Public Policy Update



Overview



2018 Issue Summaries

2019 Issues

2019 Environment



2018 Research Issues



- \$2B Increase in FY 2019 NIH Budget (5.3%) total \$39.3B
 - 4th consecutive year real budget boost; 30% combined increase
 - Funding enacted on schedule, 1st time in 22 years (30% total)
- Additional Budget Increases
 - 7.9% increase for VA Research total budget of \$718 million
 - 1.2% increase for AHRQ total budget of \$338 million
- Fetal Tissue Research Policy Preserved



2018 Medical Education Issues



- GME Bills:
 - Flagship GME Cap Bills: 129 co-sponsors in House; 17 in Senate
 - Opioid GME Cap Bills: Bipartisan, introduced
- HRSA Workforce: Preserved in FY 2019 budget \$642 million
- Veterans CHOICE Act: Academic affiliations preserved
- Opioid Legislation: No Curricula Dictates



2018 Patient Care Issues



- \$4B Medicaid DSH Cuts: Delayed for FYs 2018 2019
- CHIP: Reauthorized for 10 Years
- 340B: Good Court Decision but Appealed; No "Bad" Bills Passed
- Medicare Rules:
 - E&M Code Collapse: Progress Addressing Concerns
 - Outpatient Payment Cuts: Lack of Progress Leads to Lawsuit



All In a Year's Work Lobbying Interactions in 2018



- 2,000+ Informal Contacts with Policy Makers, Staff
- 300+ Formal Congressional / Executive Branch Meetings
- 100+ Written Communications to Hill, Administration
 - Testimonies to Congressional Committees
 - Letters to Members of Congress
 - Comment Letters to Federal Agencies
- 100+ Advocacy-Related Press Requests and Statements



2019 Advocacy Issues



- Lift Budget Caps
- Increase NIH Budget
- Reauthorize PCORI
- Prevent Medicaid DSH Cuts

- Preserve, Increase HRSA Workforce Programs
- Protect 340B Program
- Lift Medicare GME Caps
- Strengthen ACA



2019Additional Issues



- Drug Pricing
- Surprise Billing / Price Transparency
- Medicare Outpatient Payment
- Diversity, Inclusion, and Equity

- Lab-Developed Tests
- Tax-Exempt Status
- Higher Education
- Infrastructure?
- Medicare for All?



Focus on Medicare GME Policy



- "Resident Physician Shortage Reduction Act of 2019"
 - **Bill Purpose:** Lift the Medicare GME Cap 3,000 Slots / Year / 5 Years
 - S. 348: Sens. Menendez (D-NJ), Boozman (R-AR), Schumer (D-NY)
 - H.R. 1763: Reps. Sewell (D-AL), Katko (R-NY)
- "Opioid Workforce Act of 2019"
 - Bill Purpose: Lift Medicare GME Cap 500 Slots / Year / 2 Years
 - Senate, House: Bipartisan Bills Expected Soon



President's FY 2020

Budget Request



Proposes to:

- Cut Research Funding for NIH, VA, AHRQ
- Block-Grant GME, Cut HRSA Workforce
- Prolong Medicaid DSH Cuts, Block-Grant Medicaid
- Erode 340B Drug Pricing Program
- Implement Multiple Medicare Rule Changes



AAMC, Coalitions Oppose Cuts, Advocate Stronger Programs

2019 Environment Divided Government



Slim House Democratic Majority: 235 Ds vs.199 Rs
Slim Senate Republican Majority: 53 Rs vs. 45 Ds, 2 Is
Veto Override: 2/3 Majorities in Both

Bipartisanship Is the Only Way to Advance Policy



2019 Environment Elections Loom Over All



- Hill, Presidential Campaigns Already Starting
 - 22 Republican Senators Up for Re-election
 - 12 Democratic Senators Are Also Up for Re-election
 - 19 Candidates Running for President, including the President plus 6 Current Senators and 3 Current Representatives
- Every Issue Has Potential Election Implications



AAMC Advocacy Many Shapes, Many Forms

- Formal Coalitions: E.g., Ad Hoc Coalition for Medical Research
- Informal Coalitions: E.g., Hospital
 Groups Working Together on 340B



- Grassroots Advocacy: E.g., AAMC Action Campaigns
- Social Media: E.g., Tweeting AAMC Points of View during Hill Hearings

CUT DRUG PRICES. NOT 340B.

We all agree that the high price of prescription drugs needs to be addressed.

However, weakening one of the most effective programs in health care will not help.

At no cost to taxpayers, the 340B program is critical to the health of our patients because it allows hospitals serving vulnerable communities to address the health care needs of their communities, including providing free or substantially discounted prescriptions to low-income and rural patients, operating free clinics, treating patients with substance use disorders, and sustaining access to other lifesaving services for patients.

Weakening this vital program will hurt our patients. Please keep 340B strong.

