

A Vision for an Inclusive U.S. Health Care System: Advocacy Work and the American College of Physicians

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I have no conflicts of interest

Objectives

- Become familiar with the ACP
- Understand the ACP Vision for an inclusive health care system
- Learn about the ACP advocacy work
- Define the ACP Legislative priorities

The American College of Physicians

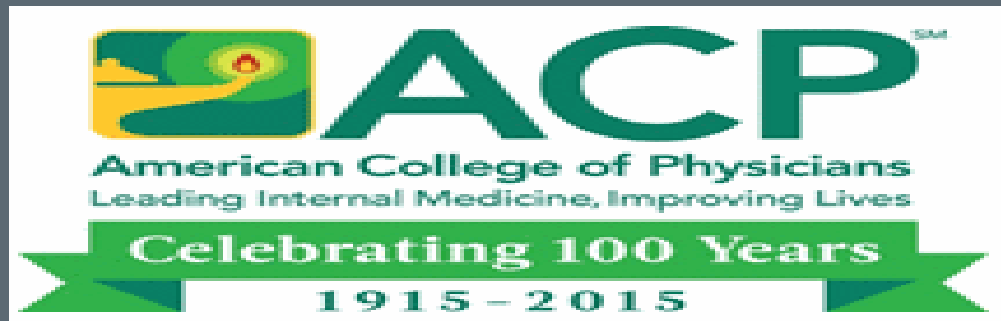




- The ACP is a national organization of internal medicine specialists and subspecialists
- It's the largest medical specialty organization and the second largest physician group in the United States with 163,000 members
- Texas represents 8,100 ACP members

ACP History

- ACP was founded in 1915 to promote the science and practice of medicine



- ACP merged with the American Society of Internal Medicine (ASIM) in 1998.

ACP Membership

The membership of the ACP is divided into 85 chapters and regions, each uniquely tailored to the needs and interests of its members.

- United States Chapters: there are chapters in each of the 50 states, in Puerto Rico and the District of Columbia
- US Armed Forces Chapters: U.S Air Force, U.S. Army, U.S. Navy
- International Chapters: six in Canada, six in Latin America (Central America, Brazil, Chile, Colombia, Mexico, Venezuela), Bangladesh, Caribbean, India, Japan, and Saudi Arabia

ACP Structure

- ACP is governed by an elected Board of Regents, the main policy-making body that oversees its business and affairs
- The Board of Regents is advised by a network of ACP committees and by the ACP Board of Governors
- The Board of Governors is composed of elected members in chapters of the US, and international chapters
- The Board of Governors implements projects and initiatives at a chapter level and represent members' concerns at the national level

ACP Mission and Vision

- **Mission:** To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine
- **Vision:** To be recognized globally as the leader in promoting quality patient care, advocacy, education, and career fulfillment in internal medicine and its subspecialties

ACP Core Values

Core values are consistent with the mission of the College and help members make daily decisions about how to act as we move toward achieving the College vision

- Excellence
- Professionalism
- Leadership
- Compassion
- Inclusion
- Equity and Justice
- Well-being

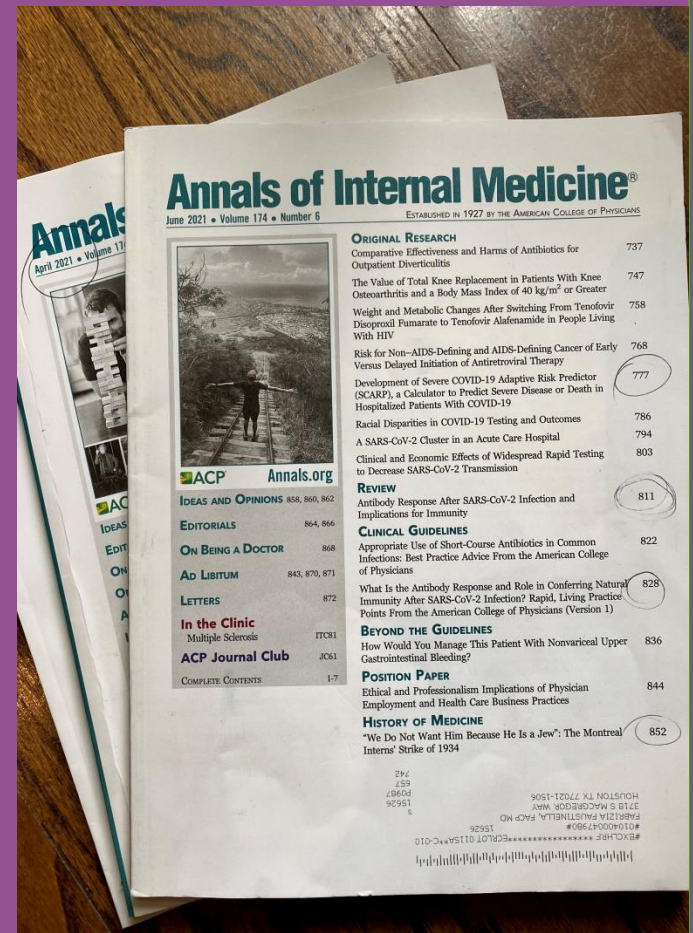
Goals

- To establish and promote the **highest clinical standards and ethical ideals**;
- To promote and respect **diversity, inclusion, and equity** in all aspects of the profession; *(in Sept.2020, ACP released an official statement of the College's commitment to being an antiracist, diverse, equitable and inclusive organization.)*
- To serve the **professional needs of the membership**, support healthy lives for physicians, enhance career satisfaction;
- To **advocate** responsible positions on individual health and on **public policy related to health care** for the benefit of the public, patients, the medical profession, and our members.

ACP Flagship Journal

The Annals of Internal Medicine

➤ One of the five top medical journals in the United States and Britain



ACP Advocacy

- ACP advocacy is about exercising the art or science of *guiding or influencing* governmental policy for the benefit of patients, the public, and the medical profession, without regard to the partisan affiliation of the officeholder.
- Most ACP advocacy efforts involve meeting with members of Congress, federal regulators, state officials, payers, and other health care organizations to persuade them to support ACP recommendations.

ACP Advocacy

<https://www.acponline.org/advocacy>

- ACP advocates for a *U.S health care system that includes everyone* and *supports physicians* in providing the best possible care to them.
- The idea of a *health care system* that is *inclusive of everyone* is central to the ACP's Vision for the U.S. Health Care System, therefore it is *central to the ACP's advocacy efforts*

Including everyone in health and health care means that everyone should have affordable coverage, regardless of their income, employment status, where they live, their health status, and their personal characteristics (*race, ethnicity, gender, gender identity, sex, sexual orientation, age, disability, immigration status, literacy, health literacy, incarceration status, and other personal characteristics*)

What is the ACP's vision for a better US health care system for all?



