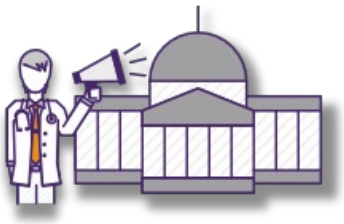
American Medical Association

Very Influential Physicians (VIP) /

Physicians Grassroots Network (PGN)



2026 Recess In-District Engagement Toolkit

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Overview

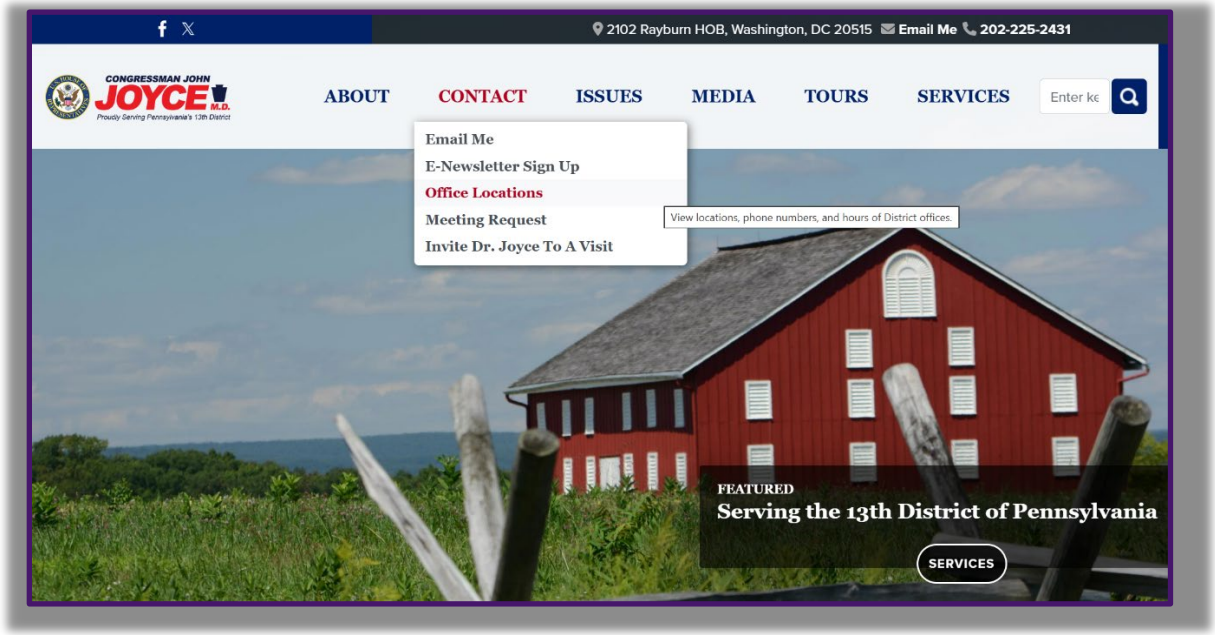
Engaging with members of Congress during the August congressional recess provides American Medical Association (AMA) physician advocates an excellent opportunity to meet with elected officials, begin or strengthen relationships with these legislators and staff, and focus your efforts on concerns about the growing financial instability of the Medicare physician payment system. This guide provides a blueprint for contacting congressional offices to schedule and conduct in-district office meetings and site visits or pursue other means of engaging members of Congress during the August recess or throughout the rest of 2026.

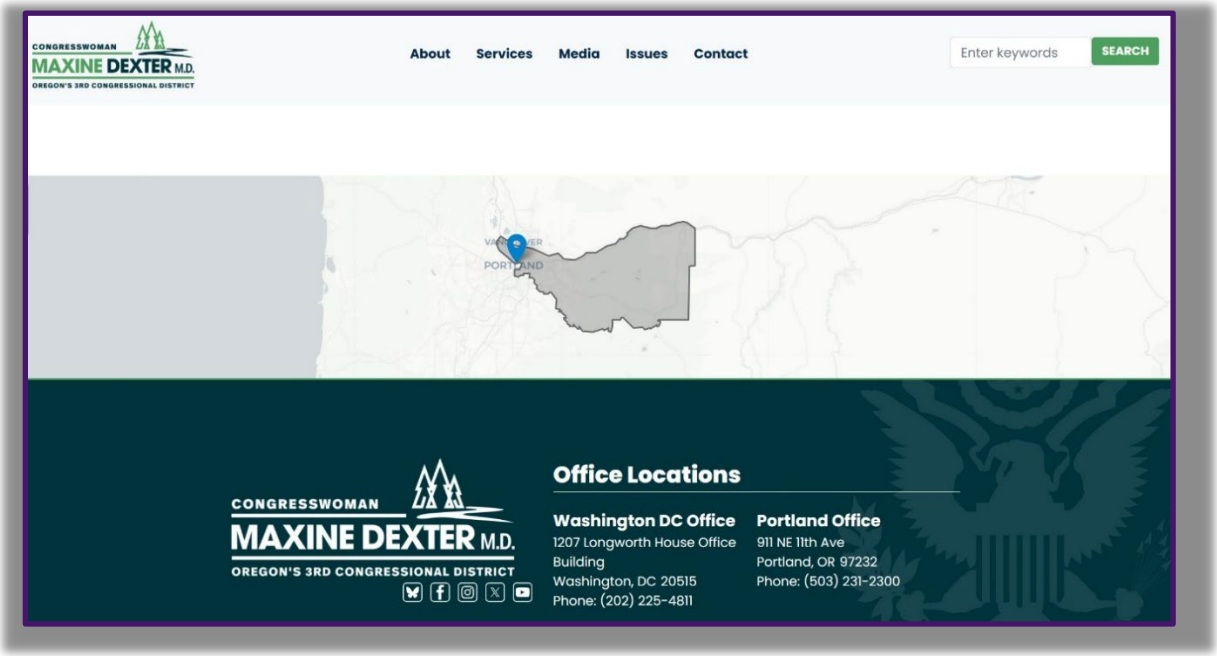
This kit includes instructions for initiating outreach to congressional offices, including suggested scripts for requesting meetings and site visits. **Please focus on pursuing meetings and site visits with those legislators who represent your place of residence - your member of the US House of Representatives and two Senators based on your home address.** You are also welcome to seek meetings and site visits with the member of the House (and possibly two Senators) whose district contains your practice or facility, but only after prioritizing interacting with lawmakers of your home address.

