

**Internal Medicine Education Advisory Board (IMEAB) Meeting**  
**Wednesday, January 22, 2025**  
**1:00 p.m. – 3:00 p.m. EST**  
**Virtual Meeting**

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***Participants***

Joanne K. Baker, DO, FACOI, FAODME, FHM, FACP	Lisa Howley, PhD, M.Ed.	Margaret A. Breida, MS
Eric B. Bass, MD, MPH, FACP	Erica N. Johnson, MD, FACP, FIDSA	Michael Kisielewski, MA
Alfred Paul Burger, MD, MS, FACP, SFHM	Donna L. Lamb, MBA, BSN, DHSc	Valerie O
Robert Cain, DO, FACOI, FAODME	Alex J. Mechaber, MD, MBA, MACP	<i>Advocacy/Government Affairs</i>
Davoren A. Chick, MD, FACP	Cheryl W. O'Malley, MD	<i>Guests:</i>
Kristan Davis, MD	Polly E. Parsons, MD	Cynthia Brown
Christopher A. Feddock, MD, MS	Sreekala Raghavan, MD	Julie Crockett
Leonard S. Feldman, MD, FACP, FAAP, SFHM	Jerry Vasilias, PhD	Shari M. Erickson, MPH
Marie R. Fleury, DO, MBA	Tracy Wallowicz, MLS	Tannaz Rasouli
Sarah Hartley, MD	<i>AAIM Staff:</i>	
Eric S. Holmboe, MD, MACP, FRCP	Kristin Barnard	

**Welcome and Introductions**

Polly E. Parsons, MD, welcomed participants. Attendees introduced themselves and identified their affiliated organization.

Edits or comments to the October 16, 2024 meeting minutes should be sent to Valerie O. Moved and seconded to approve the draft minutes. Approved.

**Meeting Objective and Guests**

At the October 16, 2024 IMEAB meeting, a few participants shared how political pressures influenced their organization's education and resource offerings, the challenges borne from these due to staffing and/or funding limitations, and misalignment between their organization's and Congress' conception of education and the academic medical community. This spurred additional discussions on the impact the new administration and Congress will have on the internal medicine community. With this as the backdrop, AAIM invited the Association of American Medical Colleges (AAMC), the American College of Physicians (ACP), and the American Medical Association (AMA) to apprise the advisory board on their respective organization's advocacy priorities and how the new administration and Congress may or will impact these priorities.

The following advocacy/government affairs executives presented to the advisory board:

Cynthia Brown  
ACP Vice President of Government Affairs

Shari M. Erickson, MPH  
ACP Chief Advocacy Officer and Senior Vice President of Governmental Affairs and Public Policy

Tannaz Rasouli  
AAMC Senior Director of Public Policy and Strategic Outreach

## **Discussion Highlights**

Advocacy priorities seek to promote policy reforms on the federal level through legislative, regulatory, and executive actions that benefit the overall health and well-being of patients, physicians, and the practice of Internal Medicine (IM). Protecting the patient-physician relationship (this includes access to reproductive healthcare, LGBTQ+ and gender-affirming care), strengthening the IM and primary care physician workforce, and investing in public health initiatives and research were discussed. Related to these, members expressed their concerns on President Trump's Executive Orders on "ending radical and wasteful DEI programs and preferencing" and "defending women from gender ideology extremism and restoring biological truth to the federal government".

Some potential problematic policies were highlighted and are being monitored by the organizations:

- Cuts or major programmatic changes to Medicaid.
- Allowing the tax credit for the Affordable Care Act (ACA) coverage to expire, along with attempts to overturn components of it.
- Attempts to overturn or change key components of the Inflation Reduction Act, which would impact drug price negotiation and climate change policies.
- Addressing the Medicare physician fee cut of 2.8%.
- Cessation of telehealth flexibilities on March 2025.
- The Trump Administration's directive to pause external communications amongst federal health agencies.

The nation will eventually face a serious physician shortage. To support the future workforce, there needs to be an increased investment in Medicare-supported GME to allow teaching health systems and hospitals to train more medical school graduates (i.e., lifting cap for GME support, Resident Physician Shortage Reduction Act); support physician training through Health Resources and Services Administration (HRSA) Children's Hospitals and Teaching Health Centers GME programs, as well as those administered by the VA and Department of Defense; and expand funding for HRSA Title VII and VIII workforce development programs.

To keep pace with technological advancements in healthcare and biomedical research, Congress needs to allocate robust and sustained growth in medical research supported by the National Institute of Health (NIH). It was shared that the NIH received considerable funding in 2003; this generosity has not come across to date. Though the current position is not quite the ideal state, sustained funding would be welcome. Congress may rely on the incoming NIH Director to review and determine the organization's reform.

One means to further support future physicians and scientific researchers is through the Public Service Loan Forgiveness program, which gives medical students the ability to borrow up to the cost of attendance, the elimination of loan origination fees, and parity between undergraduate and graduate repayment plans.

Though a national survey of Internal Medicine Residency Program Directors underscored the importance for physicians to engage in advocacy efforts to champion public health, no studies describe the

prevalence and characteristics of curricula that address public advocacy for communities and populations.

### **Next Meeting**

The IMEAB will hold an in-person meeting in the Alexandria, VA district on **Tuesday, April 29, 2025** from **8:00 am – 2:00 pm (EDT)**.