

AAEM/RSA Congressional Elective: Be the Exception and Make the Rules

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Returning to Washington, D.C. at the end of my intern year, I am fortunate to be in a city filled with the familiar faces of old classmates. Sitting around the rooftop dinner table with old friends who were medical school classmates just a year ago, I realize how much has changed. What hasn't changed is how quickly time flies when we are together.

At our table of residents are an orthopedic surgeon, an OB/GYN, a pediatrician, a urologist, an anesthesiologist, and myself — an emergency physician. After attending medical school at George Washington University we pursued different specialties, but with the same goal: to serve patients.

Discussing the challenges of our intern year, we seem to have similar concerns about residency. We talk about the threat of repealing work hour restrictions, medical school debt burden, the amount of paperwork vs. resident educational time, and the lack of maternity rights for medical residents. We talk about how these policies affect us and affect patient care.

We have yet to encounter the political battles of attending physicians, such as the struggle against burdensome and expensive maintenance of certification requirements, the lack of due process and peer review for emergency physicians, post-employment restrictive covenants, tort reform, etc.

But even in our first year as physicians, we understand the importance of health care policies that affect us all. I recently had the opportunity to work directly on these policies as the Health Care Policy Fellow for the American Academy of Emergency Medicine Resident/Student Association (AAEM/RSA).

As the AAEM/RSA Health Care Policy Fellow, I spent one month on the team of fellow emergency physician and Congressman Raul Ruiz, MD working in the Congressman's Washington, D.C. office as a health care policy researcher. The experience was an enlightening introduction to public policy, and was reminiscent of the controlled chaos of an emergency department.

As emergency medicine residents we are taught to multitask. We can address a myocardial infarction, appendicitis, and a stroke — all while writing 20 notes and defusing the tension created by the lively patient in the hall. In one day as a policy fellow I attended a briefing, a bill mark-up, wrote a memo, and met with a lobbyist who also happened to be a lively hallway conversationalist.

As the AAEM/RSA fellow, I was quickly assimilated into a highly educated and collaborative team. I was given research tasks related to health care events that day. I attended political briefings by the National Institutes of Health (NIH) and Centers for Disease Control (CDC), on current issues such as the Zika virus and opioid abuse. I also attended meetings with lobbyists and researched health policy topics to present directly to Congressman Ruiz.

Medical school usually doesn't include an introduction to the government policies that create our health care infrastructure. This increases

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the frustration when a patient can't get medication prescribed because Medicare part D does not cover it, or has to be hospitalized for three full days in order to qualify for in-patient coverage.

Since a typical medical education suffers from a deficit in health care policy studies, we must acquire that individually. The AAEM/RSA congressional elective is an invaluable opportunity to gain insight into health care policy. It is also a unique opportunity to support the patients we serve. Health care policies are usually created by people who have never worked in patient care, and both physicians and patients suffer for it. Rep. Raul Ruiz, MD, is an exception to that rule, and through the AAEM/RSA congressional elective, you can be an exception too. ■

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