Begin conducting your outreach efforts to these offices right away with a goal of scheduling and completing these engagements when members of Congress are expected to be back home in the district during the remainder of 2026. Days when Congress is not in session, during such a congressional recess or district work period, are times when your lawmakers are most likely to be eager and available to meet with you in the most convenient location – in your local community.

Researching District Locations of Congressional Offices

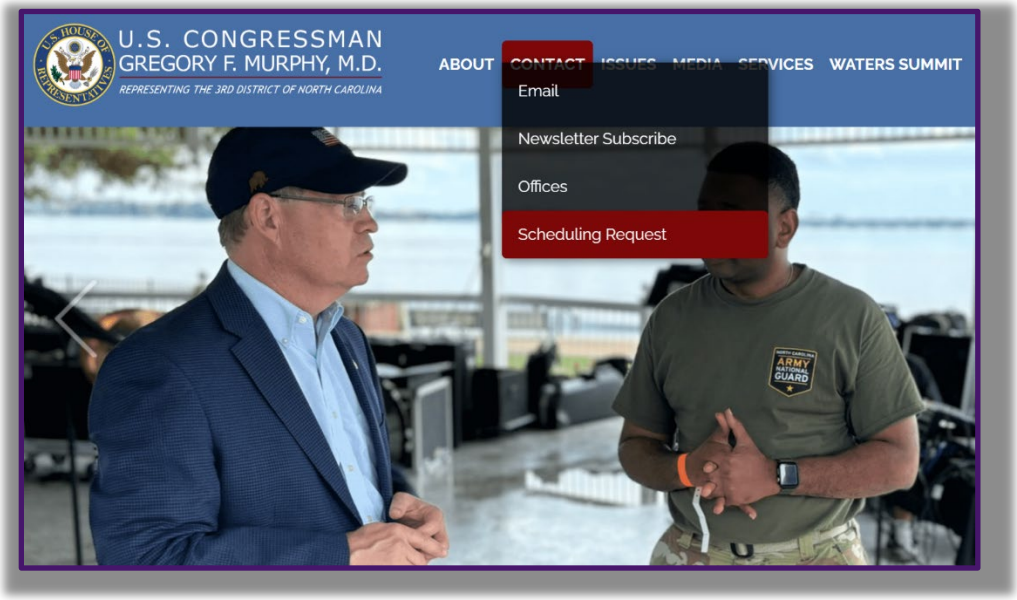
To contact your federal lawmakers' district offices, begin with their official US House or Senate websites. While the layouts of each legislator's online presence may vary, *every* lawmaker lists the address and contact information for any district office they have, typically under the "Contact" section (it may sometimes be found by scrolling to the bottom of their website):

