Physician Advocacy: Shaping Healthcare Reform

Navigating Federal, State and Local Legislative Landscapes

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GASTRO HEALTH

Goals & Objectives

1. Define physician advocacy
2. Demonstrate examples of physician advocacy at the federal, state and local levels
3. Provide avenues for future physician advocacy for audience participants…a call to action

Disclosures:

- I am NOT an expert of physician advocacy. This topic will depict my involvement in physician advocacy, as well as opportunities for your engagement

Financial Disclosures:

- Johnson & Johnson advisory board member
- Takeda Pharmaceuticals advisory board member

What Is Physician Advocacy?

"Highlighting legislative limitations and opportunities for reform, which prioritize the delivery of high-quality patient care, access and affordability of care for our patients, and support (including financial reimbursement) for healthcare providers providing this high-quality care to patients, using our frontline day-to-day experience along with clinical evidence to support our quest for change."

What Is Physician Advocacy? Defining our role in the legislative process

- **Clinical Voice in Policy:** The active participation of physicians in the legislative process to influence health policy, ensuring that clinical expertise guides government decisions.
- **Systemic Problem Solving:** Moving beyond individual patient encounters to address the "upstream" legal and regulatory barriers that impact the entire patient population.
- **A Professional Responsibility:** An extension of the Hippocratic Oath, advocating for the social and economic conditions that allow patients to achieve optimal health.
- **The Bridge to Lawmakers:** Serving as a primary resource for local and federal legislators to help them understand how proposed bills will practically affect healthcare delivery and practice sustainability.

The Power of the Physician Voice

- **Clinical Authority:** Lawmakers rely on medical expertise to understand the real-world impact of policy.
- **The "Front Line" Perspective:** You witness daily the barriers to care, such as administrative burdens and patient affordability issues.
- **Economic Influence:** Healthcare systems are often the largest employers in local districts.
- **Professional Obligation:** Advocacy is an ethical extension of patient care—addressing systemic issues that medicine alone cannot fix.

What physician advocacy isn't...

How do I participate in physician advocacy?

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

OGS

Ohio State Medical Association

Bringing physicians together for a healthier Ohio

DHPA

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

- **Who and what is DHPA:**
  - DHPA is a trade association comprised of >100 independent GI practices across 38 states with over 2,000 gastroenterologists providing patient-centered care.
- **Extensive Patient Care Reach**
  - Member practices care for more than 2.5 million patients annually, emphasizing broad community healthcare impact.

DHPA

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

- **Significant Healthcare Employment**
  - DHPA members employ over 11,000 individuals across clinical and administrative roles, supporting community employment.
- **Collaborative Data-Driven Advocacy**
  - DHPA leverages aggregated clinical and operational data to enhance advocacy, education, and research efforts.

What is the DHPA

- **Association Overview:** DHPA unites independent gastroenterology practices to preserve quality, accessible, and cost-efficient digestive health care.
- **Integrated Care Model:** DHPA emphasizes coordinated care allowing GI physicians to manage patient health independently within their practices.
- **Advocacy and Policy Role:** DHPA advocates on federal and state levels to protect independent GI practices from reimbursement and regulatory challenges.
- **Supporting Independent Practices:** DHPA fosters best practices and addresses challenges like reimbursement fairness and patient access disparities for smaller groups.

What DHPA does...

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

- **Data-Driven Advocacy:** DHPA collects and analyzes member data to identify challenges and support evidence-based advocacy for independent GI practices.
- **Policy and Legislative Reform:** DHPA advocates for fair Medicare reimbursement, opposes payment cuts, and promotes site-neutral payment policies at federal and state levels.
- **Education and Collaboration:** DHPA develops educational resources and partners with medical societies to support physician independence and best practices.
- **Research and Value Demonstration:** The association promotes research demonstrating the value, quality, and cost-effectiveness of independent gastroenterology care.

DHPA Advocacy Focus

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

- **Medicare Payment Reforms:** DHPA advocates reforming Medicare payments to reflect true operating costs using the Medicare Economic Index.
- **Site-Neutral Payment Policies:** Promoting equal Medicare payment rates regardless of care site to reduce hospital acquisitions and costs.
- **Policy Engagement and Outreach:** DHPA engages policymakers through outreach and partnerships to address challenges facing GI specialists.
- **Supporting Independent GI Practices:** Efforts focus on sustaining independent GI practices by defending care models and reducing regulations.

