



# **SGIM 2026 DIY Advocacy Training**

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# DIY Advocacy

- Benefits

- Members have many serious concerns & want to express their distress
- Limited capacity to address all concerns
- Engagement is important!

- Challenges

- Need training & orientation to issues
- Want messaging to be consistent
- Avoid political landmines that can close doors

# What We'll Cover

- Our goals
- What's happening in Washington
- Our legislative asks
- How to hold successful meetings

# SGIM26 DIY Advocacy Activities

- An evolving and complex environment for public health advocacy in Washington, DC
- **Our shared goals:**
  - Advocate for primary care internal medicine
    - Educate Congress about the importance of primary care
    - Emphasize role of GIM physicians in caring for patients with multiple complex conditions
  - Build and maintain positive relationships with Congress in a bipartisan manner so we can:
    - Advance issues immediately before us
    - Be a trusted resource to provide expertise on matters related to primary care
    - Have opportunities to influence legislation in the long-term
    - Leverage cultivated relationships when the political environment shifts
- Advocacy is a marathon, not a sprint!
- Thank you for your advocacy on behalf of SGIM!

# Our Goals

- To educate members of Congress and their staff about the importance of primary care and SGIM's current policy priorities
- To develop relationships with members of Congress and their staff and offer to be a resource to address issues and questions now and in the future
- **Ask Congress to support policies that will help all people receive the level of primary care they need to manage chronic conditions and prevent disease**
  - Ask CMS to establish a technical expert panel that would develop improved methods to assign value to the full scope of primary care services that patients need
  - Support primary care add-on payments (\$2.5 billion over 5 years) in an upcoming physician payment reform legislative package and ensure sustained support for primary care services that patients need

