**CFAS Connects: Advocacy Awareness as a CFAS Rep**

January 22, 2024

**AAMC Speakers:**
Tannaz Rasouli, Senior Director of Government Relations at the AAMC
Erica Froyd, Senior Director of Advocacy and Engagement at the AAMC
Eric Weissman, Senior Director of Faculty and Academic Societies at the AAMC

**Moderator:**
Arthur Derse, MD, JD, CFAS Chair-elect; Director, Center for Bioethics and Medical Humanities; Julia and David Uihlein Chair in Medical Humanities, and Professor of Bioethics and Emergency Medicine at the Medical College of Wisconsin

**CFAS Advocacy Committee Update:**
The CFAS Advocacy Committee has five main functions:

1. Educate faculty about AAMC efforts in advocating for academic medicine.
2. Share priority advocacy issues affecting academic societies and faculty.
3. Communicate with the AAMC to align, when appropriate, on advocacy issues.
4. Incorporate regular opportunities for bi-directional communication between AAMC government affairs staff and committee members from representative societies and schools about policy issues through scheduled conference calls.
5. Propose advocacy presentations/panels for future AAMC LSL and CFAS Spring meetings.

With the appointment of Advocacy Committee Chair Arthur Derse, MD, JD, as the CFAS Chair-elect, Deanna Sasaki-Adams, MD, a CFAS Ad Board member, will become the next chair of the committee and Laura Shaffer, PhD, a former CFAS AD Board member, will become vice chair.

Any CFAS rep can serve on the Advocacy Committee. If you are interested, please email Sabrina Gentzler at **sgentzler@aamc.org**.

Upcoming activities for the committee include a committee meeting on the morning of April 2 during the 2024 Joint CFAS – GRA – ORR Spring Meeting and a virtual committee meeting this summer, which will feature a presentation from the AAMC Office of Government Relations on “Crafting Advocacy Messages.”

**News from the Hill:**
There is no shortage of advocacy issues facing academic medicine, including:

- NIH
- Immigration
- ACA
- Maternal health
- Outpatient payment
- Funding for Title VII and VIII
- Health equity
- National Health Service Corps
- Medicare
- Physician payment
- Workforce diversity
- Drug pricing
- 340B Drug Discount Program
- Pandemic preparedness
- AHRQ funding
- Higher education
- Medicaid
- MACRA
- Value-based reimbursement
- Inpatient payment
- DACA
- Safety net issues
- VA research funding
- PCORI
J-1 and H-1B visas  VA contracting  Student financial aid  
FDA regulation  Public health  Response to public health crises  
Clinical trials diversity  Mental health coverage  Lab developed tests (LDTs)  

Because this is a presidential election year, Congress is going to have until June or July to make major progress on legislative initiatives before most of the activity will then turn to a focus on the election. There are likely to be a lot of symbolic activities that are meant to motivate each party’s respective bases.

Pending (early 2024) Congressional actions on AAMC priorities:

- FY 2024 appropriations for NIH, HRSA, CDC, VA, ARPA-H, and all other federal agencies. There are Continuing Resolutions (CRs) until March 1 (VA and 3 other spending bills) and March 8 (HHS and 7 other spending bills). These agencies are operating at FY 2023 funding levels until Congress comes to a decision on what final funding levels should be.
- Congress has extended authorizations for key programs such as the Pandemic and All-Hazards Preparedness Act and has temporarily extended funding for Community Health Centers, National Health Service Corps, and Teaching Health Centers GME.

Pending cuts or cuts that have gone into effect:

- Hoping to avert cuts to Medicare Physician Fee Schedule, eliminating pending Medicaid DSH cuts, and prevent Medicare cuts to outpatient hospital departments.
- Although the past few years have seen a steady increases in NIH funding, the level of funding, when adjusted for inflation, is still not what it was back in 2003.
- The House has recently proposed cutting NIH and ARPA-H funding, but these cuts are unlikely to make it through the Senate. But we need to prepare ourselves, because even flat funding for the NIH will feel like a cut.