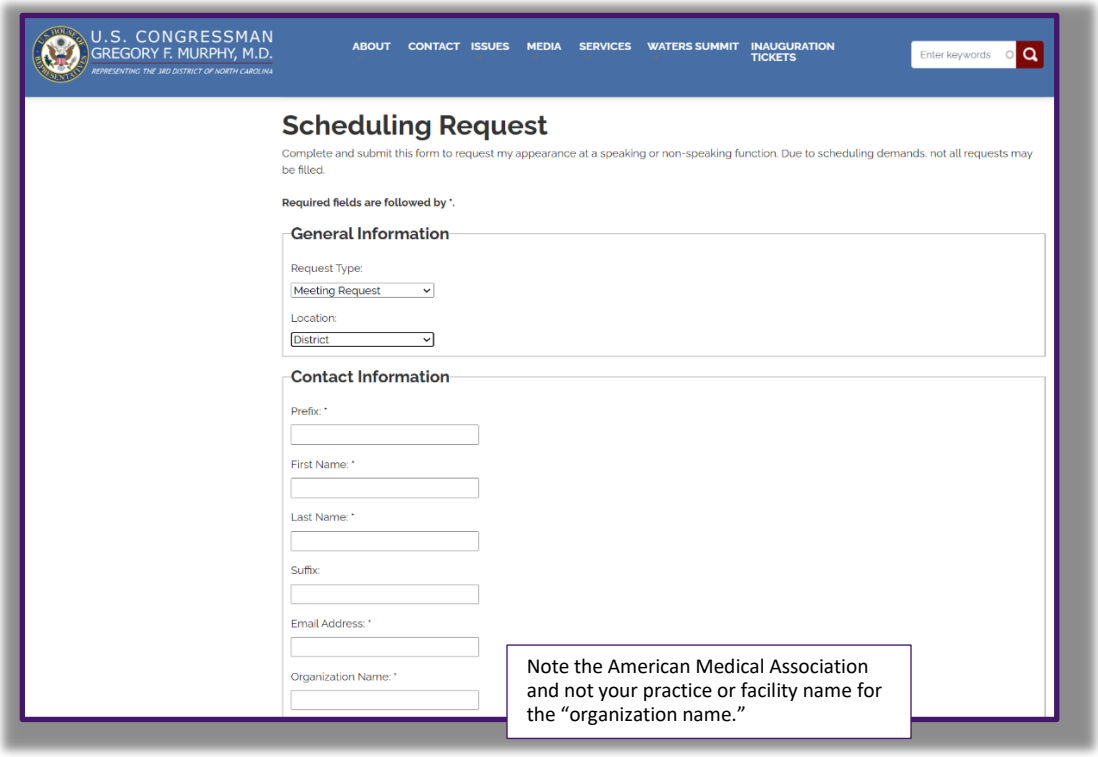




Requesting Meetings and Site Visits with Members of Congress

Each congressional office has its own protocols regarding how to request a meeting or site visit. Many lawmakers have sections on their official websites dedicated to submitting these requests, but not all do. If unfamiliar with the preferences of your own Representative and Senators, call the nearest district office for guidance. On the following pages, you will find sample scripts to use when calling or writing to request a meeting.





Sample Scripts for Contacting Congressional Offices

Please call your legislator's nearest district office to verify their specific protocol for submitting meeting and site visit requests. AMA staff can provide you with the names of congressional schedulers and any relevant contact information.

Sample Scripts: Requesting a Meeting at Your Legislator's Office

For calling the office to determine meeting request protocol:
Hi, my name is [YOUR NAME]. I am a physician and member of the American Medical Association living in your district/state. I'm calling to request a meeting with [SENATOR/REPRESENTATIVE] [LAST NAME] at your [CITY OF MEMBER'S OFFICE] office to discuss Medicare physician payment reform.

What is the preferred method for sending a formal request to the office? To whose attention should it be sent?

For submitting your meeting request in writing:
Dear [SENATOR/REPRESENTATIVE] [LAST NAME]:

As a physician living in your community and a member of the American Medical Association, I am writing to request a meeting with you to discuss the urgent need for Medicare physician payment reform.

I will be available to meet with you at your [CITY OF MEMBER'S OFFICE] office on [DATES & TIMES AVAILABLE] and would welcome the opportunity to speak with you about how the need for physician payment reform can result in negative outcomes for patients and their families. I may be reached via email or as noted below and look forward to hearing from you regarding a time we can meet.

Thank you for your consideration.

Respectfully,

[NAME & TITLE]
[PREFERRED ADDRESS]
[PHONE]

Sample Scripts: Requesting a Site Visit to Your Facility

For calling the office to determine site visit request protocol:
Hi, my name is [YOUR NAME]. I am a physician and member of the American Medical Association living in your district/state and I'd like to invite [SENATOR/REPRESENTATIVE] [LAST NAME] to tour my facility. [FACILITY/HOSPITAL/PRACTICE NAME] is located in [CITY] and many of the patients we serve are constituents of [SENATOR/REPRESENTATIVE] [LAST NAME].

What is the preferred method for sending a formal request to the office? To whose attention should it be sent?

For submitting your site visit request in writing:
Dear [SENATOR/REPRESENTATIVE] [LAST NAME]:

As a physician living in your community and a member of American Medical Association, I am writing to invite [SENATOR/REPRESENTATIVE] [LAST NAME] to tour my facility/hospital/practice.

[FACILITY/HOSPITAL/PRACTICE NAME] is located in [CITY] and many of the patients we serve are constituents of [SENATOR/REPRESENTATIVE] [LAST NAME]. With your permission, I would like to include [FACILITY OR HOSPITAL ADMINISTRATORS/PATIENTS/MEMBERS OF THE MEDIA] in addition to walking [SENATOR/REPRESENTATIVE] [LAST NAME] around the facility. OPTIONAL SENTENCE: We are also happy to consider inviting other members of the community that [SENATOR/REPRESENTATIVE] [LAST NAME] prefers to have in attendance. Please let me know the names and contact information for anyone you would like us to include.

We have availability to host the [SENATOR/REPRESENTATIVE] on any of the following possible dates and times:
[DATES & TIMES AVAILABLE].