With our thank







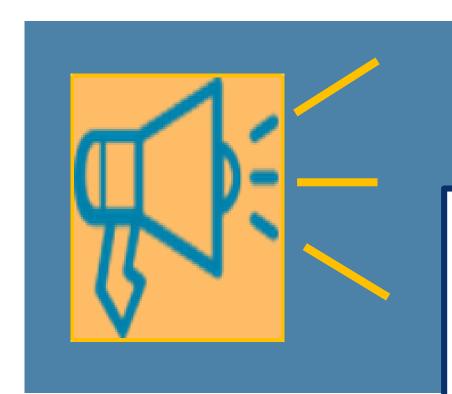






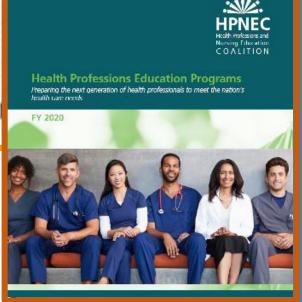


AAMC Is a Leader of Major Coalitions Advocating Medicine



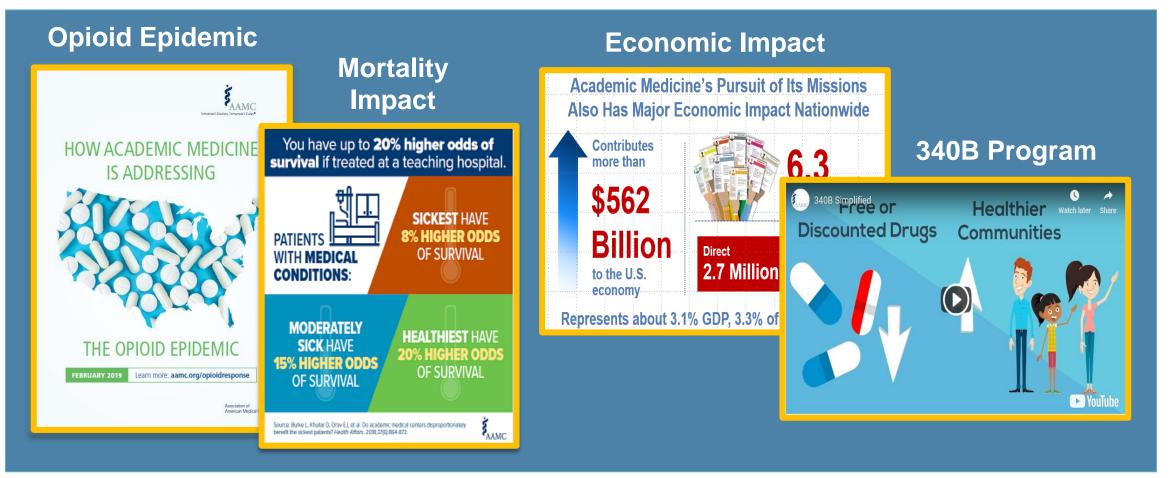


GME Advocacy Coalition
Urges Co-sponsorship of the
"Resident Physician Shortage
Reduction Act of 2019:"
S. 348 and H.R. 1763



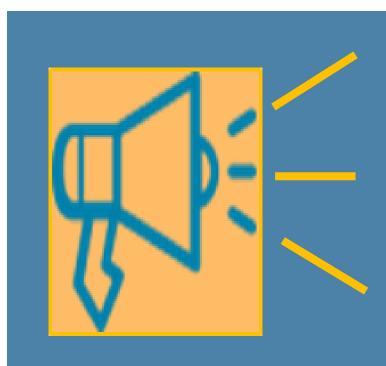


Communicating Academic Medicine's Value





How CFAS Members Can Engage in Advocacy that Supports Academic Medicine



- Join AAMCAction
- Collaborate with GRRs
- Support Coalition Advocacy
- Support Sign-on Letters
- Identify "Grasstops" Relationships
- Develop Facts and Stories



AAMC Action

JOIN US: https://action.aamc.org/faculty-action

Who We Are:

We are a community of students, residents, researchers, faculty members, and others in academic medicine who advocate on behalf of patients and their providers

What We Fight for:

- Preventing an impending doctor shortage
- Ensuring teaching hospitals can continue to provide quality care for all patients
- Enable doctors to go into public service
- Protecting, expanding NIH research

Our Impact:



<u>Taken</u>

60,000

Actions



Written

21,000 Letters to Congress



Sianed

16,000

Petitions



Executive Leadership and Grasstops Advocacy





Erica Froyd, Senior Director Advocacy and Engagement

- Joined AAMC in January
- Former AAMC Gov't. Relations Director
- Public Policy Advocacy Consultant
- Health, Research Policy Expert



Our Best Advocacy

Your Amazing Work Every Day to Fulfill Academic Medicine's Missions













Learn

Serve

Lead

Association of American Medical Colleges