The AAMC is supporting the following legislation around the health workforce and health equity:

- Conrad State 30 and Physician Access Reauthorization Act (S.665, H.R. 4942)
- Restoring America’s Health Care Workforce and Readiness Act (S.862)
- Expanding Medical Education Act (H.R.4985)
- National Medical Corps Act
- Preventing Maternal Deaths Reauthorization Act of 2023 (H.R.3838/S.2415)

There is still strong bipartisan support in both the House and Senate for the Resident Physician Shortage Reduction Act of 2023, which would increase Medicare support for physician training at teaching hospitals.

Making progress in a dysfunctional Congress will be difficult, but the AAMC works closely with the many other national stakeholders such as the AMA, the Children’s Hospital Association, the National Medical Association, FASEB, the American Cancer Society, the American Hospital Association, America's Essential Hospitals, the American Academy of Family Physicians (a CFAS member society), the American Council
on Education, the National Board of Medical Examiners, the Catholic Health Association of the United States, and the Association of American Universities, among other important groups.

The AAMC also works through more formal advocacy coalitions such as Health Professions and Nursing Education Coalition (HPNEC), Friends of VA Medical Care and Health Research (FOVA), the GME Advocacy Coalition, and the Ad Hoc Group for Medical Research. The AAMC leads all these coalitions.

The Ad Hoc Group for Medical Research is the AAMC-convened body for advocating for NIH funding and includes 400 organizations representing patients, scientists and health care providers, research institutions, and industry.

Government Relations Representatives (GRRs): Who They Are and What Faculty Should Know:

The different levels of getting involved in advocacy can be seen as a ladder where the bottom rung is participating in grassroots advocacy, the next is writing op-eds, letters to the editor, social media posts, etc., the next is meeting with legislators and staff and attending congressional town halls, then testifying at congressional hearings, then participating in congressional and agency briefings, and finally to serving as a resource to policymakers. Letters to the editor of local newspapers can be especially impactful, because congressional representatives like to see what constituents in their district care about and are talking about.

People in Congress keep a record of how many communications they receive about a certain topic.

Personal stories and expertise of faculty members is impactful for policymakers to hear.

There are federal government relations staff at AAMC member institutions and the AAMC convenes these representatives once a week to share what’s happening in Washington, D.C. Some of these representatives focus more on state-level issues. Faculty members can be resources to these government relations representatives by giving them more context and understanding of how the academic missions help the community and the importance of preserving those. It can be helpful to bring medical students and learners to meetings with congressional representatives. The AAMC’s grassroots advocacy community is www.aamcaction.org.

While in-person advocacy is important, awareness campaigns are also crucial and the AAMC’s “What Starts Here Saves Lives” campaign sought to inform policymakers about the importance of protecting academic medicine’s missions of patient care, education, research, and community collaborations.

Academic medical centers can urge their congressional representatives to join the Congressional Academic Medicine Caucus, co-chaired by Rep. Kathy Castor (D-Fla.) and Dr. Greg Murphy (R-N.C.).

For the most part, bills around transgender issues and anti-DEI pushback have so far been at the state level.

Academic Society Sign-on Letters: Opportunities to Engage:

CFAS societies are routinely sent AAMC advocacy sign-on letters that either originate from the AAMC or advocacy coalitions or partners. These letters address important legislative or policy issues affecting academic medicine. Many CFAS society members and executive directors receive invitations to sign onto these letters from Eric Weissman. The decision to sign onto the letter belongs to the academic society, not the individual society reps, but those reps are included on the messages about the letters so that
they can be informed and help raise awareness. The turnaround for signing onto these letters is often quick due to the time-sensitive nature of the initiatives. CFAS member societies have historically made a big difference by adding their names to the list of signatories for these letters.