

## Leadership Day Congressional Meeting Talking Points

### PREPARING FOR YOUR MEETINGS

*For each meeting, groups should identify a participant to start the meeting and introduce the group. Ideally, the individual starting the meeting will be a constituent (someone who lives in the district). Groups should also identify participants to take the lead on each of the issues. If groups have three or more participants, each person who wants one should have an opportunity in at least one meeting to speak on at least one issue.*

*In smaller groups (**5 or fewer**), it may be feasible for participants to very briefly introduce themselves at the beginning of a meeting.*

### MEETING INTRODUCTION

**INCLUDE THE FOLLOWING:** [NAME, RELEVANT GEOGRAPHICAL INFORMATION, CHAPTER INFORMATION, AND ANY RELEVANT LEADERSHIP ROLE].

- **PARTICIPANT #1:** Thank you for taking the time to meet with us today.
- My name is PARTICPANT NAME, I am an internal medicine physician (OR MEDICAL STUDENT) from COMMUNITY, and we are here on behalf of the American College of Physicians. Today, internal medicine physicians and medical students from 50 states and the District of Columbia are meeting with members of Congress to discuss three issues that are critically important to supporting patient access to care and strengthening primary care in our state and across the country.
- Before we discuss the issues, I want to share some brief information on the American College of Physicians and how internal medicine physicians are caring for patients in STATE and across the United States.
- The American College of Physicians is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, related subspecialists, and medical students.
- Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness.
- We want to express our appreciation for the work Congress has done over the past few years to provide stability for patients and their physicians.
- We're also here today to ask for your support for three important healthcare issues: reforming step therapy protocols, expanding the primary care physician workforce, and ensuring that payment for medical care is sufficient to support and improve patient access to care.

- My colleague, **PARTICIPANT #2**, will now talk about **ISSUE**.

### Issue 1: The Safe Step Act of 2023 (H.R. 2630/S. 652)

**PARTICIPANT #2:** My name is PARTICIPANT NAME, and I am an internal medicine physician (OR MEDICAL STUDENT) from COMMUNITY.

- **NOTE:** Please check your meeting schedule to see if your member is a cosponsor of this bill. If your member is already a cosponsor, please thank them for their support then move to the other issues.
- **PARTICIPANT #2:** The first issue we'd like to discuss is the need for reforming unfair step therapy policies.
- **The Safe Step Act of 2023 (H.R. 2630/S. 652) would help remove unreasonable barriers to patient care and reduce administrative burden for physicians by reforming step therapy protocols.**
- **Are you familiar with this issue and the legislation?**
- Currently, step therapy policies, commonly called "fail-first" policies, require patients to be placed on lower-priced medications before being approved for originally prescribed medications.
- Patients and their physicians would benefit greatly from insurers being required to have a clear and transparent process for when either party requests an exception to a step therapy protocol.
- The **Safe Step Act** provides five exceptions to fail first protocols and requires that a group health plan grant an exemption if an application clearly demonstrates any of the following situations:
  - The patient already tried and failed on the required drug.
  - The delayed treatment will cause irreversible consequences and negatively affect the patient's medication.
  - The prescription drug to which the health plan is requiring the patient to "fail first" on will cause harm to the patient.
  - The required drug will prevent a patient from working or fulfilling activities of daily living.
  - The patient is stable on their current medication.

- **Senate Ask:** It is important that this legislation becomes law and I hope you will cosponsor **S. 652**.
- **House Ask:** It is important that this legislation becomes law and I hope you will cosponsor **H.R. 2630**.

- My colleague, **PARTICIPANT #3**, will now talk about the need for **STRENGTHENING THE PHYSICIAN WORKFORCE**.

### Issue 2: The Resident Physician Shortage Reduction Act of 2023 (H.R. 2389/S. 1302)

- **NOTE:** Please check your meeting schedule to see if your member is a cosponsor of either bill. If your member is a cosponsor, please thank them for their support.

