: Medicare Payment Cuts and Addressing the Impending Physician Shortage

The Centers for Medicare & Medicaid Services (CMS) has proposed cutting Medicare's physician payment rates by 3.75% next year. This would be on top of other scheduled cuts and add up to a 9.75% payment reduction for 2022. However, while CMS made this proposition, it is going to take an act of Congress to stop this from happening. These cuts are important because as the U.S cases of Covid-19 infections are on the rise, an increasing amount of physician practices continue to be under significant financial stress due to reductions in patient volume and revenue, in addition to higher expenses for supplies that are scarce for some physicians. The average number of in-person visits to physician offices fell from 97 per week to 57, according to the survey of 3,500 physicians who provided at least 20 hours of patient care a week prior to the pandemic. Last year, physicians averaged a 32% drop in revenue in 8 months and about one in five doctors saw revenue drop by 50% or more, while nearly one-third saw declines of between 25% and 49%. In that same time frame, nearly 40% of physicians reported that their PPE spending rose by more than half, and another 25% said their PPE expenses increased but by less than 50%. These higher expenses combined with lower revenue threaten practice viability.

Another pressing issue that has been exacerbated by the pandemic is the impending physician shortage. The Association of American Medical Colleges (AAMC) predicts a shortage of 124,000 physicians by 2034, including a projected shortage of primary care physicians of between 17,800 and 48,000. This in part is due to the aging U.S. population which is growing in size and has more complex health needs, meaning that the demand for health professionals across the country will continue to grow. This shortage is also due to our aging physician population, many of whom will soon retire, leaving gaps in community care since there has not been a significant enough increase in medical students to fill their spots upon retirement. The federal government is by far the largest single source of GME funding, primarily through Medicare. Medicare funding to support GME programs comes from direct GME funding and indirect GME funding. Direct GME (DGME) funding represents approximately one-third of all Medicare support for GME. The intent is for DGME to support the direct costs of running a residency program and covers salaries for residents and faculty as well as educational support. Indirect GME (IME) payments are calculated based on the size of a hospital, the number of residents supported, and the number of Medicare inpatients treated. IME payments are in addition to payments an institution receives from Medicare reimbursement and are meant to offset the costs of maintaining an educational program that are not captured by Medicare reimbursement. The AMA supports the expansion of full funding for Graduate Medical Education, which is why we are advocating for more Medicare funding to increase the amount of residency slots.

Step One: Reach Out to a Clinician and/or a GME Insider

The Medicare payment cuts are affecting practicing physicians, so what better way to learn more about the impact of these cuts, then by going to the source? Reach out to an attending or professor to get their perspective. If you would like to lead a session on the impending physician shortage, reach out to a GME insider to lead this discussion. This could be MS4 Match Applicants, Local Residents, or Residency Program Director(s). To reach out to program directors use FREIDA (free residency search tool for AMA members), and if you have a specific program in mind, look it up! The Medical Student Section Region Leadership can also help to connect you with local docs!

Step Two: Identify Goals with Your Speaker(s)

Once guest speaker(s) has been identified, reach out to them, and inquire if they would be willing to talk to your chapter virtually on the Medicare Payment Cuts and GME. Collaborate on goals for the session.

Step 3: Prepare for the Event

Register your virtual event with your university, publicize the guest lecture, and prepare an introduction for the speaker. Learn more about what the American Medical Association is doing to [expand Graduate Medical Education](#) and negate the [Medicare payment cuts](#).

Advocacy Activity:

We have the opportunity to expand residency positions and undermine these cuts, but only if we organize. Through this event, we can 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.