Comprehensive Reform of US Health Care



Ensure coverage and
affordability



Effective and efficient
payment and delivery
systems



Reduce barriers to care and
address social factors
impacting patients' health

Annals
of Internal Medicine

Doherty R, Cooney TG, Mire RD, et al; Health and Public Policy Committee and Medical Practice and Quality Committee of the American College of Physicians. Envisioning a better U.S. health care system for all: a call to action by the American College of Physicians. *Ann Intern Med.* 21 January 2020. doi:10.7326/M19-2411 <http://annals.org/aim/article/doi/10.7326/M19-2411>

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ACP Vision for a Better Health Care System (*cont.*)

Prioritize Science and Public Health

- Science-based approach to Covid-19
- Preparedness for next PHE
- Substance use disorder, tobacco/ENDs
- Death and injuries from firearms
- Climate change and environmental health

ACP Advocacy Areas

- Access to health care and coverage
- Health equity and social determinants of health
- Eliminating discrimination and racism
- Public health
- Lowering Rx prices
- Increasing GME slots
- Regulatory relief
- Higher Medicare payments
- Physician-led teams
- Firearms legislation
- Climate change

Key Positions Papers

#1

“ACP’s Vision for the U.S. Health Care System”

(Jan 21, 2020)

www.acpjournals.org/doi/10.7326/M19-2411

- U.S. health care costs too much
- Leaves too many behind without affordable coverage
- Creates incentives that are misaligned with patients’ interests
- Undervalues primary care and public health
- Spends too much on administration
- Fails to invest and support public health approaches to reduce preventable injuries, deaths, diseases, and sufferings
- Fosters barriers to care and discrimination against vulnerable individuals

Key Position Papers

#2

“A Comprehensive Policy Framework to Understand and Address Disparities and Discrimination in Health and Health Care” (*Jan 12, 2021*)

<https://www.acpjournals.org/doi/10.7326/M20-7219>

ACP lent its support to the American Rescue Plan Act, which will make coverage more affordable and available for millions of Americans, and to many of the Biden administration's actions to roll back barriers to care, and promote health equity.

Key Position Papers

#3

“Envisioning a Better U.S. Health Care System for All: Health Care Delivery and Payment System Reforms” (*Jan 21, 2020*)

<https://www.acpjournals.org/doi/10.7326/M19-2407>

Essential to creating a better and more inclusive health care system is supporting physicians in providing their patients with the best possible care.

Key Position Papers

#3 (cont.)

Payment System Reforms and Support for Physicians – ACP advocates to:

- pay for video and audio phone calls with patients (telehealth) at the same level as in-person visits
- extend the easing of telehealth restrictions beyond the COVID-19 public health emergency
- improve the Medicare Quality Reporting Program
- successfully secure increases in Medicare payments for outpatient office visits and ease documentation requirements for them
- advocate for physician-led dynamic clinical care teams that recognize and support the unique skills and training of physicians compared to other clinicians.

Payment Systems Reforms must be made to:

- put the interests of patients first,
- better support primary care,
- make health care less complex,
- correct inappropriate disparities in payment levels between complex cognitive care relative to procedures,
- simplify billing and documentation requirements.

ACP's *Patients Before Paperwork* initiative provides a framework and specific policies to achieve this end.

<https://www.acponline.org/advocacy/where-we-stand/patients-before-paperwork>

Other ACP Position Papers

➤ Immigration

https://www.acponline.org/acp_policy/policies/immigration_position_statement_2017.pdf

➤ Tobacco

https://www.acponline.org/system/files/documents/advocacy/current_policy_papers/assets/control_tobacco.pdf

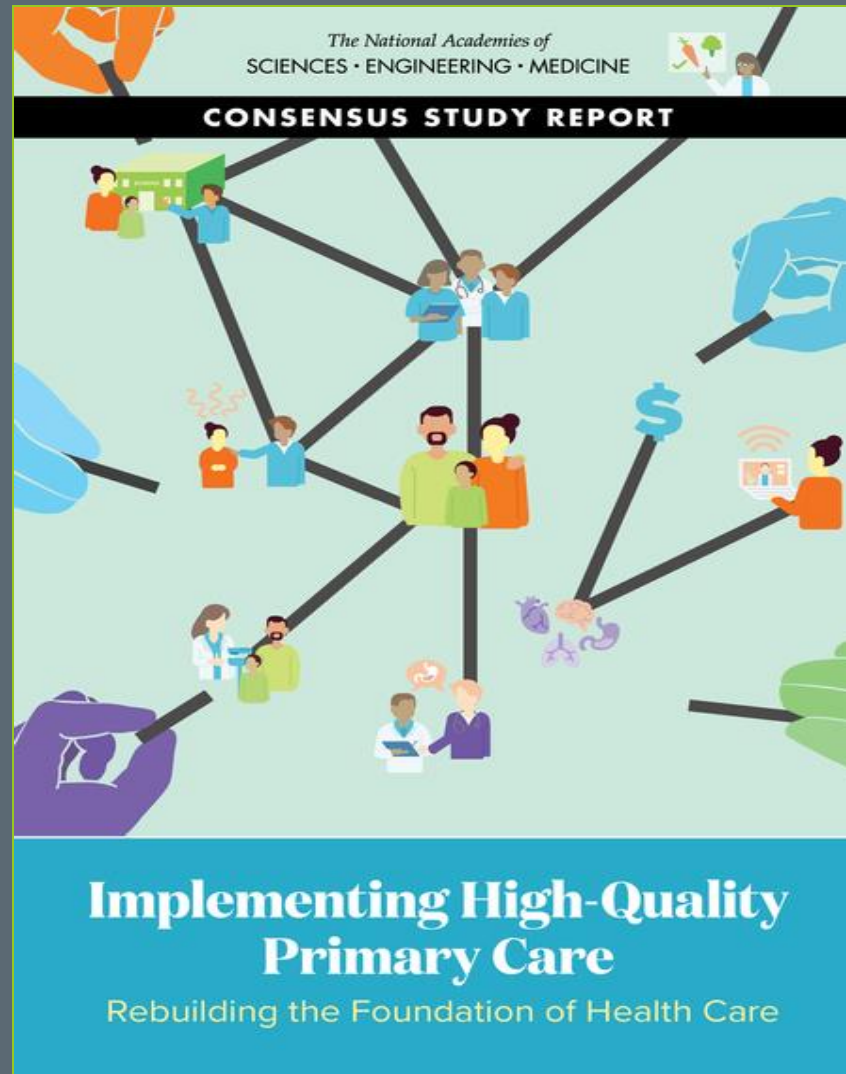
➤ Global warming

<https://www.acpjournals.org/doi/10.7326/m15-2766>

➤ Firearms

<https://www.acpjournals.org/doi/10.7326/M18-1530>

Support funding in FY2022 appropriations for the Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), the Injury Prevention and Control, and Research on Prevention of Firearms-related Injuries and Deaths.