# The Latest From Washington

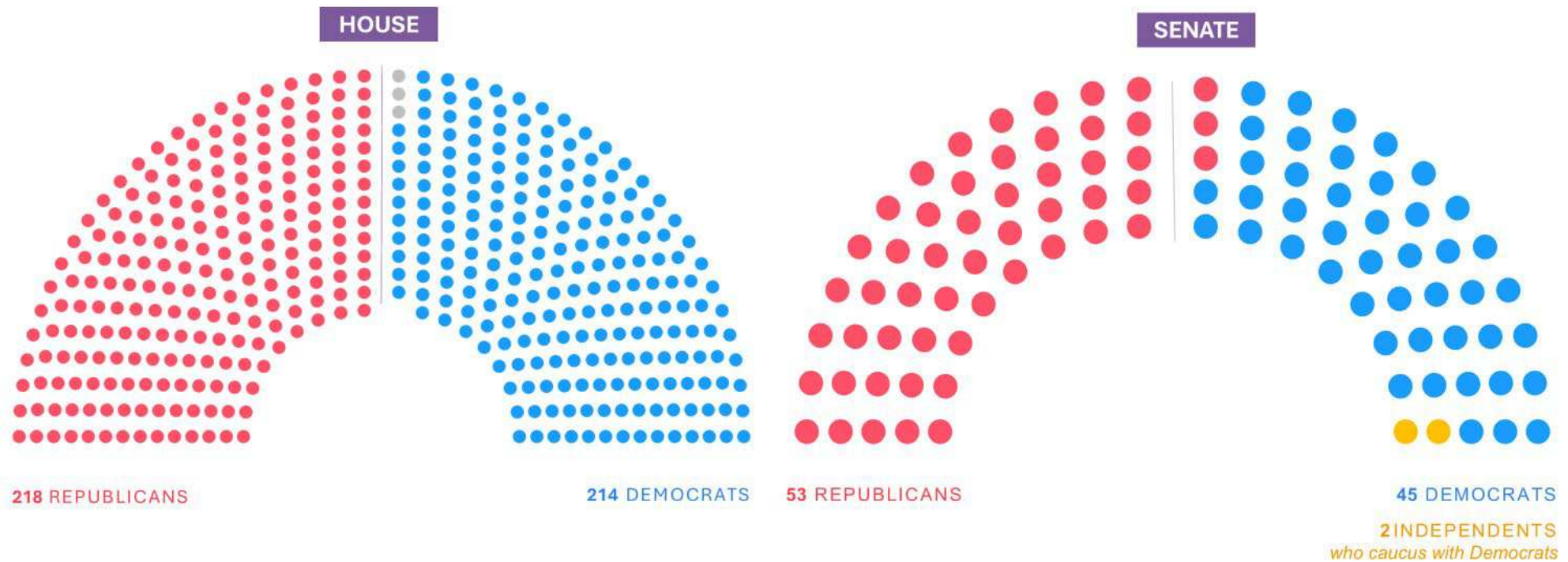


# November Midterms Top of Mind for Congress

- Congress to shift into a more cautious, campaign-focused mode
- Legislative activity will focus on “essentials”
  - Do not expect major legislation to pass once summer starts
- Both parties will advance midterm messages through message bills, hearings, etc.



# Balance of Power for the 119<sup>th</sup> Congress



# President's Budget Proposal for FY 2027

- **President's Budget Request to Congress**
  - Non-binding recommendation to Congress
  - FY 2027 Budget Request was released on April 3
- **Proposes Changes Similar to Those in Last Year's Proposal**
  - Restructuring the Department of HHS
  - Cuts to many programs across HHS
    - Title VII Programs under HRSA - \$170 million (\$413 million decrease)
  - CMS focus on Medicaid oversight, claims infrastructure, and health technology

# The Administration's Priorities

- **Changes in long-standing practices & HHS reorganization**
  - CDC's Advisory Committee on Immunization Practices
  - U.S. Preventive Services Task Force (USPSTF)
- **Addressing Chronic Disease**
  - Burden of chronic disease remains a priority for HHS Secretary Robert F. Kennedy Jr.
- **Strong focus on**
  - Chronic disease **prevention** through **nutrition and lifestyle changes**
  - Targeted investments in **rural health**
  - Healthcare **cost reduction**



# Recent Congressional Hearings Signal Emerging Healthcare Priorities



- **House Energy & Commerce Subcommittee on Health**
  - 3 healthcare affordability hearings in the last 3 months to investigate why healthcare costs are rising
- **Senate Special Committee on Aging**
  - Hearing on “The Doctor is Out: How Washington’s Rules Drove Physicians Out of Medicine”
- **House Ways & Means Subcommittee on Health**
  - Hearing on “Advancing the Next Generation of America’s Health Care Workforce” with focus on shortages in rural communities and lack of community-based training
- **House Energy & Commerce Subcommittee on Oversight & Investigations**
  - Hearing on “Protecting Patients and Safeguarding Taxpayer Dollars: The Role of CMS in Combatting Medicare and Medicaid Fraud”

# GOP Doctors Caucus & Democratic Doctors Caucus

**Focused on developing patient-centered, evidence-based healthcare policy, with the goal of reducing costs and expanding access**

## **GOP Doctors Caucus – Co-chairs**



Rep. Greg Murphy, M.D. (NC-03)



Rep. John Joyce, M.D. (PA-13)

## **Democratic Doctors Caucus – Chair**



Rep. Kim Schrier, M.D. (WA-08)