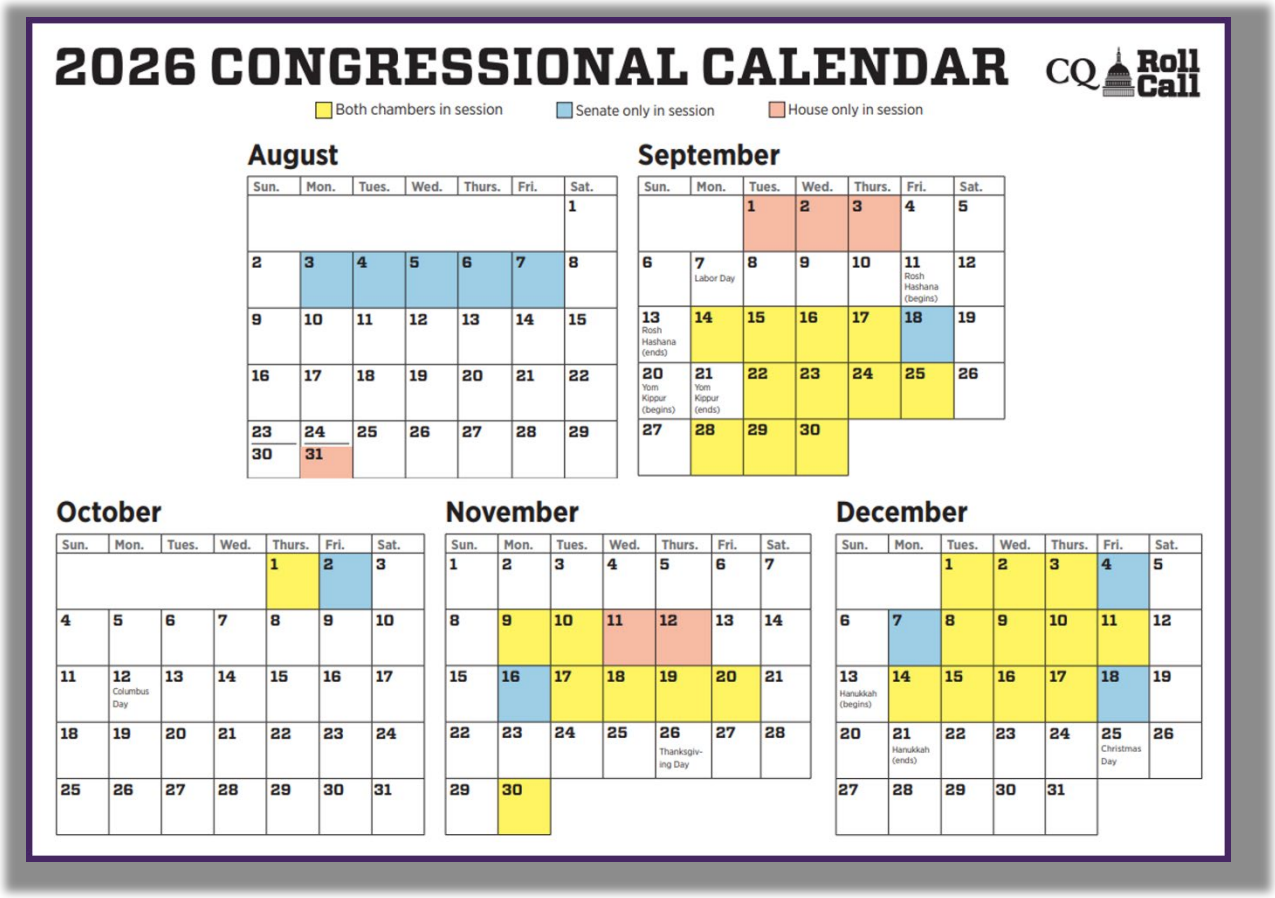
I may be reached via email or as noted below and look forward to hearing from you regarding a time we can host [SENATOR/REPRESENTATIVE] [LAST NAME].

Thank you for your consideration.

Respectfully,

[NAME & TITLE]
[PREFERRED ADDRESS]
[PHONE]

Congressional Calendar for Remainder of 2026



2026 CONGRESSIONAL CALENDAR

CQ Roll Call

Both chambers in session | Senate only in session | House only in session

August

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
		1	2	3	4	5
6	7 Labor Day	8	9	10	11 Rosh Hashana (begins)	12
13 Rosh Hashana (ends)	14	15	16	17	18	19
20 Yom Kippur (begins)	21 Yom Kippur (ends)	22	23	24	25	26
27	28	29	30			

October

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
				1	2	3
4	5	6	7	8	9	10
11	12 Columbus Day	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26 Thanksgiving Day	27	28
29	30					

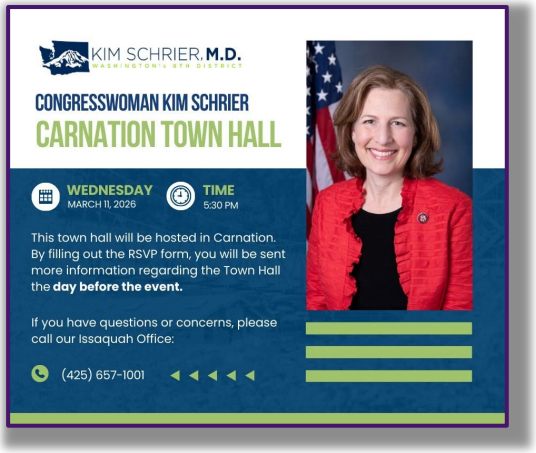
December

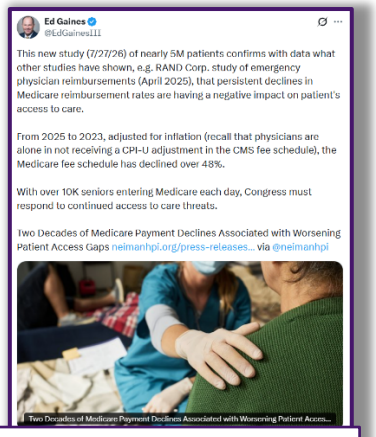
Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
		1	2	3	4	5
6	7	8	9	10	11	12
13 Hanukkah (begins)	14	15	16	17	18	19
20	21 Hanukkah (ends)	22	23	24	25 Christmas Day	26
27	28	29	30	31		

Capitalizing on Informal Interactions Throughout the District

Building a relationship with your federal lawmakers (or strengthening existing bonds) does not have to be limited to more formal settings, such as office meetings or hosting them for a facility tour. Members of Congress are members of your local community. As such they often make appearances at various neighborhood and public events held in the cities and towns throughout the area they represent, providing a chance for you to interact and engage a legislator.

Opportunities to see your representatives in and around the community are plentiful. They are sought-after attendees at many public forums. Breakfasts held by local Chambers of Commerce or other civic groups are popular venues for legislators. So are community days, festivals, parades and picnics. Partaking in these events may provide an opportune time to briefly say hello and engage them. By checking your lawmaker's event page on their website, reviewing their monthly constituent email or newsletter or perusing their Facebook page you can find out ahead of time when and where your members of Congress are expected to appear. The calendar found in your local newspaper or various local community social media accounts are other useful resources. They often note when a legislator is serving as a parade grand marshal, list picnics where they are a featured speaker, note their upcoming town hall meetings or other public appearances.