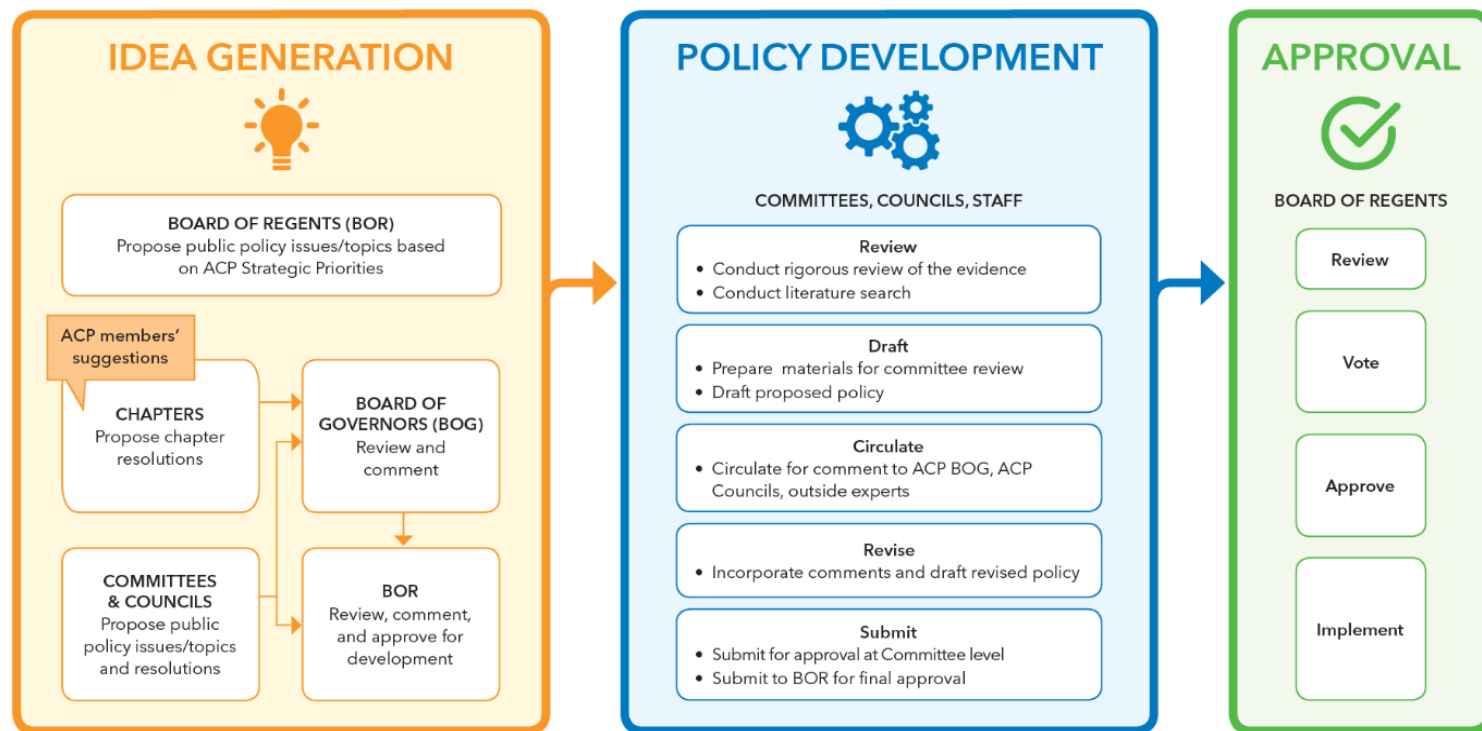


ACP-sponsored NASEM Report

May 2021

“ High-quality primary care is the foundation of a robust health care system, and perhaps more importantly, it is the essential element for improving the health of the U.S. population. Yet, in large part because of chronic underinvestment, primary care in the United States is slowly dying.”

ACP Policy Development



Learn more at www.acponline.org/policydevelopment

ACP Boards, Committees, Councils

<https://www.acponline.org/about-acp/who-we-are/leadership/boards-committees-councils>

Committees

Awards, Clinical Guidelines, Clinical Skills, Compensation, Credentials, Diversity-Equity-Inclusion, Education, Education Content Validation, Ethics-Professionalism-Human Rights, Financial Policy-Audit, Global Engagement, Governance,

ACP Committees (*cont.*)

Health and Public Policy, Immunization, IM Scientific Program, Medical Informatics, Medical Practice and Quality, Member Insurance, Membership, Performance Measurement, Physician Well-being and Professional Fulfillment, Publication, Scientific Medical Policy, Volunteerism Committee.

Health and Public Policy Committee

HPPC Charge

Recommend to the Board of Regents College policy regarding national, state or local public policies on issues broadly affecting the health of the public, individual patients, and the practice of medicine

TX-ACP HPPC

- The committee is responsible for *legislative issues* including access to care, medical liability reform, managed care reforms such as standardized contracts and physician negotiation, and scope of practice negotiations.
- The committee *monitors developments in medical practice and health care delivery* affecting the health care of patients and the practice of internal medicine and its subspecialties.
- The committee *advises and directs the work of the chapter's advocacy staff* in implementing the chapter's legislative agenda.

TX-ACP HPPC

what do we do?

- Meet on a monthly/weekly basis
- Identify issues we want to advocate for (*that means identify bills we want to support or reject*)
- Set legislative priorities for every year
- Engage in grass root efforts
- Meeting with members of Congress, federal regulators, state officials, payers, and other health care organizations to persuade them to support ACP recommendations
- Go to Austin, TX, and Washington D.C.