# GOP Docs Caucus & Democratic Docs Caucus' Joint Effort on Physician Payment Reform

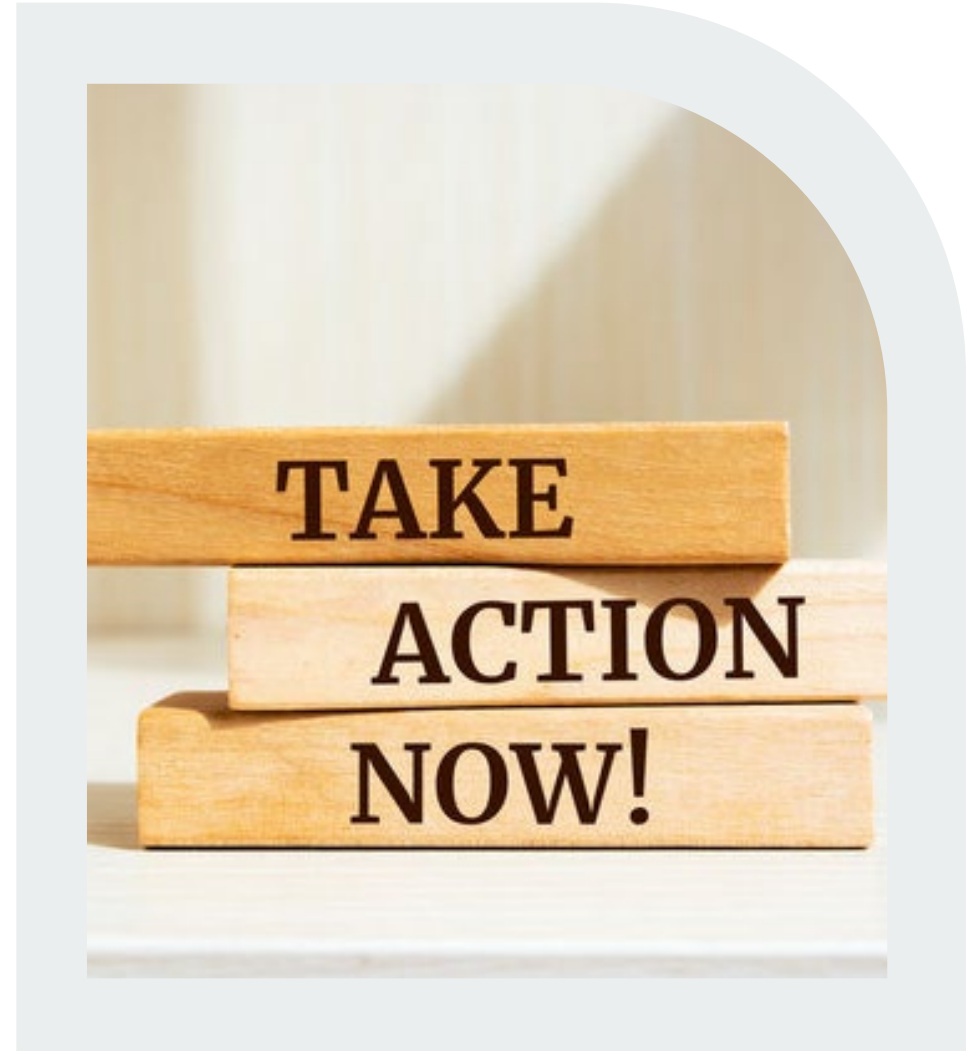
## Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

- Aimed to reset Medicare physician payment policy, tying payment to performance on quality, cost, and interoperability in order to incentivize value-based care
- Criticized for administrative burden and disadvantaging smaller practices

## Potential Framework for Modernizing MACRA

- Updates to MACRA of 2015 to be introduced in May
  - **Primary care add-on payments of \$500 million for 5 years (budget neutrality-exempt)**
  - Reform of Quality Payment Programs
  - Center for Medicare and Medicaid Innovation (CMMI) reform
  - Budget neutrality reform

# Our Asks



# ASKS

**Ask Congress to support policies that will strengthen and improve access to comprehensive primary care for all Americans so that they can manage chronic conditions and prevent disease**

- Ask CMS to establish a technical expert panel that would develop improved methods to assign value to the full scope of primary care services that patients need
- Support primary care add-on payments (\$2.5 billion over 5 years) in an upcoming physician payment reform legislative package and ensure sustained support for primary care services that patients need

# How to Tell Your Story

- Frame your message and strategy.
- What do you want and why?
- Make it local! Who will it help in the district or state?
- Why is it important in the broader health policy or national political context?
- Most effective advocacy combines data and personal stories.



# Examples

“In medical school, I did a rural health rotation in a small town in western North Carolina with 3 family medicine doctors who took care of multiple generations of family members in and out of the hospital. Shadowing those doctors was one of the reasons I went into primary care. I remember him breaking a dementia diagnosis to a patient and multiple family members in a patient and empathetic way that still informs how I break bad news to patients. Since then, all 3 doctors have retired and the practice has closed. Recruiting primary care doctors to rural North Carolina is increasingly difficult as the paperwork burden increases, and reimbursement does not follow suit.”