DHPA Mission & Impact

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

- **Mission to Preserve Integrated Care**
  - DHPA aims to protect the integrated care model in independent GI practices to improve patient outcomes nationwide.
- **Data-Driven Advocacy**
  - DHPA uses data analysis and benchmarking to support policies that promote cost-effective and personalized GI care.
- **Influence on Healthcare Policy**
  - DHPA shapes policy reforms like Medicare reimbursement and counters consolidation threatening independent GI practices.
- **Professional Collaboration**
  - DHPA fosters collaboration among GI practices to share insights and strengthen independent practice operations.

DHPA Advocacy Lobbyist Firm Affiliations

Farragut Partners

FORBES | TATE PARTNERS

THE McMANUS GROUP

AVENUE SOLUTIONS

DHPA Congressional Visits – March 2025

DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

- Members of the DHPA leadership team and next generation leaders met in Washington DC in March 2025, and held our business meeting and conducted 60 Capitol Hill meetings with the members of Congress and key committee staffers.

DHPA Congressional Visits – March 2025

- These meetings included:
  - Visit with the Chair of the US house oversight committee. During that meeting, we discussed concerns regarding insurance companies sending out unsolicited stool based colorectal cancer testing, sometimes including patients where this test was not clinically indicated.
  - Visit with the chair of the US House Energy and Commerce Committee and majority WHIP to discuss extension of telehealth coverage into the continued resolution package
  - Visit with US House Doctors Caucus Co-Chair and Make America Healthy Again (MAHA) Co-Chair to support insurance coverage and reimbursement of dietary planning for patients

Key Topics on Capitol Hill 2025 Visit

- Sustainable Physician Reimbursement
- Protecting Patient Access to Telehealth Services
- Support of Site-Neutral Payment Policies to Protect Independent GI Practices

Key Topics 2025 – Physician Payment Reform

FACT SHEET | MARCH 2025

The Digestive Health Physicians Association continues to support congressional efforts to permanently stabilize physician payment rates in the independent practice setting.

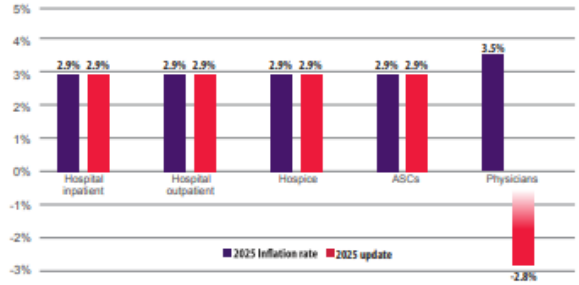
Private practices cannot keep their doors open if they continue to face annual cuts to our reimbursement, while practice expenses continue to skyrocket.

We urge you to support the *Medicare Patient Access and Practice Stabilization Act*, which would address the pay cut for doctors that went into effect on January 1, 2025.

Beginning April 1, 2025, physicians would see a 6.62% increase for the remainder of the year to offset the existing pay cut while adjusting for inflation.

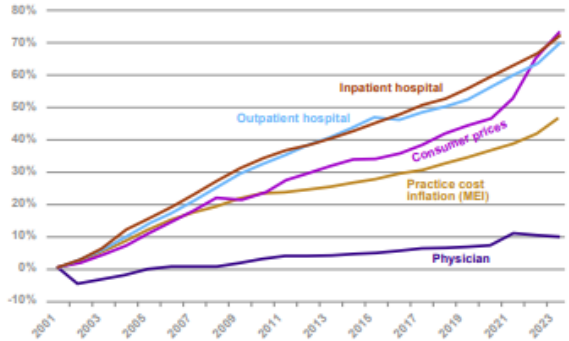
The bipartisan legislation was introduced by Reps. Greg Murphy (R-NC), Jimmy Panetta, (D-CA); John Joyce, MD, (R-PA); Raul Ruiz, MD, (D-CA); Mariannette Miller-Meeks, MD, (R-IA); Kim Schrier, MD, (D-WA); Claudia Tenney, (R-NY); Ami Bera, MD, (D-CA); Carol Miller, (R-WV); and Raja Krishnamoorthi, (D-IL).