TX-ACP Chapter Legislative Priorities 2020-2021

Established by the TX-ACP Board and the HPPEC

- Access to Care
- Public Health Safety Net
- Strengthening Texas' Physician and Primary Care Workforce
- Patient Safety

TX-ACP Chapter Legislative Priorities

2020-2021

Access to Care

Medicaid, Telemedicine, Healthcare Cost Drivers

➤ Medicaid:

- *Reduce Texas's uninsured rate* by extending Medicaid eligibility to low income, uninsured working-age adults and establish a state-administered reinsurance program to reduce premiums for people enrolled in marketplace plans.
- *Provide 12-month comprehensive coverage for women* who lose Medicaid 60 days postpartum and establish *12-month continuous coverage for children* enrolled in Medicaid, the same benefit provided to children enrolled in the Children's Health Insurance Program (CHIP).
- *Reject any reductions in provider payment rates for Medicaid*, the CHIP and Healthy Texas Women. Reductions would only further strain our safety net

TX-ACP Chapter Legislative Priorities *(cont.)*

2020-2021

Access to Care *(cont.)*

➤ Telemedicine

- Make permanent policies that reimburse telemedicine visits at the same rate as in-person care. *(HB 980)*
- Safeguard changes to telemedicine and payment parity introduced during the COVID-19 pandemic that have expanded access to care. *(HB 4)*

TX-ACP Chapter Legislative Priorities (cont.)

2020-20219

Access to Care (cont.)

- **Healthcare Cost Drivers:** Provide efficient healthcare models that improve standard of care while reducing unnecessary costs in Texas.
- **Reduce Social Obstacles to Health:** Research indicates that non-medical factors contribute as much as 80% of a person's health outcomes compared to 20% for medical services. In one recent study, researchers found that by connecting low-income patients to social services, health care costs could be reduced by as much as 10%.
- **Reduce Waste:** Researchers estimate waste (excluding administrative costs), accounts for 25% of total health care spending. According to the Institute of Medicine, waste is defined as failure of care delivery, failure of care coordination, overtreatment or low-value care, pricing failure, fraud and abuse, or administrative complexity. *(Major concern is the expanded use of prior authorization)*

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TX-ACP Chapter Legislative Priorities *(cont.)*

2020-2021

➤ Healthcare Cost Drivers *(cont.)*

- Increase utilization of high value primary care services:
- There is a strong relationship between greater primary care utilization and lower health care costs, including decreased use of preventable inpatient hospital and emergency department services. Multiple studies show that in communities with higher primary care physician capacity, patients experience lower health care costs, higher satisfaction, and better health outcomes.

TX-ACP Chapter Legislative Priorities (*cont.*)

2020-2021

Public Health Safety Net

Develop the public health safety net of our community by establishing and implementing strategies designed to prepare for and respond to public health issues, the importance of which was demonstrated in the current COVID-19 pandemic.

➤ **Adopt a strategic vision to fight the COVID-19 pandemic**

- Reinforce the ongoing importance of social distancing, mask wearing, and hand washing
- Monitor and improve vaccine distribution across Texas including distribution to community practices and rural areas
- Increase funding for vaccinations, personal protective equipment (PPE), staffing, and statewide electronic case
- reporting for the COVID-19 pandemic
- Improve allocation process for federal funding, such as Epidemiology Laboratory Capacity (ELC) funding to ensure that it equitably reaches local health departments and adequately reaches all populations
- Protect essential health services from funding reductions

ACP-TX Chapter Legislative Priorities (cont.)

2020-2021

Public Health Safety Net *(cont.)*

➤ Establish a blueprint to address both current and future public health emergencies

- Address the public health workforce crisis:

Since 2008, state and local health departments have lost almost 25% of their workforce, contributing to a loss of over 50,000 jobs nationwide. Additionally, the public health workforce is aging with a majority being over 45 and almost one quarter being of retirement age. These factors compounded with those workforce members who plan to pursue private sector opportunities (often due to low wages in the public health field) contribute to the public health workforce crisis with approximately half of workforce members being prepared to leave over the next few years. Understaffing in addition to threatening work conditions have contributed to the burnout of the public health workforce, which has been stretched to its limits.

- Improve public health financing:

The past decade has seen public health financing face a sharp decline both on national and state levels. Since initial allocation after the events of September 11th, funding for public health emergency preparedness have diminished; within our state, the 1115 Waiver, submitted in lieu of expanding Medicaid, and which has provided a novel pipeline for Medicaid funding to reach local health departments, is set to expire in 2022. Despite local health departments being an integral component of the public health safety net (accounting for \$1.7 billion or 15% of the DSRIP pool), there is a glaring lack of other mechanisms through which local departments can secure Medicaid funds.



ACP-TX Chapter Legislative Priorities (cont.)

2020-2021

Public Health Safety Net (*cont.*)

➤ Improve communication and coordination efforts:

The Texas Department of State Health Services should take point from the Centers for Disease Control and Prevention and serve as a state leader for communication to the public pertaining to public health messaging. Ensuring consistency is paramount as inconsistent policies across the local, state, and federal levels contributes to confusion and complacency at the individual level.

➤ Improve disease surveillance efforts:

- States should strengthen local disease surveillance programs by allowing for interoperability across jurisdictions;
- Provide technical assistance to local health departments to meet needs, such as those on the policy and planning, data gathering and analysis, and epidemiological levels;
- Invest in modern and responsive data systems with simultaneous investment in a data informatics workforce that can provide support at the local level.

TX-ACP Chapter Legislative Priorities (cont.)

2020-2021

Public Health Safety Net (cont.)

- Pursue policy reform to allow for expanded health care access and improved health for all Texans
- *All Texans*--regardless of race, ethnicity, sex, sexual orientation, gender identity, age, religion, culture, place of residence, place of work, national origin, immigration status, language proficiency, health literacy, socioeconomic status, incarceration status, or ability--*should be able to equitably access high quality of healthcare without discrimination.*
- *An adequate supply and distribution of physicians and other clinicians should be ensured to meet our state's healthcare needs, particularly within underserved populations both in rural and urban settings.* Removing barriers to physician entry and retention within the primary care workforce and practice within underserved communities is essential to this goal.
- *Investment in public policy interventions*, state public health infrastructure, and research to address and *eliminate social determinants of health* as well as other factors that have adverse impacts on health is imperative.
- Devote greater resources to *addressing environmental health* and developing strategies for the *addressing, prevention, and mitigation of health consequences of climate change.*

TX-ACP Chapter Legislative Priorities *(cont.)*

2020-2021

Strengthening Texas' Physician and Primary Care Workforce

- An increase of 1 primary care physician is associated with 83 fewer deaths, 161 fewer hospitalizations, and 712 fewer emergency room visits per 100,000 people
- By 2030, the United States will face a shortage of 14,800 to 49,300 primary care physicians and a total physician shortage of 40,000 to 100,000 physicians
- Texas ranks 47th for patient/physician ratio
- Texas has the 2nd highest projected deficit of physicians in the United States
- 1 in 4 Texans currently live in an area without a practicing health professional

TX-ACP Chapter Legislative Priorities *(cont.)*

2020-2021

Strengthening Texas' Physician and Primary Care Workforce *(cont.)*

- Ensure Texas has a strong physician workforce by expanding and protecting funding for the Primary Care Preceptorship Program and Graduate Medical Education (GME)
- Ensure medical students who train in Texas can pursue required graduate medical education in Texas by increasing GME funding for residency programs to provide a ratio of 1:1 entry level residency slots/Texas medical school graduate
- Fully fund House Bill 1065 to create a state grant program to develop residency training tracks in rural and underserved areas.

