

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 163,000 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 nearly 500 internal medicine physicians and medical students meeting with our members of Congress today to discuss three pieces of legislation that are critical to strengthening the primary care workforce, ensuring continued access to vaccines, and protecting patient access to 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 163,000 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 represent the largest cohort of practicing primary care physicians in the country.

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

The Resident Education Deferred Interest (REDI) Act (H.R. 2028/S. 942)

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. 2028/S. 942, the REDI Act. 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 reduce the amount of student debt that physicians have.
- **The Resident Education Deferred Interest (REDI) Act (H.R. 2028/S. 942) would allow borrowers to qualify for interest-free deferment on their federal student loans while in a medical or dental internship or residency program.**
- **Are you familiar with this issue and the legislation?**
- Currently, interest on student loans accrues during medical residency, which adds a significant cost to student borrowing. Most physicians do not begin repaying their student loans until they complete their training.
- Unfortunately, recent policy changes are likely to make affording a medical education even more difficult. These include caps on borrowing, as well as more limited loan repayment and forgiveness options.
 - Share your story of why the REDI Act would help bolster the physician pipeline (time permitting).
- ACP was encouraged by efforts to include a version of legislation in last year's reconciliation package that would freeze a loan's balance by deferring a borrower's student loan interest during residency. While this did not make it into the final law, Congress can still act to help residents during the financially difficult time during residency and help prevent tens of thousands of dollars of more debt due interest accrual.
- **Senate Ask:** Please cosponsor the **REDI Act (S. 942)** and help this legislation become law.
- **House Ask:** Please cosponsor the **REDI Act (H.R. 2028)** and help this legislation become law.
- My colleague, **PARTICIPANT #3**, will now talk about the need for **ENSURING CONTINUED ACCESS TO VACCINES**.

Protecting Free Vaccines Act (H.R. 5448/S. 2857)

PARTICIPANT #3: 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. 5448/S. 2857, the Protecting Free Vaccines Act. If your member is already a cosponsor, please thank them for their support and move to the next issue.*

- **PARTICIPANT #3:** The second bill we'd like to discuss is the Protecting Free Vaccines Act, which would protect public health by ensuring that patients will continue to have access to well-established vaccines, that are backed by rigorous scientific standards and fact-based science, without cost-sharing.
- Recent changes to the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) and the arbitrary way immunization schedules have recently been modified have led to unnecessary confusion.
- Changes to the ACIP vaccine schedules also have the potential to take away patients' choice. By statute, vaccines recommended by ACIP are covered by most health plans, including Medicare, Medicaid, the Children's Health Insurance Program, and private insurance, without patients having to pay out-of-pocket costs.
- When changes to ACIP and ACIP recommendations are made without consideration of credible, long-standing, evidence-based science, health plans could drop coverage for vaccines removed from ACIP's immunization schedules. This would result in patients losing their choice if vaccine coverage is taken away from them.
- Routine childhood vaccinations prevented approximately 508 million cases of illness, 32 million hospitalizations, and more than 1 million deaths in approximately 117 million children born during 1994 – 2023. This resulted in \$540 billion in direct cost savings and \$2.7 trillion in societal cost savings.
 - Share any local/state data, if available.
- The Protecting Free Vaccines Act to safeguard access to vaccines recommended by ACIP in October 2024. This bill would preserve access to vaccines backed by rigorous scientific standards and ensure health plans will continue to cover them, effectively locking in coverage, free of charge, through January 1, 2030.
- **Senate Ask:** Please cosponsor **S. 2857, the Protecting Free Vaccines Act**. It is important that this legislation is enacted into law.
- **House Ask:** Please cosponsor **H.R. 5448, the Protecting Free Vaccines Act**. It is important that this legislation is enacted into law.
- My colleague, **PARTICIPANT #1**, will now talk about the importance of **IMPROVING MEDICARE PAYMENT POLICY IN ORDER TO PROTECT PATIENT ACCESS TO CARE**.

The Provider Reimbursement Stability Act of 2026 (H.R. 8163)

PARTICIPANT #1: The last issue we'd like to discuss is the need for Medicare payment reform to protect seniors' access to care.

- Medicare physician payments have failed to keep pace with the rising costs of patient care. Despite longstanding advocacy, Congress has not established a stable, adequate update mechanism for the PFS. When adjusted for inflation, physician payment has declined by 33% from 2001-2025.
- In addition to a lack of inflationary updates, federal law requires that increases in payment to any service within the PFS must be offset by arbitrary across the board payment cuts to all services in the PFS. This mandate, known as budget neutrality, has caused annual physician payment cuts since 2021.
- These challenges are particularly acute for primary care. Internal medicine physicians provide comprehensive, continuous care; manage complex chronic conditions; and improve patient outcomes and longevity. Yet primary care services remain undervalued in the PFS.
- We are asking Congress to enact comprehensive structural reforms to the PFS that improve access to primary care services and prevent annual across-the-board cuts to physician services.
 - Connect it back to patients' access to care.
- The **Provider Reimbursement Stability Act of 2026** (H.R. 8163) would help strengthen and stabilize the Medicare payment system by reducing the annual payment cuts in the fee schedule due to the budget neutrality mandate. It would increase the threshold for the enactment of budget neutrality cuts from \$20 million to \$54.3 million and use cumulative increases in the Medicare Economic Index (MEI) to update the threshold every five years afterwards.
- **Senate Ask:** It is important that this legislation becomes law; please cosponsor the **Provider Reimbursement Stability Act of 2026** when it is introduced in the Senate.
- **House Ask:** Please cosponsor the **Provider Reimbursement Stability Act of 2026 (H.R. 8163)** and help this important bill become law.

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.