# Examples

As a general internal medicine physician, I see many older patients who need to take numerous medications because they have multiple chronic diseases such as diabetes, hypertension, congestive heart failure, and chronic kidney disease. I receive messages nearly every day from patients who cannot get a medication because their insurance won't cover it without prior authorization, even when it's a medication they have been taking for many years. It takes a substantial amount of time (hours per week) to handle these calls because the insurance systems are poorly designed and difficult to navigate, and I don't receive any payment for this time. This is a big problem in primary care practices because patients usually call their PCP even when the medications have been prescribed by other specialists. Add-on payments can help to address this problem by giving primary care practices a way to cover the cost of hiring and training staff to help patients get their medications as quickly as possible.

A similar issue arises when I have a complicated patient with multiple chronic conditions whose adherence to care is undermined by a mental health disorder. Such patients need timely regular access to a mental health professional or behavioral specialist. Add-on payments can help to address this problem by giving primary care practices a way to cover the cost of embedding a behavioral health specialist in their practice.

# Do Your Homework!

- Examine your members' websites;
- Learn their roles, interest areas, committee and subcommittee assignments; and
- Sign up for their newsletter, follow them on social media. In this context, stalking is good.

The screenshot shows the CONGRESS.GOV website interface. At the top, there are navigation links for Legislation, Congressional Record, Committees, and Members, along with a 'Sign In' button. Below this is a search bar with 'Quick Q', 'Advanced Q', and 'Browse' options, and a search input field containing 'Examples: hr5, sres9, "health care"'. The main content area is divided into several sections: 'Most-Viewed Bills | Top 10' with links to H.R. 661, H.R. 698, and H.R. 307; 'Bill Searches and Lists' with links for 'By Sponsor: House | Senate', 'Introduced | Active Legislation (Senate.gov)', 'Public Laws | U.S. Code', and 'Appropriations'; 'Current Legislative Activities' for the 115th Congress (2017-2018), featuring 'House of Representatives' and 'Senate' sections with 'In Session Live Video' and meeting dates; 'Recent' news items like 'Yesterday in Congress', 'Bill Texts', 'Calendars and Schedules', 'Committee Reports', 'Roll Call Votes', and 'Presented to President'; 'The Congressional Record' with links for 'Read the latest legislative activity', 'Quick Search', and 'Browse by Date'; and a 'Contact Your Member' section highlighted with a red box, which includes 'Contact by email and telephone' and links for 'Representatives' and 'Senators'. At the bottom right, there is a 'News from the Law Library' section with a featured article from January 3, 2017, by Andrew Weber.

# Reminders Before Your Meetings

- Review your notes and leave behind materials and keep them handy to reference during the conversation
- Arrive 5-10 minutes early: Make sure you can get through the security line and find the meeting room before your meeting
- Introduce yourself, your institution, and SGIM
  - If applicable, note that you are a constituent!
- Thank the staffer for their time

# What to Expect During Your Meetings

- Usually 15-20 minutes, could be shorter or longer
- Ask how much time the member or staffer has at the outset
- Try to limit small talk and stay on topic
  - Be concise and present your main points—don't go off message
  - If you don't have an answer to a question, offer to get it and send it later
  - Don't forget your asks!
- The tone is conversational
- Please keep in mind that you are representing SGIM
  - This is a great opportunity to educate staff on SGIM and the importance of primary care in improving healthcare in America
- Staff almost certainly won't commit to anything during the meeting

# Advocacy Resources

Resources available through <https://annualmeeting.sgim.org/attend/advocacy/>

- Preparing for SGIM26 DIY Advocacy Activities
  - How to request a hill meeting
  - Checklist to help prepare for meetings
- Map of Capitol Hill
- Places to Eat on Capitol Hill
- Leave-behind with information about the DIY Advocacy Activities requests

**Remember:** Advocacy is a marathon! These resources can be used for additional advocacy throughout the year.

# Questions?