TX-ACP Chapter Legislative Priorities (cont.)

2020-2021

Patient Safety

- ACP strongly supports dynamic clinical care teams to provide the best possible care for patients with the team as a whole working to ensure care is coordinated for the benefit of the patient. Within the clinical care team context, ACP adamantly *believes in the importance of patients having access to a personal physician who is trained in the care of the “whole person” and has leadership responsibilities for the team, consistent with the Joint Principles of the Patient-Centered Medical Home*
- ACP strongly supports the highest quality of care for patients by *maintaining physician level educational requirements for independent practice and limit the increases in scope of practice by limited license providers (HB 2029)*

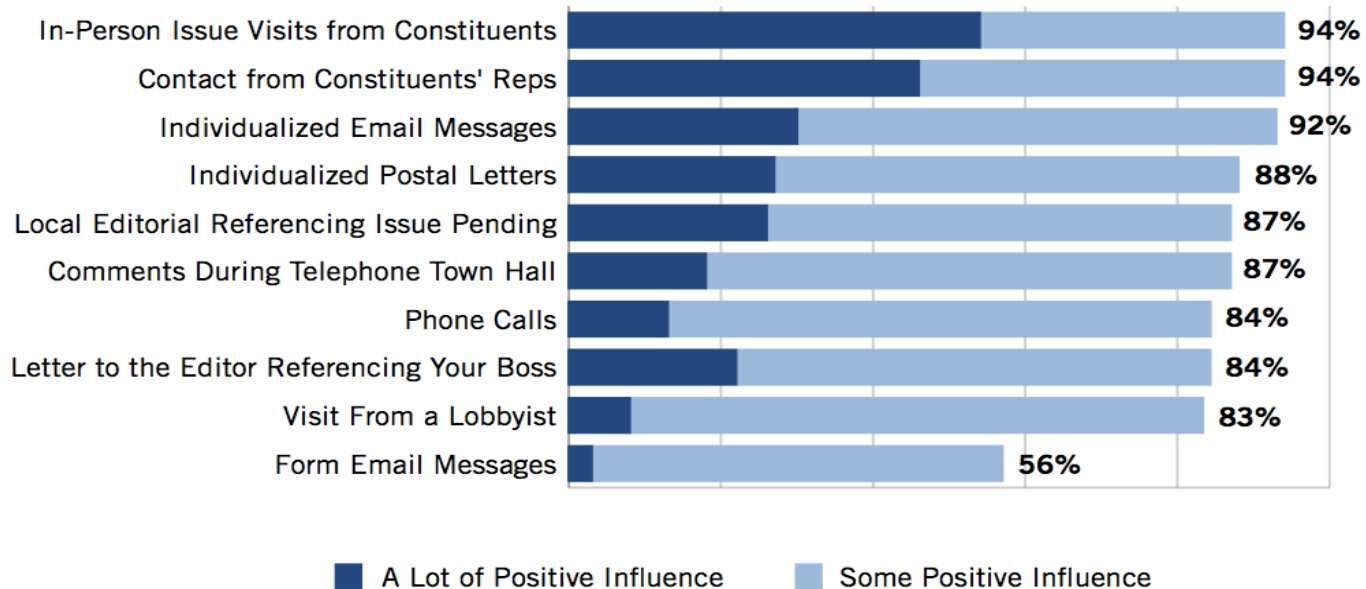
TX-ACP HPPC

what do we do?

- Engage in grass root efforts: individualized email messages and phone calls
- Meet with members of Congress, federal regulators, state officials, payers, and other health care organizations to persuade them to support ACP recommendations
- Go to Austin, TX, and Washington D.C.

Can we make a difference?

If your Member/Senator has not already arrived at a firm decision on an issue, how much influence might the following advocacy strategies directed to the *Washington office* have on his/her decision?

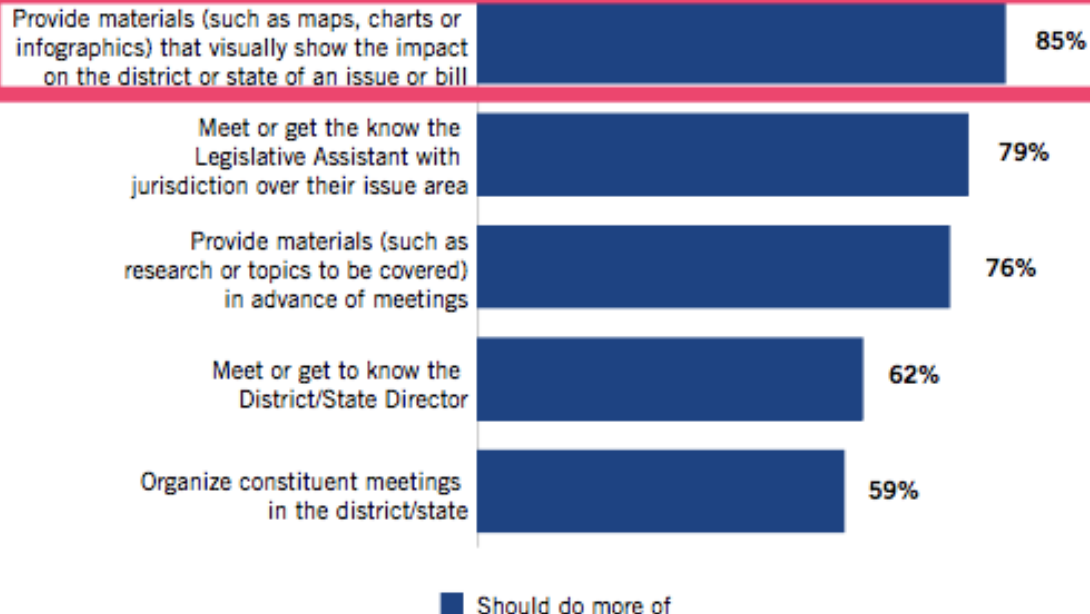


(n = 190-192)

Source: Congressional Management Foundation 2015 survey of congressional staff, including Chiefs of Staff, Communications Directors, Legislative Directors, and Legislative Assistants.

Can we make a difference?

In thinking about constituents and the groups that represent them (e.g., associations, nonprofits, companies), what should they do more or less of to build better relationships with your office and your Member/Senator?



