

## 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 which participants will take the lead on each of the issues. If groups have three or more participants, try to ensure that each person who wants to speak has 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]. Thank you for meeting with us. We are here on behalf of the American College of Physicians, which 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.

- **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, STATE. **[NOTE: Please include any relevant leadership role.]**
- We are part of a group of more than 500 internal medicine physicians and medical students from 50 states and the District of Columbia meeting with members of Congress today 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. Our group has a folder we'll leave with you that includes state-specific information and details on the issues we're discussing today.
- 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. **About #,### ACP members are your constituents.**

- 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're here today to ask for your support for three important healthcare issues: stabilizing the Medicare payment system, protecting Medicaid coverage, 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**.

### **The Medicare Patient Access and Practice Stability Act (H.R. 879)**

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

- **NOTE:** *Please check your meeting schedule to see if your member is a cosponsor of H.R. 879. 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 to fix the Medicare physician payment system.
- **The Medicare Patient Access and Practice Stability Act (H.R. 879) would help improve access to care for our seniors by strengthening our Medicare physician payment system.**
- **Are you familiar with this issue and the legislation?**
- Currently, the Medicare payment system fails to provide our physicians with the resources needed to care for patients and if not fixed, jeopardizes access to care for older adults, especially those seeking primary care.
- Physician payment in Medicare is not adjusted for inflation; as a result, after adjusting for inflation in practice costs, Medicare payment to practices has dropped 33 percent since 2001.
- The Medicare Payment Advisory Commission (MedPAC), an independent congressional agency established to advise Congress, has recommended that Congress link Medicare payment updates for physician practices to the growth in the cost of providing care.
- The **Medicare Patient Access and Practice Stabilization Act** would stop the 2.83 percent cut in Medicare payments this year while providing a 2 percent increase for the remainder of 2025, which is equal to about half of the rate of medical inflation, the Medicare Economic Index.
- **Senate Ask:** It is important that this legislation becomes law and I hope you will cosponsor the **Medicare Patient Access and Practice Stabilization Act when introduced in the Senate.**
- **House Ask:** It is important that this legislation becomes law; please cosponsor **H.R. 879.**
- My colleague, **PARTICIPANT #3**, will now talk about the need for **PROTECTING MEDICAID COVERAGE.**

## Protect Medicaid Coverage

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

- **PARTICIPANT #3:** The second issue we'd like to discuss is protecting Medicaid coverage and ensuring access to health care for our most vulnerable patients across the country.
  - Medicaid is the nation's largest health insurer, providing health care coverage for approximately 79 million Americans – 1 in 5 Americans – across the country. This vital program is a lifeline for low-income children, pregnant women, adults, seniors, and people with disabilities.
  - In our district, we have about ##,### Medicaid enrollees.
- Through this joint state and federal program, Medicaid enrollees receive comprehensive health care coverage such as primary care preventive services, maternal health care and pediatrics, labor and delivery services, behavioral health and substance use treatment, and long-term care services.
- Research has shown that imposing work requirements does not have a meaningful impact on employment and that the savings would mostly come from Medicaid recipients losing coverage as a result of challenges with new paperwork and reporting requirements.
- Slashing already-low Medicaid payment rates will make it even harder for physicians to provide care to Medicaid enrollees. It could lead to independent health care practices and hospitals closing their doors, decreasing health care access for patients, exacerbating the health care workforce shortage, and increasing health care costs as patients are forced to forgo vital preventive care. We urge members of Congress to reject these proposed changes and to protect Medicaid.
- Medicaid needs to work for patients who rely on the program and the physicians who care for them, especially those living and working in rural and underserved communities.
- **House and Senate Ask:** Please support policies that protect Medicaid coverage and ensure access to health care for our most vulnerable patients across the country.
- My colleague, **PARTICIPANT #1**, will now talk about the importance of **PROTECTING AND INVESTING IN PUBLIC HEALTH INITIATIVES**.

## Protect and Invest in Public Health Initiatives, Research, and Health Workforce

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

- **PARTICIPANT #1:** The last issue we'd like to discuss is the importance of protecting our nation's public health infrastructure.
- **Federal funding** supports investments that are vital to enhancing public health, research, and the health workforce that improves our country's health and well-being, including maintaining immunizations.
- We are concerned about HHS staffing and funding cuts. Incidence rates of vaccine-preventable diseases, such as pertussis (whooping cough) and measles, are increasing.
- Congress must sustain investment in these programs in FY 2026 and protect their critical roles in promoting public health and conducting medical and health services research.
- Recent actions have weakened efforts to make Americans healthier and diminished our ability to implement evidence-based public health strategies. These include the cancellation of grants previously awarded to state health departments to track the occurrence of infectious diseases; termination of medical and health services research grants and funding opportunities that would improve our understanding of how to prevent and treat disease; and support for health services research that improves care delivery.
- Now is the time to invest in our nation's public health and research initiatives.
- **House and Senate Ask:** Please reject arbitrary cuts, reorganization, and consolidation that degrades HHS and its ability to support research and deliver evidence-based public health services. Protect resources already appropriated and awarded and sustain funding for these public health programs in FY 2026, including: \$500 million for AHRQ, \$11.6 billion for the CDC, \$10.5 billion for HRSA, and \$51.3 billion for NIH.

## CLOSING

Thank you again for taking the time to meet with us today. We have a folder that includes state-specific information and additional details on these issues. Please let us know how we can be a resource on these and other healthcare issues. We look forward to working with you.