



STS Legislative Fly-in: All “Asks” Cheat Sheet

1. **Cosponsor the Resident Physician Shortage Reduction Act (S.348/H.R.1763)**

- Why Do We Need It?
 - The latest projections from the AAMC indicate a shortfall of between 46,900 and 121,900 physicians by 2032. By 2035, cardiothoracic surgeons would have to increase their caseload by 121 percent to meet demand.
 - As the population ages, so does the cardiothoracic surgeon workforce. 10,000 Americans turn 65 every day, and this older population will drive an increasing demand for cardiothoracic surgery care as surgeons retire.
- Why Support It?
 - The bill addresses an outdated cap on Medicare-supported resident training slots at qualifying hospitals, increasing the total number by 15,000 from 2021-2025.
 - It will allow the number of residents to keep pace with the number of medical school graduates, thus helping address the physician shortage.

2. **Reauthorize the Patient-Centered Outcomes Research Institute (PCORI)**

- Why Do We Need It?
 - PCORI was authorized in 2010 to coordinate comparative clinical effectiveness research (CER) with particular attention to chronic conditions, gaps in evidence, quality of care, and the effect of interventions on health care spending.
 - The CER that PCORI funds helps patients, caregivers, clinicians, employers, and Congress make informed health decisions.
- Why Support It?
 - PCORI is the only agency required to be patient-centered at all stages of the research process. It is unique and complements research done by the NIH (discovery), AHRQ (health services), and the FDA (safety and efficacy.)
 - Without reauthorization, PCORI’s funding will expire on 9/30/19 and the agency will no longer be able to issue new research grants.

3. **Help Reduce the Incidence of Lung Cancer**

A. ***Cosponsor the Women & Lung Cancer Research and Preventive Services Act (S.1107/HR.2222)***

- Why Do We Need It?
 - Lung cancer is the leading cause of death from cancer among women. In the U.S., an average of 193 women die each day from lung cancer.
 - Women face disparate rates of lung cancer compared to men, especially women who have never smoked. Women make up two-thirds of never-smokers that are diagnosed with lung cancer. This gender difference is not well understood.

- Why Support It?
 - The bill directs multiple agencies to evaluate existing research on lung cancer in women, access to preventive services, and public awareness of the issue, and report on their findings. It does not require new funding.
 - The report will include opportunities for new research and recommendations for a national screening strategy and public education campaign.

B. Cosponsor the Prohibit Smoking in VHA Facilities Act

- Why Do We Need It?
 - There are 971 outdoor and 15 indoor spaces for smoking at VHA facilities.
 - Veterans are 25% more likely to be diagnosed with lung cancer than civilians.
 - Many veterans suffer from Chronic Obstructive Pulmonary Disease (COPD) and coronary artery disease, both of which are exacerbated by secondhand smoke. Veterans are 4 times more likely than civilians to have COPD.
- Why Support It?
 - Laws to enforce smoke-free worksites and public places are associated with a reduced incidence of admissions for heart attacks.
 - Smoking areas at VHA facilities put veterans at increased risk of exposure to second-hand smoke, and passively endorse smoking. Veterans deserve the same standard of care as civilians; over 3,940 private and state hospitals have a 100 percent smoke-free grounds policy.

C. Cosponsor the Legislation that Restricts Access to Tobacco Products Reversing the Youth Tobacco Epidemic Act (H.R.2339)

- Why Do We Need It?
 - The FDA and the CDC reported a 78% increase in current e-cigarette use by high school students and 48% increase among middle school students from 2017 to 2018. This trend could reverse years of public health progress.
 - Nicotine exposure affects adolescents negatively, impacting learning, memory, and attention, and increasing the risk for future addiction to other drugs.
- Why Support It?
 - The comprehensive bill addresses the problem from many angles, including: raising the tobacco purchase age to 21, banning flavored tobacco products and online sales, prohibiting advertising e-cigarettes to youth, and other initiatives.
 - By addressing both the appeal of nicotine products and access to them, this bill would put a huge dent in the youth nicotine epidemic.

The Tobacco to 21 Act (S.2100/H.R.3656) and The Tobacco-Free Youth Act (S.1541)

- Both bills raise the tobacco purchase age to 21, including e-cigarettes which could result in 50,000 fewer deaths from lung cancer and lead to a 12% decrease in smoking prevalence.
- Versions of these bills were incorporated into a broad Senate health care package that STS does not support. However, we still support restrictions on youth access to all tobacco products.