(n = 190-192)

Source: Congressional Management Foundation 2015 survey of congressional staff, including Chiefs of Staff, Communications Directors, Legislative Directors, and Legislative Assistants.

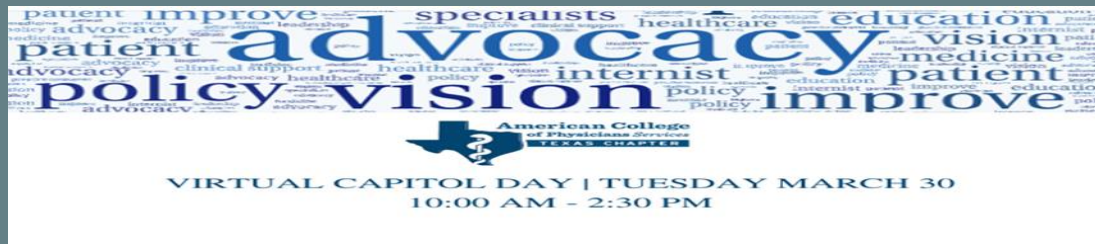
American College of Physicians, Texas Chapter Leadership and Advocacy Day.

Austin, Texas. March 30, 2021

87th Texas Legislature



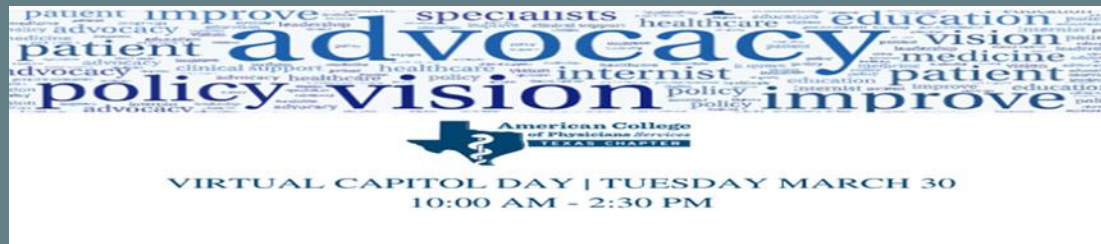




Access to Care

Medicaid: Improve access to care in Texas by expanding Medicaid eligibility to reduce the uninsured rate and disperse appropriate reimbursement to providers

- **Extend Medicaid eligibility** to low-income, uninsured working-age adults and establish a state administered reinsurance program to reduce premiums for people enrolled in marketplace plans. *(HB 1541)*
- Increase the Federal Medicaid Assistance Percentage (FMAP) by at least 14 percent through the end of the public health emergency and at least two years following
- **Healthy Women and Children**
 - Provide 12-month comprehensive coverage for women who lose Medicaid 60 days postpartum and establish 12-month continuous coverage for children enrolled in Medicaid, the same benefit provided to children enrolled in the children's Health Insurance Program (CHIP) *(HB 133)*
 - Reject any reductions in provider payment rates for Medicaid, the CHIP and Healthy Texas Women. Reductions would only further strain our safety net



Access to Care

➤ Telemedicine

- Make permanent policies that reimburse telemedicine visits at the same rate as in-person care. *(HB 980)*
- Safeguard changes to telemedicine and payment parity introduced during the COVID-19 pandemic that have expanded access to care. *(HB 4)*

The 87th TX Legislature

The 140 Day Journey

Wins and Losses

- The 87th TX Legislature **supported:**
 - Increasing coverage for Medicaid moms and babies
 - Making permanent many of the allowances for expanded telemedicine payment in Medicaid and CHIP resulting from COVID-19 after HHSC determines those services are clinically sound. HB 4
 - Opposing scope of practice bills
 - Funding the TX Internal Medicine Primary Care Preceptorship Program for 2022-2023
 - Continuing the strategy to keep Texas medical school students in Texas by maintaining 1:1 first-year residency slots for each medical school graduate
 - Easing the burdens of prior authorization
 - Increasing Texas Mental Health Care Consortium budget
 - Regulating e-cigarette retailers the same way as other tobacco products are regulated

The 87th TX Legislature

The 140 Day Journey

Wins and Losses

- The 87th TX Legislature **did not support:**
 - A Texas Medicaid expansion plan
 - Increasing physician Medicaid reimbursement rates
 - Payment parity to reimbursements for in- office and telemedicine visits. *HB 980*
 - Improving the State's vaccination rate, modernizing the State's immunization registry, developing "vaccination passports"
 - Creating an office within the HHSC dedicated to eliminating health disparities and increasing health equities

ACP Virtual Leadership Day

Washington D.C. May 25-26
117th Congress





ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative “Asks”

An “ask” is a *specific action* we request from a lawmaker:

- Bills we want them to introduce, co-sponsor, and vote for
- Bills we want them to revise/amend
- Bills we want them to oppose and vote against, if not revised as we seek
- Legislative oversight over federal agencies and the executive branch

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities

The Issues and Bills Selected for Leadership Day Advance ACP Vision for U.S. Health Care, Resulting in Better Health Care, and Better Health for ALL:

- EXPAND HEALTH COVERAGE AND AFFORDABILITY
- SUPPORT THE VALUE OF PRIMARY AND COMPREHENSIVE CARE
- IMPROVE ACCESS TO PRESCRIPTION DRUGS AND REDUCE COSTS
- EXPAND ACCESS TO TELEHEALTH SERVICES AND PROMOTE PATIENT SAFETY/PRIVACY
- PROMOTE HEALTH EQUITY, SOCIAL JUSTICE, AND ELIMINATE DISPARITIES
- SUPPORT ESSENTIAL PUBLIC HEALTH and RESEARCH INITIATIVES
- TRAIN AND SUPPORT FRONTLINE PHYSICIANS DURING AND AFTER COVID-19

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities

➤ EXPAND HEALTH COVERAGE AND AFFORDABILITY

- **H.R. 340**, the **Incentivizing Medicaid Expansion Act of 2021**, to expand federal matching assistance for states that choose to expand Medicaid, regardless of when such expansion takes place.
- **H.R. 369**, the **Health Care Affordability Act of 2021**, to expand eligibility for premium tax credits under the ACA

➤ SUPPORT THE VALUE OF PRIMARY AND COMPREHENSIVE CARE

- **H.R. 1025**, the **Kids' Access to Primary Care Act**, to increase access to health coverage for Medicaid patients by achieving payment parity for primary care services under Medicaid and Medicare.