MEDICARE PROVIDER UPDATES FOR 2025



Source: American Medical Association https://www.ama-assn.org/system/files/medicare-provider-updates-chart-2025.pdf
Updated Jan. 2025

CUMULATIVE CHANGE IN MEDICARE REIMBURSEMENT SINCE 2001



Sources: Federal Register, Medicare Trustee's Report, Bureau of Labor Statistics, Congressional Budget Office.

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Key Topics 2025 – Site Neutrality

FACT SHEET | MARCH 2025

The Digestive Health Physicians Association supports payment equality between hospitals and independent physicians for affordable, high-quality community care for outpatient services.

Site-neutral payment policies ensure Medicare pays the same rate for services, promoting cost-effectiveness, competition, and patient choice.

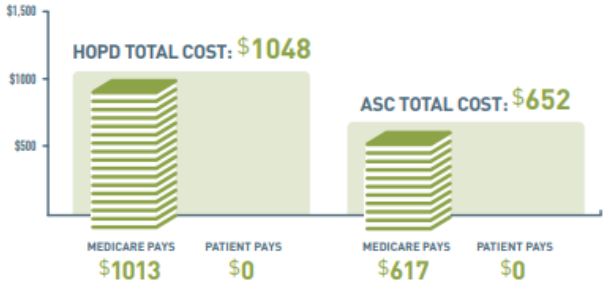
Site neutrality also removes financial incentives for hospitals to acquire physician practices and outpatient facilities by making them hospital-based services.

DHPA encourages Congress to equalize payment rates for colorectal cancer screenings between the hospital outpatient department and ambulatory surgery center settings.

Implementing site neutrality improves healthcare cost control, access to care, and affordability for patients.

Hospital Outpatient Department (HOPD) vs. Ambulatory Surgery Center (ASC) Settings