Sample Social Media Posts:

- When it comes to deepening your understanding of the GME landscape, the @AmerMedicalAssn's got you covered! This #MSSAdvocacyWeek, #OurAMA delves into the funding and workforce issues that will impact residency programs in the future. <https://www.ama-assn.org/education/gme-funding/medical-students-what-you-need-know-about-gme-landscape> #SaveGME
- This #MSSAdvocacyWeek, get a better picture of the impending physician shortage. The free, newly revised AMA Health Workforce Mapper offers publicly accessible data on the physician and nonphysician workforces anywhere in the U.S. <https://www.ama-assn.org/about/research/health-workforce-mapper> #SaveGME
- Residents help create the future of medicine. They're at the forefront of health care delivery and innovation, including team-based care, quality initiatives and patient safety. This #MSSAdvocacyWeek, join me in my efforts to #SaveGME. <https://www.ama-assn.org/education/gme-funding/save-graduate-medical-education>

Day 4 Checklist:

- Attend National Advocacy Week, Day 4 webinar
- Speak with a Clinician and/or a GME insider on the 2 advocacy issues
- Urge your Senators and/or Representatives to support H.R. 2256/S. 1024, the "Resident Physician Shortage Reduction Act"

Day 5 – Your Advocacy in Action

You have now spent the past week learning about telehealth coverage, disparities in maternal mortality, Medicare payment issues and the impending physician shortage. Choose this day to do any advocacy activity you feel passionate about! You have the option to set up virtual visits with your elected officials as a way to communicate the asks of this week. Be as creative or impactful as you want- we want to see YOU enact meaningful change.

Be sure to attend our Zoom webinar on Friday, October 15th, for our Wrap Up Session. We will be providing a summary as well as a special session on how the COVID-19 pandemic has continued to strain all aspects of our country's healthcare system, and how we move forward. Please join us in a special conversation on the importance of supporting our physicians and communicating vital health information to our patients.

Optional: 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 in 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 graduate medical education. 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 14.

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 15-20, and that everyone has a consistent message.

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, 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.

Send a follow up email 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!

Optional: 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 14.

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 15-20 and that everyone has a consistent message. Decide on a legislative ask:

- H.R. 1332/S. 368, the "Modernization Act of 2021"
- H.R. 2903/S. 1512, the "CONNECT for Health Act"
- H.R. 3407/S. 411, the "Mothers and Offspring Mortality and Morbidity Awareness Act"
- H.R. 2256/S. 1024, the "Resident Physician Shortage Reduction Act"

*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 Advocacy Conference (MAC)!

Day 5 Checklist:

- Attend our final zoom webinar
- Review Issue Briefs
- Check up on local issues on your state medical society's website
- Optional: Schedule a meeting with your local legislators
- Optional: 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's meant to serve as a basic outline of what you ought to say. Reach out to Brittany Ikwuagwu at 832.226.3470 or brittany.ikwuagwu@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 four topics to discuss]
 - **Telehealth Coverage for COVID-19 and Beyond**
 - **Health Equity in Maternal Care**
 - **Medicare Payment Cuts**
 - **Addressing the Impending Physician Shortage**
- 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!

Issue brief: Telehealth Coverage for COVID-19 and Beyond

Why is Telehealth important?

Telehealth is a critical part of the future of effective, efficient, and equitable delivery of health care in the United States. Its usage has expanded tremendously during the COVID-19 pandemic, helping Americans access health care services while maintaining social distancing and reducing strain on hospitals and physician clinics. Efforts must continue to build capacity and support access to care to ensure physicians and other health care professionals have the tools to optimize care delivery. With this expansion of services has come a recognition from patients, physicians, and other providers that telehealth services offer effective and convenient health care in many circumstances.

What is the problem?

Access to care via telehealth throughout the COVID-19 pandemic has been a vital lifeline for millions of Americans, proving particularly important for the elderly, individuals with chronic conditions, and patients with special mental health needs. The success of telehealth adoption during the COVID-19 public health emergency (PHE) has made it clear that Medicare telehealth benefits should continue to be available to patients after the pandemic is over. However, unless Congress acts, the majority of Medicare beneficiaries will abruptly lose access to these services when the PHE ends. That is because under section 1834(m) of the Social Security Act (SSA), Medicare patients must live in an eligible rural location, and travel to an eligible “originating site”—a qualified health care facility—in order to access telehealth services covered by the Medicare program. Congress authorized the Secretary of Health and Human Services to waive these restrictions, but they kick back in when the PHE expires. Many practices have built successful telehealth systems that are making care more accessible and convenient for patients—we cannot not turn back now. The AMA supports permanently fixing the originating site and geographic restriction on telehealth coverage for Medicare patients, thereby ensuring patients can continue to access Medicare telehealth services regardless of where they are located.