Skilled use of Social Media to engage lawmakers can generate high value in-person interactions.

August's calendar is often filled with social functions held by various veterans and fraternal organizations where your federal representatives might be seen. And, congressional recesses often coincide with other well-known community events, such as county and state agricultural fairs, where prudent senators and representatives make an appearance and shake hands with constituents and voters.

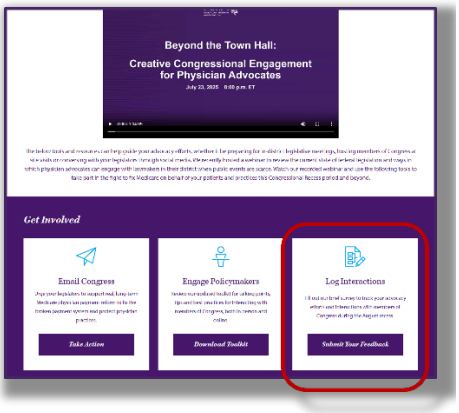
While not an ideal time to conduct a policy discussion about the need for Medicare physician payment reform, such in-district interactions offer you a chance to introduce yourself to the lawmaker or follow up on a prior conversation while also noting that you would like to schedule a more formal time to talk about this issue. Plan ahead and learn just where your legislators might make an appearance, be sure to show up, and leverage the 12 tips on the next page to engage them, capitalizing on any interaction that does occur.

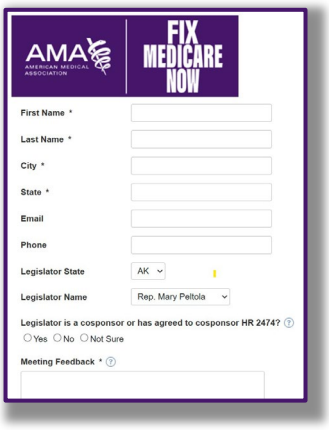
Because 2026 will consist of midterm elections, you may find congressional offices much more amenable to accepting constituent requests to participate in site visits, virtual meetings, or other smaller events where invitations or attendance lists have been vetted or approved in advance. Therefore, staying flexible about the settings in which you engage and interact with your lawmakers will prove beneficial during the remainder of 2026.

Additional resources to assist your outreach efforts are available online, housed on the AMA's Fix Medicare Now Campaign Advocacy Hub, located at:

https://fixmedicarenow.org/fmn-advocacy-hub

Please log any interactions with congressional offices on the Advocacy Hub:





A 2026 Outline: Seven (7) Suggestions for Engaging Lawmakers During Any Recess

1. **In-district meetings**
    - At district office or virtual
    - Look for open "office hours" to attend
2. **Small-group roundtables or informal "coffees with Congress"**
    - Hosted at facility, libraries, or community centers
    - Pre-screened attendees to ensure calm, policy-focused dialogue
3. **Policy brief delivery & follow-up Q&A**
    - Drop off charts summarizing Medicare physician & provider payments
    - Schedule brief "walk-through" calls of materials with key staffers
4. **Hosted site visits**
    - Feature distinctive elements of your facility or practice
    - Include colleagues or community members lawmaker or staff suggest
5. **Local organization events**
    - Look for Chamber of Commerce breakfasts, faith-leader roundtables, etc., to attend
    - Speak up during any Q&A to ask about Medicare physician payment reform or before/after program one-on-one with lawmaker
6. **Digital engagement push**
    - Comment & tag lawmaker on Facebook, Instagram, BlueSky or X
    - Include relevant AMA hashtags (#FixPriorAuth #FixMedicareNow #TruthinRx)
7. **Op-eds & Letters to the Editor**
    - Note concerns about physician payment cuts, referencing lawmaker by name and seeking their assistance
    - Submissions to regional or more local online publications are encouraged

12 Tips for Creating Meaningful In-District Engagements

Learn about upcoming events hosted by your member of Congress by joining their email/mailing list and reviewing multiple calendar/event sources, such as those for municipalities, libraries, civic organizations, etc.

Participate in legislator-hosted events. (in-person & virtual town halls, women's conferences, breakfasts, etc.)

Attend community events known for lawmaker attendance. (Chambers of Commerce breakfasts, county and state agricultural fairs, Labor Day picnics, etc.)

Engage your lawmaker by introducing yourself and noting you are an AMA physician advocate active in their district. Seek to make a positive connection by thanking them for a recent vote, action they have taken, or comment they made.

Be mindful of your goal – creating visibility in the legislator's community that fosters rapport building. Expect your interaction to be brief, lasting just a few moments.

Note that you have an issue(s) of importance to physicians about which you would like to meet. Ask who to contact for scheduling a more extensive policy discussion.

Do not plan to engage the public official in an extensive policy review, but *do* continue discussing the issue *if* the legislator engages in conversation on the topic.

Thank them for their time and if it seems appropriate, request a photo with the legislator.

Post the picture to social media, tag the lawmaker and thank them for their time. Also tag the AMA's Physicians Grassroots Network (@PhysGrassroots) on X.com (formerly Twitter) and use the hashtags #FixPriorAuth, #FixMedicareNow, or #TruthinRx depending on the issues you discussed.

Follow up by contacting the relevant staffer during the next business day to schedule your meeting.

Plan how you will frame your messaging in advance, then conduct your meeting. Be sure to bring one-pagers relevant to the issue discussed, accessible on the AMA website.