AVERAGE COST FOR A SCREENING COLONOSCOPY
CODE G0121

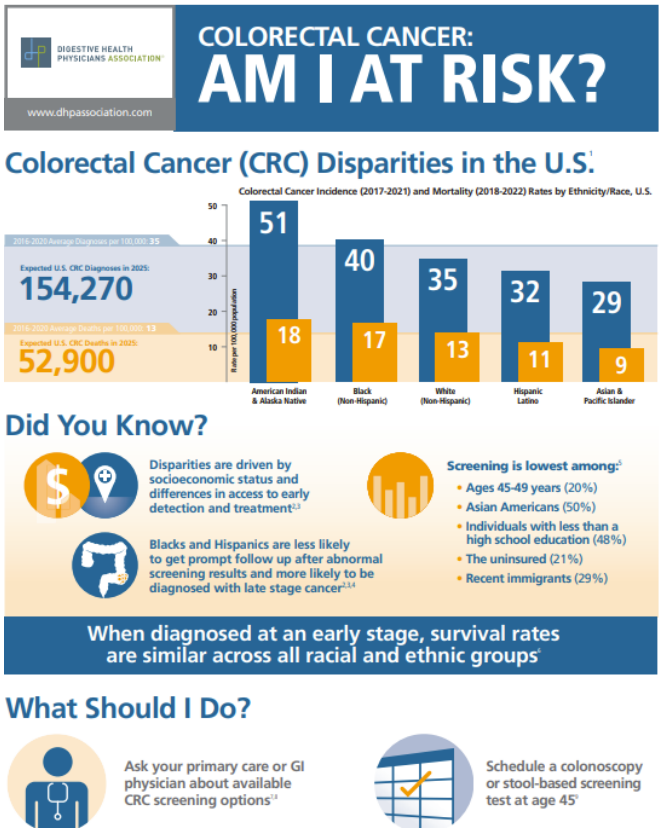


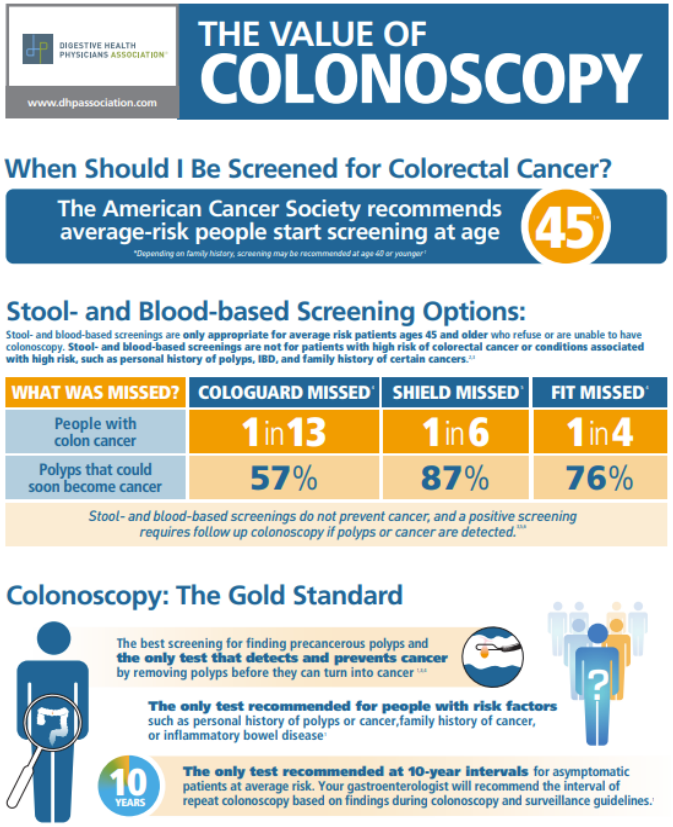
AVERAGE COST FOR A SCREENING COLONOSCOPY IN WHICH POLYPS WERE REMOVED
CODE 45385

Source: U.S. Centers for Medicare and Medicaid Services. https://www.medicare.gov/procedure-price-lookup. Accessed March 1, 2025.

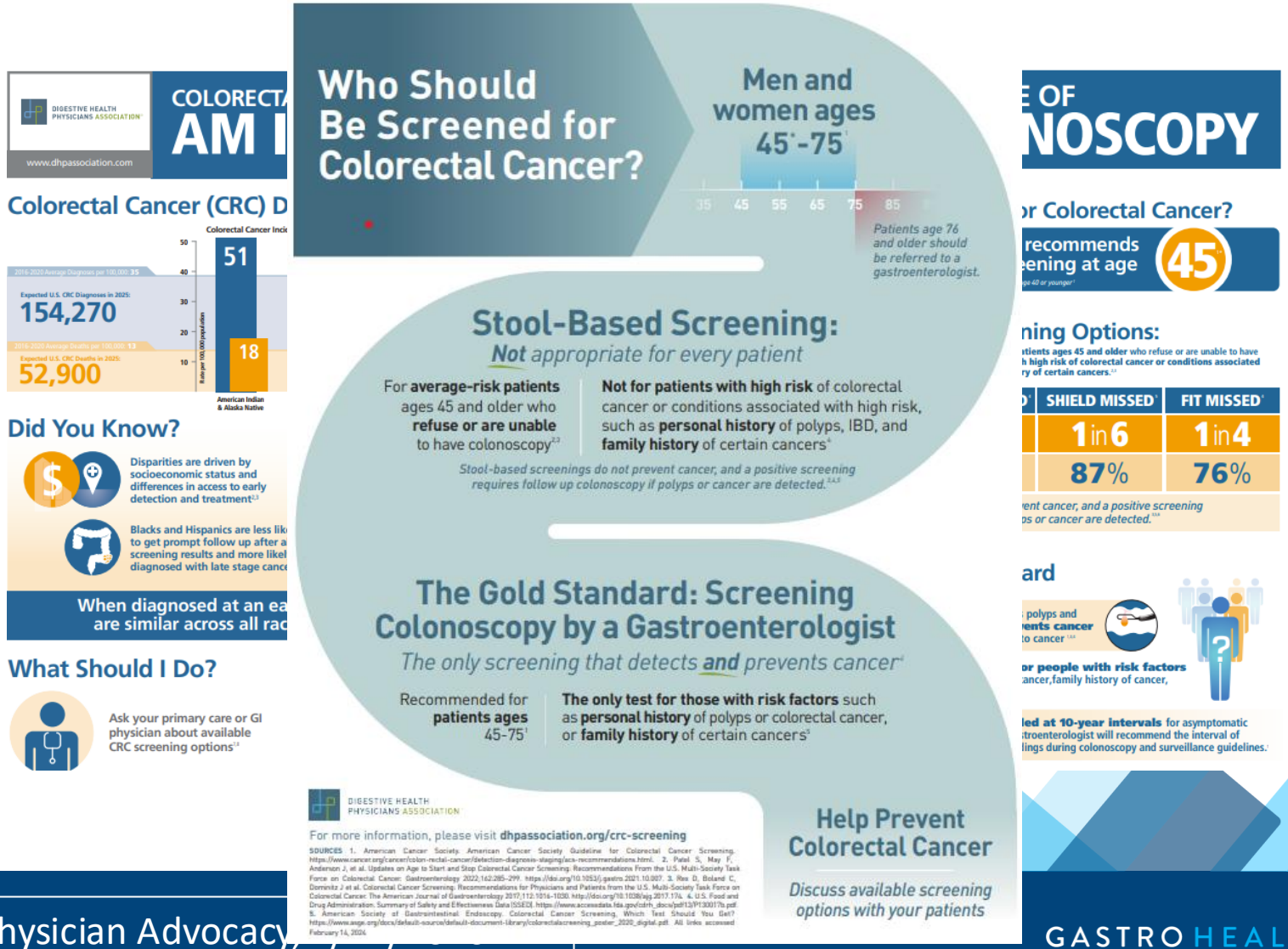
Connect: www.dhpassociation.org | @DHPAnews