What is the American Medical Association advocating for?

The AMA supports [H.R. 1332/S. 368, the “Telehealth Modernization Act of 2021,”](#) which would lift the rural-only restriction and add any site where a patient is located as a potential originating site, and [H.R. 2903/S. 1512, the “CONNECT for Health Act,”](#) which would lift the rural-only restriction, add the home as an originating site, establish a process for the HHS Secretary to add originating sites, and provide HHS with the permanent authority to waive 1834(m) restrictions.

The AMA also supports [H.R. 4058/S. 2061, the Telemental Health Care Access Act.](#) This important, bipartisan bill would repeal a new requirement that a patient must see a provider in person within six months of receiving a mental health telehealth service. This medically unnecessary requirement was slipped into the December 2020 OMNIBUS legislation without vetting from expert stakeholders. It should be repealed before it takes effect January 1, 2022.

How Can I Make an Impact?

Urge your Members of Congress to cosponsor H.R. 1332/S. 368, the “Modernization Act of 2021,” H.R. 2903/S. 1512, the “CONNECT for Health Act,” and H.R. 4480, the Telehealth Coverage and Payment Parity Act

Issue brief: Achieving Health Equity in Maternal Health

Why is maternal health important and what is the problem?

More women die from pregnancy-related complications in the United States than in any other developed country, and the rate of maternal deaths continues to rise. Maternal mortality is defined by the Centers for Disease Control and Prevention (CDC) as the death of a woman while pregnant or within one year of the end of a pregnancy but not from accidental or incidental causes. According to the CDC, approximately 700 pregnancy-related deaths occur in the U.S. each year and 60 percent of these deaths are preventable. Those deaths occur over the course of pregnancy and into the postpartum period. In a report by the CDC which looked at pregnancy-related deaths from 2007 to 2016, more than 31 percent of deaths occurred during pregnancy; 36 percent occurred during delivery or in the week after birth; and 33 percent happened one week to one-year postpartum. Nearly 50 percent of all pregnancy-related deaths were caused by hemorrhage, cardiovascular and coronary conditions, cardiomyopathy, or infection. Moreover, at least 50,000 women experience potentially life-threatening complications in childbirth each year. For every maternal death that occurs, more than 70 women suffer severe complications related to pregnancy or childbirth. Severe maternal morbidity (SMM) is defined as the unexpected outcomes of labor and delivery that result in significant disability and has also been steadily increasing in recent years. Furthermore, experiencing severe maternal morbidity can have serious and life-long consequences for women and their families.

Major disparities in maternal mortality exist, with Black women being three to four times more likely than non-Hispanic White women to die due to pregnancy-related complications. Moreover, Indigenous women are more than twice as likely than non-Hispanic White women to die due to pregnancy-related complications. Currently it is only federally mandated that Medicaid coverage last for 60 days postpartum. Permanently extending Medicaid coverage to one year postpartum is critical because nearly one third of all pregnancy related deaths happen between one week and one year after childbirth. The expansion of maternity care under Medicaid is particularly important as this program pays for nearly half of all births.

What progress has been made?

Since we made this ask last year, a lot of progress has been made! Our advocacy efforts have been making an impact as we are seeing active movement on expanding Medicaid maternal health coverage. Some of the amazing results we have seen so far include:

- As part of the American Rescue Plan of 2021, there is now a voluntary temporary alternate pathway for states to extend Medicaid coverage from 60 days to one year postpartum. This alternate pathway through a State Plan Amendment (SPA), goes into effect on April 1, 2022, and will only last for five years. The 11 states that enacted legislation to expand their Medicaid programs for 12 month postpartum coverage via SPA are: CO, CT, FL, IN, MD, ME, MN, OH, TN, WA, WV.
- On September 9, 2021, as part of the Committee on Energy and Commerce markup of the Build Back Better Act for budget reconciliation, there is a requirement that state Medicaid and CHIP programs provide 12 months of continuous Medicaid eligibility to postpartum women.
- As of today, there are a total of 20 states that have already implemented or are planning to implement an extension of Medicaid coverage to one year postpartum. These states include: CA, CO, CT, DC, FL, IL, IN, MD, MA, MN, NJ, NY, NC, OH, PA, SC, TN, VA, WA, WV.

