This document reflects the Council’s priority focus on Clinical Practice, Education, and Research policy issues. It is the 2021-2022 Health Policy Agenda for SGIM and defines the issues on which the SGIM Health Policy Committee, its staff and consultants will work for the duration of the COVID-19 public health emergency (PHE) and through the end of 2022.

Whenever possible, SGIM will work collaboratively with organizations with similar interests, whether they are physician groups or patient-focused. Special attention will be paid to communicating SGIM’s positions to its membership and to policymakers.

Note: In the policy topics listed below, “Active Advocacy” refers to those highest priority issues in which SGIM members, staff and consultants will be heavily involved. “Coalition Advocacy,” refers to those issues on which primarily SGIM’s consultants will work collaboratively with other stakeholder organizations in Washington and beyond to advance SGIM’s positions. Monitoring” refers to those issues on which SGIM’s consultants will track and advise but will not actively promote a position. SGIM members, of course, are free to advocate on any of these or other issues as they see fit.

**CLINICAL PRACTICE:**

SGIM will continue its advocacy efforts on clinical practice issues by working in conjunction with Congress, federal agencies and other organizations with similar goals to support the activities listed below.

**Active Advocacy**

- Advocate to ensure any new payment and/or care delivery models support the delivery of high quality, equitable primary care. Models must have appropriate patient attribution and risk adjustments that account for social determinants of health, appropriate payment for primary care, and must not create additional administrative burden for PCPs. In response to the COVID-19 PHE, our advocacy will also focus on appropriately adjusting the reporting requirements, risk adjustment, and deadlines for these models in response to the outbreak.

- Advocate to ensure that reimbursement for evaluation and management services reflect the full range of care provided during primary care and cognitive office visits, particularly those delivered remotely during the COVID-19 public health emergency.

- Telehealth and telephone visits were important tools to ensure patients received the care they required without unnecessary exposure to COVID-19 during the public health emergency. Virtual care may also play an important role in certain circumstances after the pandemic, and SGIM will advocate to ensure patients continue to have access to these services after the public health emergency.

**Coalition Advocacy**

- Advocate to ensure that patients continue to have access to affordable health care services...
through the ACA and that any future reforms targeting access to insurance and payment models must continue to improve patient access to needed, quality health care services.

**Monitoring**

- Support steps being taken to address the opioid crisis, including measures to ensure opioids are prescribed only when medically appropriate and patients have access to the necessary services to address opioid use disorder.

**EDUCATION:**

In fulfilling their commitment to promoting public health and improving healthcare, SGIM members lead the education of medical students, residents, and fellows as well as faculty at academic centers, teaching hospitals and in the community. They are leaders in developing and evaluating innovations in medical education to prepare tomorrow's clinicians to deliver the highest quality evidence-based, culturally appropriate and cost-effective clinical care.

To support this effort, SGIM will continue to focus on:

**Active Advocacy**

- Advocate for reform of the nation’s Medicare GME program, including the establishment of a payment structure that adequately supports primary care; is transparent; holds teaching institutions accountable for their training outcomes; and results in a highly-trained, appropriately distributed workforce that is well-equipped to meet the nation’s health care needs.

- Advocate for loan forgiveness and hazard pay for primary care physicians, including medical residents and fellows, on the front lines of the COVID-19 pandemic. SGIM will educate policy makers on the importance of providing financial relief to providers on the front lines to ensure a robust primary care workforce for the future.

**Coalition Advocacy**

- Advocate for sustained, robust funding for the HRSA Title VII Health Professions programs, including Primary Care Enhancement and Training, Centers of Excellence, and the Health Careers Opportunity Program.

- Support the collection, analysis and dissemination of information relating to the health care workforce supply and demand; the development of recommendations for eliminating the barriers to entering and remaining in primary care; policies that foster innovative education and training programs; and improved mechanisms for financing education and training for careers in primary care.

**Monitoring**

- Monitor the HRSA workforce advisory committees, such as ACTPCMD and COGME, and alert leadership of opportunities for SGIM member representation as slots
become available.

• Physicians play a critical educational role at VA facilities to train future clinicians to care for our country’s veterans. With the launch of the Veterans Community Care Program, SGIM will educate both Society members and policy makers on the important role of medical education at the VA, how being an educator at the VA is changing the current climate, and advocate to preserve this important training function.

• Monitor policies from the US Department of State (DoS) regarding routine visa services, specifically routine visa processing for medical residents and physicians, to ensure that International Medical Graduate (IMG) physicians with J-1, H-1B, and O-1 visas remain exempt from future immigration bans or suspensions in services so these doctors can respond to the COVID-19 pandemic and future pandemics.

RESEARCH:

SGIM members are national and international leaders in a wide range of research, including the many subfields that fall within the broad category of health services research and primary care research. The need for robust and sustained funding for research remains the Society’s top research advocacy priority, with particular focus on the inequities exposed by the Covid-19 pandemic. The specifics are as follows:

Active Advocacy:

Advocate for the strongest supportive policy environment for the National Institute for Minority Health and Health Disparities (NIMHD), consistent with SGIM’s priority emphasis on eliminating disparities and promoting equity and inclusion.

Advocate for the creation of ARPA-H within the NIH and specifically for it to give priority to issues related to health equity. That priority can be enhanced by working through the Clinical and Translational Science Awards (CTSA) program at the National Center for Advancing Translational Science (NCATS).

Advocate for funding for the Center of Excellence in Primary Care Research at AHRQ and work closely with AHRQ in developing implementation plans for the funding.

Coalition Advocacy:

• Support the highest possible overall funding levels for health services and primary care research at AHRQ, NIH, VA, and PCORI. With regard to all federally-funded research, SGIM supports the provision of additional funding to restart research projects and training programs disrupted by the Covid-19 pandemic.

• Support research structures that enable SGIM members to conduct high-quality research unencumbered by restrictive policies, and support SGIM’s priorities of improving health care delivery and promoting equity in health care. To address the inequities exposed by the pandemic, SGIM supports the provision of funding related to health care disparities through research conducted or funded by AHRQ, CMMI, CDC and other relevant agencies.
**Monitoring**

- Monitor administrative actions taken by the executive branch and report to the subcommittee on the potential positive or negative impacts on the research enterprise.

- Monitor legislation pending in Congress and report to the subcommittee on the potential positive or negative impacts on the research enterprise.