The need for Medicare physician payment reform

The American Medical Association continues to be deeply alarmed about the growing financial instability of the Medicare physician payment system due to a confluence of fiscal uncertainties physician practices face related to the Change Healthcare cyberattack, statutory payment cuts, lack of inflationary updates, and significant administrative barriers. The payment system remains on an unsustainable path threatening beneficiaries' access to physicians.

- According to an AMA analysis of Medicare Trustees data, Medicare physician payment has been reduced 29% adjusted for inflation from 2001–2024. The Medicare physician payment system lacks an adequate annual physician payment update, unlike those that apply to other Medicare provider payments. A continuing statutory freeze in annual Medicare physician payments is scheduled to last until 2026, when updates resume at a rate of 0.25% per year indefinitely, well below inflation rates.

- A May 2021 *JAMA Health Forum* study found that it costs an estimated $12,811 and more than 200 hours per physician, per year to comply with the Medicare Merit-Based Incentive Payment (MIPS) system and, to date, there have been very limited options for physicians to move towards value-based Medicare Advanced Alternative Payment Models (APM).

- The discrepancy between what it costs to run a physician practice and actual payment combined with the administrative and financial burden of participating in Medicare is incentivizing market consolidation and driving physicians out of rural and underserved areas.

- In addition to being asked to do more with fewer resources each year, physicians continue to face significant clinical and financial disruptions. In 2020, according to an AMA study, there was a $13.9 billion decrease (equating to a 14% reduction) in Medicare physician fee schedule spending as patients delayed treatments. Burnout, stress, workload, and fear of COVID-19 infection are leading one in five five physicians to consider leaving their current practice within two years.

Therefore, it is urgent that Congress work with the physician community to develop long-term solutions to the systematic problems with the Medicare physician payment system and preserve patient access:

- Congress needs to establish a permanent, annual inflationary Medicare physician payment update that keeps up with the cost of practicing medicine and encourages practice innovation.

- Budget neutrality policies need to be revised to: (a) prevent erroneous utilization estimates from causing inappropriate cuts; (b) limit the potential severity of budget neutrality adjustments in a single year; and (c) raise the projected expenditure threshold that triggers the budget neutrality adjustment, which has been in place since 1992.

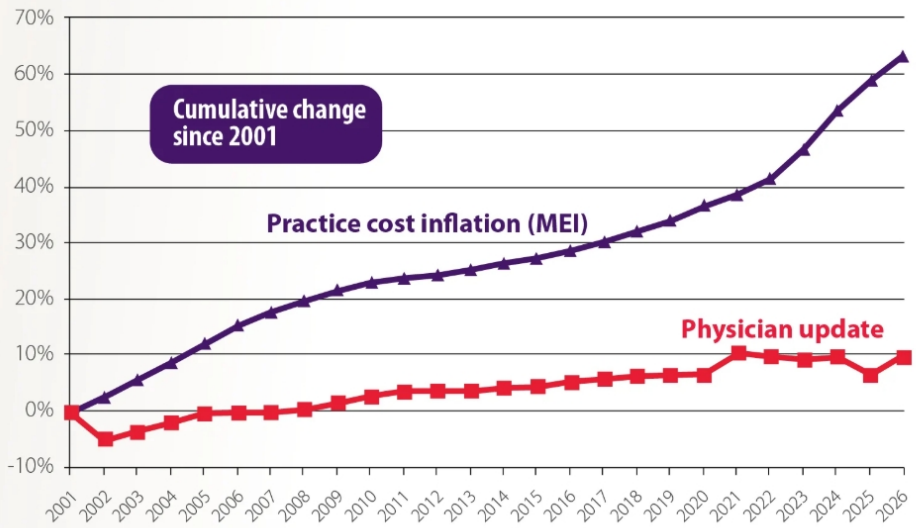
- The performance and reporting programs in Medicare's Merit-based Incentive Payment System (MIPS) are based on outdated legacy programs and the four components largely function independently and are non-cohesive. They are burdensome and often lack clinical relevance. Policymakers should work with the physician community and other stakeholders to develop ways to reduce the administrative and financial burden of MIPS participation and revise reporting programs to ensure its clinical relevance to patient care.

Medicare updates compared to inflation costs (2021-2026)

Medicare physician payment continues to fall further behind practice cost inflation

Medicare Physician Updates Compared to Inflation in Practice Costs (2001-2026)

Adjusted for inflation in practice costs, Medicare physician payment **declined 33%** from 2001 to 2026.



Sources: Federal Register, Medicare Trustees' Reports, Centers for Medicare & Medicaid Services (CMS) Market Basket Data, and Quality Payment Program (QPP) Experience Report.
Note: In 2026, qualified participants in an Advanced APM received a different update from non-qualified participants. Data from the PFS final rule and QPP report were used to construct a weighted average of the physician update for 2026.

Updated Jan. 2026

We need to fix Medicare physician payment NOW.

Protect Healthcare Access for America's Seniors

Enact H.R. 9693, the Patients First Act

The need to reform Medicare physician payment is clear and long overdue. Adjusted for inflation, Medicare physician payments have declined by about 33 percent since 2001 because of insufficient inflationary updates and annual cuts caused by flawed payment rules. Meanwhile, practice expenses—including staffing, technology, and regulatory compliance—have continued to rise steadily.

This growing gap between payment and actual practice costs combined with regulatory burdens has already forced many practices - particularly small, rural, and independent practices - to consolidate or limit the number of Medicare patients they can treat. Too many private physician practices are struggling to keep their doors open and care for Medicare patients. Left unaddressed, this erosion threatens timely access to care for millions of Medicare patients and will create health care deserts in communities across the country.