**[NOTE: Students or residents should take the lead on this issue if either is in meeting.]**

**PARTICIPANT #3:** My name is PARTICPANT NAME, and I am an internal medicine physician (OR MEDICAL STUDENT) from COMMUNITY.

- **PARTICIPANT #3:** The second issue we'd like to discuss is the need for additional investment in federal Graduate Medical Education (GME) programs that train the primary care physician workforce needed to address the growing physician shortage across the country.
- The United States is already facing a shortage of physicians, which is expected to grow to a shortage of 20,200 to 40,400 primary care physicians by 2036.
- The shortage and maldistribution of primary care, psychiatric care, and other high-need specialties is already limiting patient access to cost effective, preventive care, and it will become even more acute in the coming years if no action is taken.
- With the closure of many physician practices and physicians near-retirement not returning to the workforce following the pandemic, it is even more imperative to increase the number of future physicians in the pipeline.
- We are asking for your support for legislation that will help ensure that a well-trained physician workforce exists to provide primary care to patients.
- The **Resident Physician Shortage Reduction Act of 2023** would gradually raise the number of Medicare-supported GME positions by 2,000 per year for seven years.

- **Senate Ask:** It is important that this legislation becomes law; I hope you will cosponsor **S. 1302**.
- **House Ask:** It is important that this legislation becomes law; I hope you will cosponsor **H.R. 2389**.
- My colleague, **PARTICIPANT #1**, will now talk about **PROTECTING PATIENT ACCESS TO CARE BY IMPROVING MEDICARE PAYMENT FOR PHYSICIANS**.

### **Issue 3: The Physician Fee Schedule Update and Improvements Act (H.R. 6545)**

**NOTE: Please check your meeting schedule to see if your member is a cosponsor of this bill. If your member is a cosponsor, please thank them for their support.**

- **PARTICIPANT #1:** The last issue we'd like to discuss is the importance of ensuring that payment for medical care is sufficient to support and improve patient access to care.
- Medicare beneficiaries' access to care is increasingly being put at risk by a flawed payment system. Medicare payment rates to physicians for care they provide to America's older adults have not just failed to keep up with inflation for more than 20 years but have actually been cut on an annual basis in recent years.
- While payment for some services in the Medicare Physician Fee Schedule (fee schedule), such as evaluation and management services, have increased, these increases have been paid for by across the board payment cuts to all services in the fee schedule. This policy, known as budget neutrality, has caused annual cuts to physician payments over the past several years. Although Congress has passed legislation to mitigate the impact of these cuts – patchwork measures by Congress do not provide a stable, predictable payment structure for physicians in Medicare.

Congress should act this year to reform the process of implementing budget neutral payment cuts to physicians. These flawed policies are contributing to staffing shortages and service limitations that potentially result in longer wait times or other disruptions impacting patient care.

- We need Congress to help preserve access to care for Medicare beneficiaries and improve the financial stability of physician practices by raising the threshold for implementing budget neutral payment cuts in the fee schedule and providing periodic inflationary updates.
- The **Physician Fee Schedule Update and Improvements Act** would raise the threshold for implementing budget neutral payment cuts from \$20 million to \$53 million and would provide an increased update to the threshold every five years afterwards based on the MEI.

- **Senate Ask:** This bill has been introduced in the House and we are waiting for a Senate version to be introduced. It is important that this legislation becomes law and I hope you will support it when it is introduced in the Senate.
- **House Ask:** It is important that this legislation becomes law; please cosponsor **H.R. 6545**.

## CLOSING

Thank you again for taking the time to meet with us today. We have leave-behind materials for your office, which provide additional details on these issues and internal medicine. Please let us know how we can be a resource on these and other healthcare issues. We look forward to working with you.

**NOTE:** Make sure you ask the person you are meeting with for their contact information so someone from your group can follow up afterwards with a thank you message.