What is the American Medical Association advocating for?

In general, the AMA supports the extension of Medicaid coverage to 12 months postpartum, which is why we are supporting [The MOMMA's Act](#). This bill uses a six-pronged approach to address and reduce maternal deaths by: establishing national obstetric emergency protocols through a federal expert committee, ensuring dissemination of best shared practices and coordination among maternal mortality review committees, standardizing data collection and reporting, improving access to culturally competent care throughout the care continuum, providing guidance and options for states to adopt and pay for doula support services, and expanding Medicaid coverage to new mother's entire postpartum period (one year).

How Can I Make an Impact?

Urge your Congressperson to support HR 3407/ SB 411, The MOMMA Act, and 12 months of postpartum Medicaid coverage.

Issue Brief: Medicare Payment Cuts

What is the problem?

The continued instability and unpredictability of the Medicare physician payment system remains a key policy concern for the American Medical Association (AMA). Although they represent a modest portion of overall growth in health care costs, physician and non-physician provider services are routinely targeted by federal policymakers for payment reductions. Absent Congressional intervention, physicians face a particularly daunting set of cuts scheduled to take effect on January 1, 2022, including:

- Expiration of the current moratorium on the 2 percent Medicare sequester stemming from the Budget Control Act of 2011;
- Imposition of a separate 4 percent Medicare sequester attributed to Statutory PAYGO requirements triggered following the passage of the American Rescue Plan Act (ARPA);
- Sunset of the Congressionally enacted 3.75 percent temporary increase in the Medicare physician fee schedule (PFS) conversion factor that averted payment cuts associated with budget neutrality adjustments tied to PFS policy changes; and
- A continuing statutory freeze in annual Medicare PFS updates under the Medicare Access and CHIP Reauthorization Act (MACRA) that is scheduled to last until 2026, when updates resume at a rate of 0.25 percent a year indefinitely, well below the rate of medical or consumer price index inflation.

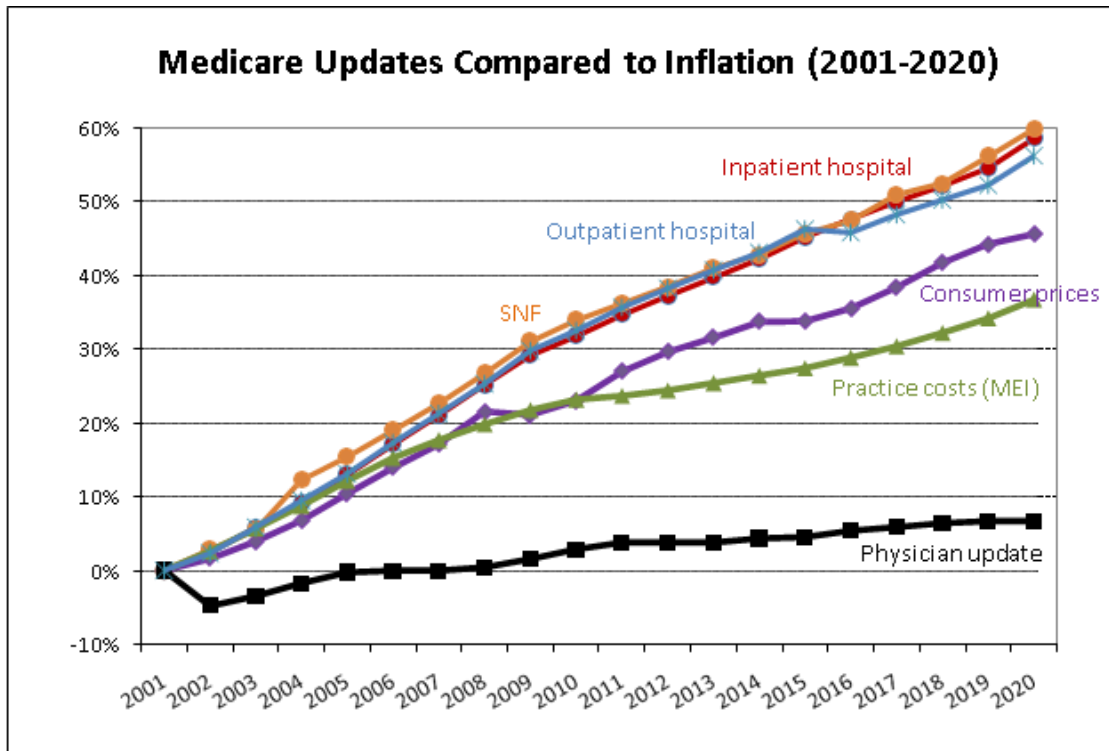
The combined impact of these payment cuts threatens physician practices with a 9.75% total reduction in Medicare payments. Cuts of this magnitude are difficult to endure during normal times but are unconscionable and reckless during the middle of an unprecedented public health emergency.

