



SAMPLE CONGRESSIONAL MEETING SCRIPT

Meeting Introduction

INCLUDE THE FOLLOWING: [NAME, ORGANIZATION, LEADERSHIP ROLE, RELEVANT GEOGRAPHICAL INFORMATION]. Thank you for meeting with us. We are here on behalf of the American Osteopathic Association, which represents more than 178,000 osteopathic physicians and medical students, meeting with Congressional offices today to discuss issues of great importance to medical students, physicians and their patients.

- **PARTICIPANT #1:** Thank you for taking the time to meet with us today.
- My name is PARTICIPANT NAME, I am an osteopathic SPECIALTY physician (OR STUDENT) from COMMUNITY, STATE here on behalf of AFFILIATE/SCHOOL NAME and the American Osteopathic Association.
- **PARTICIPANT #2:** My name is PARTICIPANT NAME and I am an osteopathic SPECIALTY physician (OR STUDENT) from COMMUNITY, STATE.
- We are part of a group of osteopathic physicians and medical students from around the country meeting with members of Congress today to discuss three issues that are critically important to physicians and medical students, and support patient access to care in our state and across the country.
- Before we discuss the issues, I want to share a brief update on the osteopathic workforce and tell you a bit about the role that DOs are playing in healthcare in STATE and the United States.
- As you likely know, there are two types of licensed physicians in the U.S., DOs and MDs. Our education is similar, but osteopathic physicians have distinctive training.
 - Additionally, the number of DOs in the U.S. has tripled over the past three decades.
 - Today, there are more than 178,000 osteopathic physicians and medical students across the country.
 - Additionally, more than 68% of actively practicing DOs are under the age of 45; so, at a time when the broader physician workforce is aging, the osteopathic workforce is growing and getting younger.
 - It is also worth noting that while DOs practice in every medical specialty, more than 57 percent are in a primary care specialty.
- Because of the role that DOs have in our healthcare system, we want to make sure our voice is heard on several critical issues.
- Our focus today is on three important healthcare issues: protecting access to medical care through positive updates to Medicare physician payment, expanding graduate medical education and the Teaching Health Center Graduate Medical Education Program, and student loan reform and the REDI Act.

Medicare Payment Cuts: Medicare Economic Index (MEI) Update (H.R. 2474)

- **NOTE:** Please check your Soapbox meeting schedule to see if your member is a cosponsor of this bill. If your member is a cosponsor, please thank them for their support.
- **PARTICIPANT #1:** The first issue we'd like to discuss is patient access to medical care and Medicare physician payment.
- Osteopathic physicians play an essential role in our healthcare system, and sustainable payment rates in Medicare fee-for-service are essential to keeping the doors of physician practices open.
- Physician practices provide high-quality care, including preventive care, at a lower cost than vertically integrated health systems, where hospital systems may own and operate many outpatient sites.
- Maintaining a physician practice has become increasingly challenging, as operating costs including staff labor, equipment, technology, and other infrastructure have increased while payment rates are stagnant.
- Between 2010 and 2022, the cost of operating a practice increased 24% while Medicare physician payment only increased 6%. The gap between costs and Medicare payment will only continue to widen as cost increases accelerate under high inflation. MEI is predicted to increase by another 3.5% in 2023 alone.
- Every other provider under Medicare fee-for-service receives an annual payment update to reflect rising costs. For example, base payments for inpatient hospital services received a 4.3% update and outpatient hospital



services received a 3.8% update. Meanwhile, physician payment was reduced 2%. Payment is slated to continue being reduced over the next several years.

- Rather than making it harder to keep the doors of physician practices open, Congress should be supporting care delivery in settings that provide high-quality care at a lower cost.
- Osteopathic physicians in particular play an essential role in providing care to rural and underserved communities, and stable payment that reflects the rising cost of practicing medicine is essential to keep doors open at physician practices.
- H.R. 2474 takes important steps to help support patient access to care and keep physician practices open by establishing stable, annual payment updates to the Medicare physician fee schedule based on the Medicare Economic Index.
- **Senate Ask:** Please cosponsor the Senate companion legislation to H.R. 2474 when introduced to ensure that physician fee schedule payment rates are updated annually based on MEI. Additionally, support other legislation introduced that will support stable long-term payment.
- **House Ask:** Please cosponsor H.R. 2474 which will ensure that physician fee schedule payment rates are updated annually based on MEI, and support other legislation introduced that will support stable long-term payment.