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

- IMPROVE ACCESS TO PRESCRIPTION DRUGS AND REDUCE COSTS
 - **S. 898**, the **Fair Drug Pricing Act**, to require drug companies to disclose and provide more information about imminent drug-price increases, including data about research and development costs.
 - **S. 833**, the **Empowering Medicare Seniors to Negotiate Drug Prices Act of 2021**, to help to reduce drug prices and out of-pocket costs by allowing the federal government to negotiate lower drug prices on behalf of Medicare beneficiaries.
 - **S. 141**, the **End Taxpayer Subsidies for Drug Ads Act**, to end the federal tax deduction that pharmaceutical companies use to pay for drug advertising.
 - **S. 464** and **H.R. 2163**, the **Safe Step Act**, to ensure patient access to appropriate treatments based on clinical decision making and medical necessity rather than arbitrary step therapy protocols.

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

- EXPAND ACCESS TO TELEHEALTH SERVICES AND PROMOTE PATIENT SAFETY/PRIVACY
- H.R. 2903/S. 1512, the **CONNECT for Health Act**, would remove arbitrary barriers to telehealth services such as geographic and site of service restrictions.
- H.R. 708/S. 168, the **Temporary Reciprocity to Ensure Access to Treatment Act** or the “**TREAT Act**”, to ensure that telehealth services can be provided across states lines after the public health emergency ends.

Urge representatives to include adequate funding in FY2022 to **support expansion of broadband capabilities nationwide**, especially to rural and underserved communities .

Develop **comprehensive privacy legislations** governing personal health information that build on the HIPAA statute and the principles outlined I ACP’s 2021 position paper.

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

- PROMOTE HEALTH EQUITY, SOCIAL JUSTICE, AND ELIMINATE DISPARITIES
- **H.R. 1280**, the **George Floyd Justice in Policing Act of 2021**, to overhaul qualified immunity for law enforcement, prohibit racial profiling on the part of law enforcement and ban no-knock warrants in federal drug cases and chokeholds and carotid holds at the federal level.
- **H.R. 5**, the **Equality Act**, to prohibit discrimination based on sex, sexual orientation and gender identity in public accommodations and facilities, education, federal housing credit and the jury system.

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

- PROMOTE HEALTH EQUITY, SOCIAL JUSTICE, AND ELIMINATE DISPARITIES (*cont.*)
- S. 937/H.R. 1843, the **Hate Crimes Act**, to denounce discrimination against Asian Americans and expedite reviews of potential COVID-19-related hate crimes. This bill was passed by both chambers.
- H.R. 666/S. 162, the **Anti-Racism in Public Health Act of 2021**, to establish within the CDC a National Center on Antiracism and Health for data collection and research and a law enforcement violence prevention program.
- H.R. 959/S. 346, the **Black Maternal Health Momnibus Act of 2021**, to reduce preventable maternal mortality and severe maternal morbidity in the U.S. and close disparities in maternal health outcomes, particularly among pregnant minority women.

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

➤ SUPPORT ESSENTIAL PUBLIC HEALTH and RESEARCH INITIATIVES

- **H.R. 8**, the **Bipartisan Background Checks Act** that would establish new background check requirements for firearm transfers between private parties.
- **H.R. 3076/S. 506**, the **Extreme Risk Protection Order Act** from the 116th Congress, to establish a grant program to help states and Indian tribes implement extreme risk protection order laws and expands categories of individuals who are prohibited from receiving, possessing, shipping, or transporting a firearm.
- **H.R. 3271/S. 1702**, the **Climate Change Health Protection and Promotion Act** that would take important steps, to mitigate the harmful impact of climate change on health.



ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

- TRAIN AND SUPPORT FRONTLINE PHYSICIANS DURING AND AFTER COVID-19
 - H.R. 2256/S. 834, the **Resident Physician Reduction Shortage Act of 2021**, to increase the number of GME slots by at least 2,000 per year over seven years (14,000 slots) for specialties facing shortages, including internal medicine.
 - H.R. 1554 (116th Congress), the **Resident Education Deferred Interest Act**, to allow borrowers to qualify for interest-free deferment on their student loans while serving in a medical or dental internship or residency program.
 - H.R. 1667/S. 610, the **Dr. Lorna Breen Health Care Provider Protection Act**, to address the behavioral health and wellbeing of physicians, including depression, suicides and burnout.

ACP Virtual Leadership Day

Washington D.C. May 25-26

Legislative Priorities (*cont.*)

- TRAIN AND SUPPORT FRONTLINE PHYSICIANS DURING AND AFTER COVID-19 (*cont.*)
 - S. 948, the **Conrad State 30 and Physician Access Reauthorization Act** (116th Congress) and S. 3599 (116th Congress), the **Healthcare Workforce Resilience Act**, to support the COVID-19 response workforce by expediting visas for international medical graduates (IMGs) to enter the U.S. for training and patient care, permanently authorizing the Conrad 30 Program, and providing a pathway for IMGs and their families already in the U.S to obtain permanent residency status.
 - H.R. 2418, the **Student Loan Forgiveness for Frontline Health Workers Act**, to forgive student loans for physicians and other clinicians who are on the frontlines of providing care to COVID-19 patients or helping the health care system cope with the COVID-19 public health emergency.

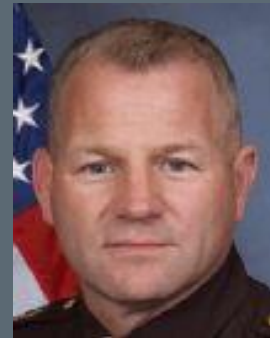
ACP Virtual Leadership Day

Washington D.C. May 25

- ❑ 10:00 a.m. – 11:30 a.m. **Advocating Effectively in a Virtual Environment**. ACP's congressional staff
- ❑ 1:00 p.m. – 1:20 p.m. **Opening Remarks** from Governance Darilyn Moyer, MD, FACP, Executive Vice President, Chief Executive Officer; George M. Abraham, MD, MPH, FACP, FIDSA President; Stephen Sisson, MD, FACP, President, ACP Services Rebecca Andrews, MS, MD, FACP, Chair, Board of Governors
- ❑ 1:20 p.m. – 2:00 p.m. ACP Advocate Awards Ceremony
- ❑ 2:00 p.m. – 3:15 p.m. **Briefing: Leadership Day 2021: Advancing ACP's Vision for US Health Care Featuring** Bob Doherty, SVP, Governmental Affairs & Public Policy
- ❑ 3:15 p.m. – 4:15 p.m. **Briefings by Members of Congress**: Senator Bill Cassidy, MD (R-LA); Representative Kim Schrier, MD (D-WA)
- ❑ 4:30 p.m. – 5:30 p.m. **Political Meet-and-Greet Virtual Event with Members of Congress**
- ❑ 5:30 p.m. – 6:15 p.m. **Texas Delegation Meet & Greet | Pre-Meeting Brief**

ACP Virtual Leadership Day

Washington D.C. May 26



➤ **EXPAND HEALTH COVERAGE AND AFFORDABILITY**

- **H.R. 340: Incentivizing Medicaid Expansion Act of 2021**

To expand federal matching assistance for states that choose to expand Medicaid, regardless of when such expansion takes place.