The AMA is encouraging Members of Congress to support the recently introduced H.R. 9693, the Patients First Act. Led by Reps. John Joyce, MD (R-PA), Greg Murphy, MD (R-NC), and Kim Schrier, MD (D-WA), the chairs of the House Republican and Democratic Doctors Caucuses, this bipartisan bill would make comprehensive reforms to the Medicare physician payment system:

- **Provides an inflation update** – Bill provides a permanent annual inflationary payment update tied to the Medicare Economic Index (MEI) (i.e. MEI minus 1%), the government measure of physician practice inflation. Physicians remain the only Medicare provider type that does not receive an annual payment update tied to inflation.
- I**nvests in independent and primary care practices** – Bill extends and increases the work geographic practice cost index (GPCI) floor to help independent practices in rural areas and 34 entire states; increases the work GPCI in all localities that are not subject to the floor; and establishes a five-year demonstration to increase payment for independent primary care practices.
- **Reforms the Budget Neutrality process to address annual physician payment cuts** – Bill raises the $20 million budget neutrality threshold to $57.64 million in 2028 with regular indexing for inflation thereafter; requires CMS to correct payment cuts made based on erroneous cost estimates solely for newly unbundled codes; requires CMS to reevaluate all practice expense costs at the same time every five years; and caps budget neutrality adjustments to no more than 2.5% a year.
- **Replace the Merit-based Incentive Payment System (MIPS)** – Bill replaces MIPS with a new data-driven payment system aimed at reducing administrative burden, scaling back penalties to align with other Medicare quality programs, creating simplified, clinically relevant quality measures, and providing physicians with timely performance feedback.
- **Expands opportunities for physicians to participate in value based alternative payment models (APMS)** – Bill freezes the Qualifying Participant threshold at 50 percent for three years, authorizes the Secretary to set lower thresholds, and requires reports on the barriers specialists face in joining APMs.

ACTION REQUEST

- In the House of Representatives, urge your Members of Congress to cosponsor H.R. 9693, the Patients First Act.
- In the Senate, urge your Senators to introduce a companion bill to H.R. 9693, the Patients First Act.

Reducing Prior Authorization Burdens

Prior authorization, or the practice of insurance companies reviewing and potentially denying coverage of medical services and pharmaceuticals prior to treatment, remains a principal frustration for physicians and jeopardizes patient care. According to a 2025 American Medical Association (AMA) survey, physicians complete an average of 40 prior authorizations per week. The administrative burden has become so acute that 40 percent of physician survey respondents hired staff to work exclusively on prior authorization requirements. Most alarming, however, is the fact that more than 1 in 4 physicians (26 percent) report that prior authorization requirements have led to a serious adverse event for a patient in their care, including hospitalization, permanent bodily damage, congenital anomalies/birth defect, or even death.

The AMA believes that medically necessary clinical services and prescriptions covered by health insurance plans should be administered without delay. Prior authorization undermines physicians' medical expertise and leads to considerable delays in patient care. According to the 2025 AMA survey, 95 percent of physicians reported care delays associated with prior authorization, and 79 percent said these requirements can lead to patients abandoning treatment.

In addition to poor clinical outcomes, prior authorization leads to increased costs due to higher overall utilization of healthcare resources. For example, 75 percent of 2025 AMA survey respondents reported ineffectual initial treatments delivered to patients due to "step therapy (i.e., insurer mandated 'fail first' requirements)," 73 percent reported patients requiring additional office visits, 47 percent reported the need to advise patients to seek urgent care or the Emergency Department, and 32 percent reported hospital admittance for patients all stemming from prior authorization. The fiscal realities raise serious questions about the overall value proposition of prior authorization.

Finally, data from the federal government further confirms the negative impact of prior authorization processes within Medicare Advantage (MA). More specifically, an April 2022 Department of Health and Human Services Office of Inspector General Report concluded that 13 percent of prior authorization requests that were ultimately denied for MA patients would have been approved for these same beneficiaries had they been covered under traditional Medicare. The same study also found that 18 percent of payment requests that were denied by MA plans met standard Medicare coverage and billing rules.

Improving prior authorization in Medicare Advantage

Congress remains focused on limiting the negative impact of prior authorization requirements via H.R. 3514/S. 1816, the Improving Seniors' Timely Access to Care Act. This bill reduces physician administrative burden and unnecessary delays in patient care by facilitating the expansion of electronic prior authorization solely for "items and services" in MA. The legislation, which currently has a majority of the House of Representatives (298) and a super majority of the Senate (70) as cosponsors, incorporates all major elements of a 2018 consensus statement developed by leading physician, hospital, medical group, health plan, and pharmacy stakeholders.

More specifically, the bill would:

- Require MA plans to implement electronic prior authorization programs that adhere to newly developed federal standards and are capable of seamlessly integrating into electronic health systems (vs. proprietary health plan portals);

- Mandate that plans report to the Centers for Medicare & Medicaid Services (CMS) on the extent of their use of prior authorization and the rate of approvals and denials;
- Provide a pathway for CMS to study and institute real-time decisions for routinely approved items and services;
- Permit CMS to establish faster timeframes for electronic prior authorization request approvals, including expedited deadlines for emergent services;
- Require HHS and other agencies to report to Congress on program integrity efforts and other ways to further improve the electronic prior authorization process.