The Resident Education Deferred Interest (REDI) Act (H.R. 1202/S. 704)

- **NOTE:** Please check your Soapbox meeting schedule to see if your member is a cosponsor of this bill. If your member is a cosponsor, please thank them for their support.
- **PARTICIPANT #1:** The second issue we'd like to discuss is student loan reform.
- There is bipartisan legislation that was introduced that takes important steps to help alleviate burdensome student debt known as the Resident Education Deferred Interest (REDI) Act (H.R. 1202/S. 704).
- Are you familiar with this issue and the legislation?
- Currently one in four medical students in the U.S. attends a college of osteopathic medicine (COM) which are often located in underserved rural and urban communities. When young physicians train in these areas, they often choose to stay and practice close by as they develop connections to the community.
- However, rising medical debt may pose a barrier to physicians serving these communities following completion of their residency programs. The median debt for physicians upon graduation from medical school is \$200,000.
- Additionally, residents' incomes are typically very limited as they are technically "in training". However, despite their limited income that often prevents payments on loans, their loans will accrue interest over the 3 to 8 years it takes to complete their training.
- As much as young physicians might want to stay in rural and underserved communities, high student loan debt that only grows over the course of residency can make this a difficult decision.
- If passed, the REDI Act will lessen the burden of potentially accrued interest as well as decrease pressure on young physicians to make decisions on where to practice. Ultimately, this allows more freedom of choice and more incentives for young physicians to practice in communities where they are needed.
- The most important beneficiaries of this bill would be patients as well as those in Health Professional Shortage Areas (HPSAs), which nearly 99 million Americans reside in.
- This bipartisan legislation prevents physicians from being penalized during residency by precluding the government from charging them interest on their loans during a time when they are unable to afford payments on the principal.
- This bill supports physicians in making decisions to practice in the settings where they are most needed most.
- **Senate Ask:** It is important that this legislation become law and I hope you will cosponsor **S. 704**.
- **House Ask:** It is important that this legislation become law and I hope you will cosponsor **H.R. 1202**.



The Teaching Health Center Graduate Medical Education (THCGME) Program

- **PARTICIPANT #1:** The last issue we'd like to discuss is the Teaching Health Center Graduate Medical Education (THCGME) program.
- The Teaching Health Center Graduate Medical Education (THCGME) program is a successful training program that fills critical primary care gaps where they are most needed, especially in rural and underserved communities—areas where many osteopathic physicians often serve.
- Unfortunately, funding for the THCGME program will expire on September 30, 2023 unless Congress enacts legislation to reauthorize funding for the program.
- There are 72 Teaching Health Center programs in nearly 30 states with nearly 1,000 medical residents handling more than an estimated one million patient visits annually in rural and urban communities.
- The THC program is a highly sought-after program for medical school graduates, as many THCs have more than 100 applicants for every residency slot.
 - 82 percent of THC graduates remain in primary care practice, compared to 23 percent of traditional GME graduates
 - 55 percent of THC graduates practice in underserved communities, compared to 26 percent of traditional GME graduates.
- Level funding for the THCGME program, with the expected growth in residency slots, will be unsustainable and will force programs to either not fill their available residency slots or close.
- Because of this, it is imperative for Congress to reauthorize this program.

- **Senate & House Ask:** I encourage you to please cosponsor any free-standing bill providing a multi-year reauthorization of at least three years.

Closing

Thank you again for taking the time to meet with us. Today we have leave-behind materials for your office, which provide additional details on these issues and the osteopathic profession. Please let us know how we can be a resource on these and other healthcare issues. We look forward to working with you.