Not only are physician practices confronting significant fiscal uncertainties at the end of this year, but the legislative proposals also included in the bipartisan infrastructure proposal further extend the 2 percent Medicare sequester enacted under the Budget Control Act of 2011 until 2031. As a result, Congress is forcing physician practices and other health care providers to shoulder the financial burden of paying for the costs of enhancing the nation's hard infrastructure. While cognizant of the need to improve the nation's roads, bridges, tunnels, and highways, AMA is concerned about the precedent of diverting scarce Medicare resources to non-health care policies.

Additionally, potential penalties under the Merit-Based Incentive Payment System ([MIPS](#)), which apply to Medicare Physician Fee Schedule ([PFS](#)) services, will increase to 9 percent in 2022. In a study published this year in the JAMA Health Forum, physician practice leaders reported that the mean per-physician cost of participating in MIPS was over \$12,000 per year, consuming more than 200 hours of physician and administrator time each year.

Why is this important?

Medicare payments have been under pressure from the Centers for Medicare & Medicaid Services' (CMS) payment policies for more than 20 years. In fact, Medicare physician payment actually *declined* 22 percent from 2001 to 2020, or by 1.3 percent per year on average.



Sources: Federal Register, Medicare Trustees' Reports and U.S. Bureau of Labor Statistics
 SNF = Skilled Nursing Facility, MEI = Medicare Economic Index

Congressional inaction on this confluence of payment cuts threatens patient access to physician practices while simultaneously delaying efforts to address fundamental structural flaws within the overarching Medicare payment system.

What is the American Medical Association advocating for?

The AMA, in conjunction with state medical associations and national medical specialty societies, continues to work with bipartisan members of Congress to further delay or cancel the payment decreases that could impact physicians in the coming year. More specifically, Reps. Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN) circulated a "Dear Colleague" letter highlighting the financial uncertainty within the Medicare payment system and the dangers these cuts could have on physicians' ability to provide quality care for patients if Congress fails.

How Can I Make an Impact?

Urge your Senators and Representatives to work with Congressional leadership to enact legislation that would stop these harmful cuts. In addition, if your Member of Congress cosigned the Dear Colleague letter from Reps. Bera and Buschon, thank them for highlighting the importance of preventing these damaging payment reductions from coming to fruition.

Issue brief: Addressing the Impending Physician Shortage

Why is this important?

