**Draft op-ed template on impact of sequestration on medical schools and teaching hospitals**

*The following is a sample op-ed that you may wish to tailor and place in your local newspaper. Keep in mind that the ideal length of an op-ed is 800-900 words, so you may need to adjust the text in order to include examples from your institution. Specific examples of the importance of your institution in the local community will make this opinion piece most effective.*

Every day, physicians and scientists at the nation’s medical schools and teaching hospitals, including those at **(institution name)**, are part of miraculous stories, whether performing life-saving transplants or treating victims of devastating natural disasters such as tornados, flooding, earthquakes, and hurricanes, as well as those injured in car accidents or by violent trauma. These are stories that grab headlines.

However, these institutions **(or institution name)** do so much more than respond to disaster. Our doors are open 24/7 so that any time you or your family members are hurt, we can treat you with state-of-the-art care. Our facilities are used to teach the next generation of physicians so that, no matter where they train, they know how to provide a high-level of care when they start their practice in local communities. We conduct research to develop groundbreaking cures, treatments, and important public health tools like the flu vaccines. And, because vaccines may not be 100 percent effective, when you get the flu—or something like Norovirus that there’s no vaccine for—we provide care for you, your family, and your neighbors. We provide this care whether or not the recipients have health insurance.

But now, because of automatic and pervasive funding cuts—sequestration**—**the mission of **(institution name)** is in jeopardy.

Sequestration is a big concern for medical schools and teaching hospitals **(or institution name)** and the work they **(we)** do in education, clinical care, and research. For instance, these institutions conduct about half of all external research funded by the National Institutes of Health (NIH). **(Insert institution-specific information.)**

For NIH, sequestration means a $1.5 billion reduction in the first year alone. NIH Director Francis Collins, M.D., Ph.D., described this as a “profound and devastating” blow at a time of unprecedented scientific opportunity. Breakthrough discoveries that might save lives or improve the quality of life for all Americans will not happen. Research that is put on hold now, even for a few weeks, may take years to regain its promise. Additionally, we project that this cut in NIH funding could result in as many as XX lost jobs. **(Add specific institution figure here – 18 jobs lost per million in cuts)**

On the patient care side, sequestration threatens Medicare payments to hospitals and physicians at a time when providers already face a broad range of reimbursement cuts. Make no mistake—cuts to provider payments are cuts to patient care. Further funding cuts when Medicare already fails to cover the cost of care could strain limited teaching hospital resources that help support trauma centers, burn units, inpatient psychiatric units, or sickle cell clinics.

Today, teaching hospitals are pressed to maintain funding for their unique, mission-related services that are not available elsewhere in their communities. For example, although teaching hospitals represent only 6 percent of all U.S. hospitals, they operate 80 percent of Level 1 trauma centers. Teaching hospitals provide not only the physical infrastructure, but the numerous physicians and other health professionals needed to care for a patient with multiple gunshot wounds or the victim of a horrible trauma. They must maintain 24/7 access to vascular surgeons, orthopedic specialists, neurosurgeons, and other highly-skilled health professionals who remain on call—and get paid—even if they are never needed.

***(Insert information about your institution’s work in the community.)***

 In addition to jeopardizing services, these cuts could result in the loss of nearly 34,000 jobs at AAMC-member institutions, including those workers directly employed by the health care sector, as well as other jobs supported by the purchases of health care organizations and their employees. At our institution, the loss of Medicare funds will mean that we may need to eliminate XX jobs. **(Add specific institution figure here – 25 jobs lost per million in cuts)**

When Congress is looking at ways to reduce spending, they should keep in mind that the cuts they propose to providers will have an impact on patients, some of them the sickest and most vulnerable. But it also could mean if you or I are in a car accident, that trauma center at the nearby teaching hospital may be closed when we need it most.

Congress and the Obama administration must work together on a solution to the nation’s budget crisis. For some Americans, it could be life or death.