➤ **TRAIN AND SUPPORT FRONTLINE PHYSICIANS DURING AND AFTER COVID-19**

- **H.R. 2256: The Resident Physician Reduction Shortage Act of 2021**

To increase the number of GME slots by at least 2,000 per year over seven years (14,000 slots) for specialties facing shortages, including internal medicine.

➤ **SUPPORT THE VALUE OF PRIMARY AND COMPREHENSIVE CARE**

- **H.R. 1025: Kids' Access to Primary Care Act of 2021**

To increase access to health coverage for Medicaid patients by achieving payment parity for primary care services under Medicaid and Medicare.

➤ **IMPROVE ACCESS TO PRESCRIPTION DRUGS AND REDUCE COSTS**

- **H.R. 2163: The Safe Step Act (House)**

To ensure patient access to appropriate treatments based on clinical decision-making and medical necessity rather than arbitrary step therapy protocols

➤ **EXPAND ACCESS TO TELEHEALTH SERVICES AND PROMOTE PATIENTS' SAFETY/PRIVACY H.R. 2903.**

- **H.R. 2903: The CONNECT for Health Act (House)**

Would remove arbitrary barriers to Telehealth services such as geographic and site of service restrictions.



Health Care as a Human Right

The idea of health care as a right had already been articulated a long time ago by prominent figures in American history.

Franklin Delano Roosevelt, thirty-second U.S. President, in his **January 11, 1944 State of the Union** address famously proclaimed:

“We have accepted, so to speak, a second Bill of Rights under which a new basis of security and prosperity can be established for all regardless of station, race, or creed. Among these are...**the right to adequate medical care and the opportunity to achieve and enjoy good health**; the right to adequate protection from the economic fears of old age, sickness, accident, and unemployment.... All of these rights spell security. And after this war is won, we must be prepared to move forward, in the implementation of these rights, to new goals of human happiness and well-being.”

Health Care as a Human Right

Mrs. Roosevelt became the drafting chairperson for the **UN's Universal Declaration of Human Rights** (UDHR), the milestone document in the history of human rights.

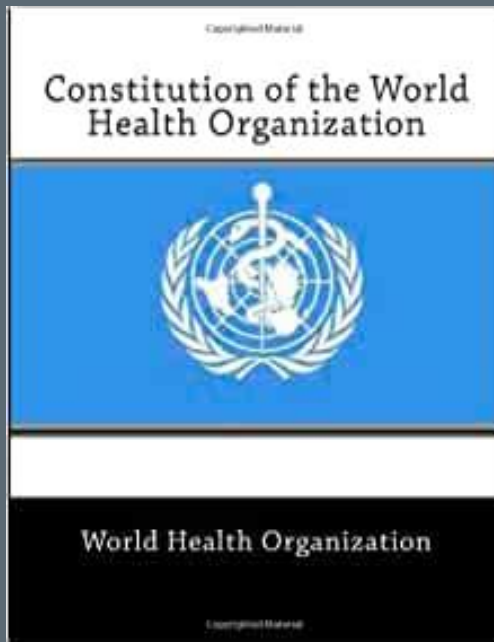
Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the declaration codified our human rights, including **the essential right to health (Article 25)**.

This declaration was proclaimed by the **United Nations General Assembly in Paris on December 10, 1948**, and has been translated into over five hundred languages.



Health Care as a Human Right

Prior to the Roosevelts' achievements,
the **Constitution of the World
Health Organization**
issued this statement (1946):



"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

Reprinted from WHO.
Constitution of the World Health Organization.
<http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>
(accessed March 27, 2018)

Health Care as a Human Right

The principle of health care as a basic human right has been widely accepted and supported by secular and religious leaders, medical and health associations, and human rights and political organizations, which have all put forward official position statements on this matter.

The American Medical Student Association has clearly articulated the need for universal health care:

<https://healthcare.procon.org/source-biographies/american-medical-student-association-amsa/>



Faustinella F. *Crime Scenes*. Atherton Review.
Academy Press. Humanities for Humanity, June 2021

<https://academypress.org/crime-scenes/>

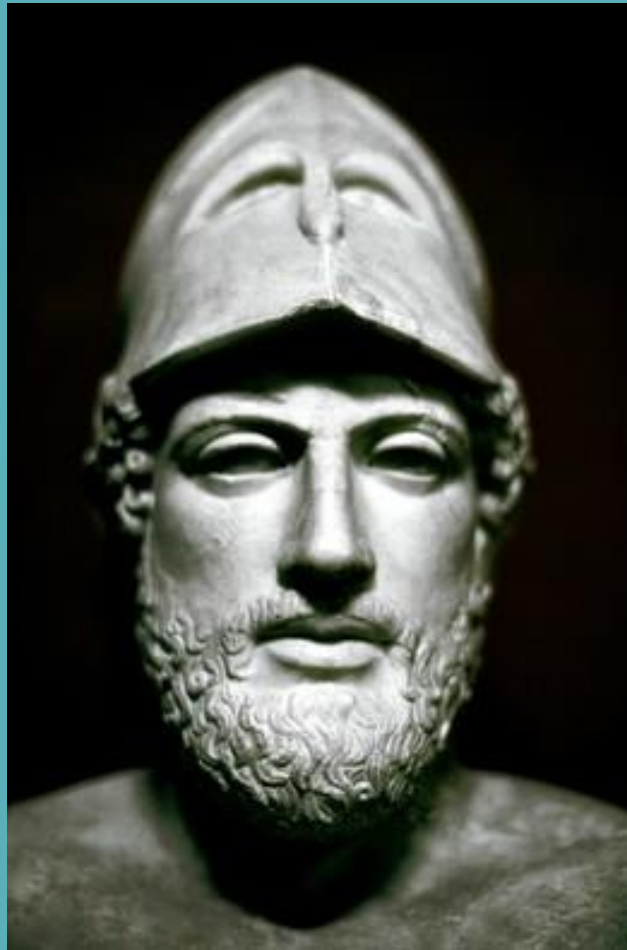
**“Of all the forms of
inequality, injustice
in healthcare is the
most shocking and
inhumane.”**

—Martin Luther King Jr., 1966



Convention of the Medical Committee for Human
Rights

Chicago, March 25, 1966



What we leave behind is not what is engraved on stone monuments, but what is woven into the lives of others. *Pericles (495-429 BC, Athenian Statesman)*

THANK YOU