Recent legislative activity in the House of Representatives

The Improving Seniors' Timely Access to Care Act previously passed out of the two main Committees in the House of Representatives that have jurisdiction over the Medicare program. H.R. 3514 passed out of the full House Ways and Means Committee by a vote of 42 to 0 on July 15, 2026. H.R. 3514 passed by voice vote out of the House Energy and Commerce Health Subcommittee on June 25th and, was added to a larger bill focused on healthcare transparency, specifically H.R. 9393, the Lower Costs, More Transparency Act, which passed the full Committee by a vote of 45-0 on July 21st.

CONGRESSIONAL REQUEST

- Urge your Representative/Senators to cosponsor H.R. 3514/S. 1816, the Improving Seniors' Timely Access to Care Act**,** bipartisan, bicameral legislation that reduces the burden of prior authorization within Medicare Advantage and promotes patient access to timely, high-quality care.
- If your Member of Congress or Senator has already cosponsored H.R. 3514/S. 1816, simply thank them for their support and urge them to work with bipartisan, bicameral leaders to expeditiously pass this legislation before the conclusion of the 119th Congress.
    - Find out if your House Member has cosponsored the bill here.
    - Find out if your Senator has cosponsored the bill here.
    - Representatives Mike Kelly (R-PA), Suzan DelBene (D-WA), Ami Bera, MD (D-CA), and John Joyce, MD (R-PA) introduced H.R. 3514, while Senators Roger Marshall, MD (R-KS) and Mark Warner (D-VA) are the lead sponsors of S. 1816.

To access the AMA's prior authorization research and advocacy resources, visit https://fixpriorauth.org/.

Advocacy Dos & Don'ts

Sending an email, making a phone call, or meeting face-to-face with your members of Congress on behalf of the American Medical Association's legislative priorities can be effective ways of educating them on a public policy issue. These tactics can provide opportunities to convey and receive information, help you develop relationships with that office, and can make future communications more influential. Simplify the process by following the tips and guidelines outlined below.

Dos

1) Please make certain to report any electronic communications or discussions with an elected official or their office requesting AMA staff follow up to enable the association to provide immediate assistance when needed.

2) Only contact or meet with the Representatives and Senators who represent the state or legislative district in which you live or practice (unless AMA government affairs staff specifically direct you to another lawmaker).

3) Do your homework ahead of time. Research the legislator's voting record and know whether she/he sits on key committees that affect our issues. Review the member's website and search online for useful background information on their interests and policy stances. Note that a lawmaker's committee assignments are often reflective of their personal interests or those of the constituents they serve.

4) Research the AMA's policy stance on an issue you wish to discuss before contacting or meeting with a legislative office. Legislative issue briefs and other materials are provided by AMA government affairs staff for your use during in-office meetings, site visits and other interactions. Contact the AMA if you have questions or are uncertain about any aspects of an issue.

5) Be clear and concise in any interactions by phone, email, or when meeting face-to-face with a legislator or their staff. They should understand what issue(s) you are addressing, the AMA's position, and always include an action request (even if you only asking them to be aware of something). Remember your advantages: you are the expert; you deal with these issues on a daily basis, and more importantly, realize their real-world implications; and, you can speak to how these issues affect the delivery of care for your patients, their constituents, based on your everyday experiences.

6) When calling an office or conducting an in-person meeting, listen to the legislator or legislative aide. Ask them to indicate the legislator's position on the issue(s), then listen for cues to see if their party's leadership or a special interest is pressuring the legislator to take one position over another.

7) Share a story or experience that involves constituents from the lawmaker's state or legislative district. Be certain to note specifically how a policy will impact their constituenxts.

8) Always be accurate with information you share. If you do not know the answer to a question, don't be afraid to say so. Promise to follow up after the meeting. This allows an opportunity to build rapport with the office as you are following up with information at their request. Then, contact the AMA's government affairs staff immediately so you can provide the office with accurate information right away.

9) Anticipate questions or an opposing stance the legislator or staff may make, even if they traditionally are an ally of the AMA's position. Prepare in advance your responses to any pushback from that office.

10) Offer yourself as a resource in the local community represented by that office and provide your contact information (phone, email and mailing address). This is particularly helpful to the office of new legislators or offices whose districts have been redistricted (when constituent boundaries are redrawn and they are representing some constituents for the first time). Periodically provide new information about issues you have discussed with that office to demonstrate your willingness to help them. Always remember to thank the legislator or aide for her/his time.

Don'ts

1) Never become confrontational, argumentative, or threaten a lawmaker or legislative aide, and never use inappropriate language.

2) Don't confuse the reason for your call, email or meeting by discussing multiple issues or issues unrelated to the AMA's concerns when contacting an office on behalf of the association.

3) Never provide an answer or information you are uncertain about, information you know to be false, or lie in any communications or meetings with a legislative office.

4) Don't reference your personal views and beliefs on controversial topics unrelated to the AMA's legislative priorities.

5) Never fail to follow up with the policymaker or their staff, especially when you have promised to provide them additional information.

6) Don't inundate legislative offices with mail, emails or phone calls. If an office needs additional information, they'll contact you.

7) Never forget that you are representing the voice of medicine and creating an impression of the profession, often a first-impression, when contacting or meeting with a legislative office.

8) Your contribution to the electoral campaign for a legislator, AMPAC, or your vote in an election should NEVER be discussed in a communication or meeting with a lawmaker or

their staff. Most legislative staff are trained to immediately end any meetings or discussions when one of those items are referenced.

9) Never offer anyone in a legislator's office gifts of any kind. Ethics rules governing allowable gifts to legislative offices can be quite complicated. Our goal is to build rapport with offices rather than "buy influence."

10) Don't ever disregard the staff that answer the phone or greet you when visiting a lawmaker's office. Today's administrative assistant could become tomorrow's legislative director, district director or chief of staff (and sometimes, tomorrow's legislator).