As U.S. medical schools have increased enrollment, residency training positions at teaching hospitals have not kept up with the larger pool of applicants, limited by the cap on Medicare support for graduate medical education (GME). According to the Association of American Medical Colleges (AAMC), there has been a 52% increase in medical student enrollment since 2002, but only an 18% increase in funded GME slots. While new medical schools are opening, and existing medical schools are increasing their enrollment to meet the need for more physicians, federal support for residency positions remains subject to an outdated cap from 1996 (see the Balanced Budget Act of 1997 (P.L. 105-33)) that falls dramatically short of the needs of the U.S. population, despite Congress providing 1,000 additional Medicare supported slots in 2020. As such, workforce experts predict that the U.S. will face a significant physician shortage for both primary care and specialty physicians over the next 13 years if training positions are not expanded as is highlighted by the fact that the Health Resources and Service Administration estimates that an additional 32,494 physicians are required to eliminate all current primary care, dental, and mental health federally designated health professional shortage areas. Moreover, the contributions that residents make to the medical field are undeniable and should be supported. For example, a study published in *JAMA* reported that a greater percentage of Medicare patients treated at major teaching hospitals survived than those treated elsewhere. Another study showed that the sickest patients hospitalized for surgical procedures had a 20% higher chance of survival when treated at a teaching hospital. Teaching hospitals are the only place where patient care, medical education, and research come together. Therefore, it is crucial that we invest in our country's health care infrastructure by providing additional GME slots so that more physicians can be trained, and access to care can be improved.

What is the problem?

The United States is facing a shortage of up to 124,000 physicians by 2034, which is almost certain to be exacerbated by an aging physician population, rising rates of physician burnout, and early retirement due to the COVID-19 pandemic. Access issues persist for patients in both rural and urban underserved communities, and in both primary and specialty care. In order to meet the needs of our diverse and growing nation, ensure patient access to care, improve provider diversity and health equity, and prepare for the next public health crisis, we must invest in physician training. Congress recently made an investment in the physician workforce by providing 1,000 new Medicare-supported GME positions in the Consolidated Appropriations Act, 2021 – the first increase of its kind in nearly twenty-five years. However, to ensure that our nation is able to provide adequate care for our population, it is crucial that we take this opportunity to invest in the physician workforce by providing a meaningful increase in the number of Medicare-supported GME slots.

What is the American Medical Association advocating for?

The AMA continues to support innovative GME initiatives and has run a successful grassroots [campaign to expand GME](#). In particular, the AMA supports [H.R. 2256/S. 1024, the "Resident Physician Shortage Reduction Act"](#). This bill would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years, for a total of 14,000 new slots. A share of these positions would be given to hospitals with diverse needs including hospitals in rural areas, hospitals serving patients from health professional shortage areas, and hospitals in states with new medical schools or new branch campuses.

How Can I Make an Impact?

Tell your Senator and Congressperson to support H.R. 2256/S. 1024, the "Resident Physician Shortage Reduction Act"

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. See below for tips and checklists for a 'social media day' !

Social Media Tips--Make a Plan!

1) 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?

2) 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 a picture with the guest after the event (especially at a Congressional office!)

3) 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 the importance of medical student advocacy

4) 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
- d) Your state MSS Facebook page
- e) AMA Med Students Facebook page
- f) Twitter/Instagram
- g) Stories (Insta, FB, Snap → Tag AMA on IG at @AmerMedicalAssn!)
- h) Each day, it is essential to have someone dedicated to social media**

5) Hashtags and @s

- a) #MSSAdvocacyWeek #OurAMA #MembersMoveMedicine
- b) Issue specific: #Telehealth, #HealthEquity, #MaternalHealth, #SaveGME,
- c) Like/Follow AMA Pages → Tag AMA in your posts/stories so our social media gurus can share!
 - ❖ Twitter: @AmerMedicalAssn @AMAMedstudents
 - ❖ Facebook: @AmericanMedicalAssociation @AMAMedstudents
 - ❖ Insta: @AmerMedicalAssn

❖ Tag other people of interest if you'd like!

6) Make sure participants sign up for AMA Membership!

a) Add members to our AMA Med Students FB page and Region Page

7) Keep me posted at Brittany.ikwuagwu@ama-assn.org or 832-226-3470 or feel free to follow me on Twitter and Instagram: @Britt_Ikwuagwu

a) At least two posts a day is a great goal → Leverage as many platforms as possible! Twitter and Instagram are great places to start