DHPA Infographics





DHPA Infographics



Physician Advocacy

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Congressional Committees with Healthcare Jurisdiction

- US Senate:
  - Health, Education Labor and Pensions (HELP) Committee

Bernie Sanders (I-VT)

Bill Cassidy (R-LA)

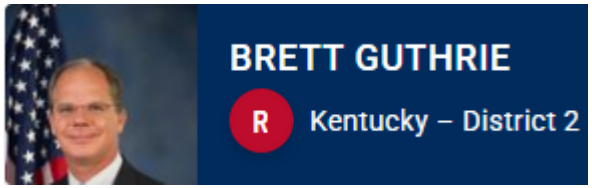
  - Finance Committee

Ron Wyden (D-OR)

Mike Crapo (R-ID)

Congressional Committees with Healthcare Jurisdiction

- US House of Representatives:
  - Energy & Commerce Committee



  - Ways & Means Committee

MAJORITY MEMBERS	MINORITY MEMBERS
Vern Buchanan (FL) Chair	Lloyd Doggett (TX) Ranking Member
Adrian Smith (NE)	Mike Thompson (CA)
Mike Kelly (PA)	Judy Chu (CA)
Greg Murphy (NC)	Dwight Evans (PA)
Kevin Hern (OK)	Danny Davis (IL)
Carol Miller (WV)	Steven Horsford (NV)
Brian Fitzpatrick (PA)	Brendan Boyle (PA)
Claudia Tenney (NY)	Linda Sánchez (CA)
Blake Moore (UT)	
David Kustoff (TN)	
Greg Steube (FL)	

GOP Doctors Caucus

Co-Chairs

Gregory F. Murphy
NC 03

John Joyce
PA 13

Members

Brian Babin
TX 36

Sheri Biggs
SC 03

Earl L. "Buddy" Carter
GA 01

Neal P. Dunn
FL 02

Andy Harris
MD 01

Diana Harshbarger
TN 01

Ronny Jackson
TX 13

Mike Kennedy
UT 03

Richard McCormick
GA 07

Mariannette Miller-Meeks
IA 01

Robert F. Onder
MO 03

Jefferson Van Drew
NJ 02

Congressional Doctors Caucus

- Ami Bera, M.D. (CA-06) – Internal Medicine
- Herb Conaway Jr., M.D. (NJ-03) – Internal Medicine
- Maxine Dexter, M.D. (OR-03) – Pulmonary & Critical Care
- Kelly Morrison, M.D. (MN-03) – Obstetrics & Gynecology
- Raul Ruiz, M.D. (CA-25) – Emergency Medicine
- Kim Schrier, M.D. (WA-08) – Pediatrics

DHPA Congressional Visits – September 2023

Ohio GI Society

- Serve as a governing board member, with the title of Insurance Committee Chair
- What is OGS:
  - Ohio GI Society is a medical society formed to advance the legislative and practice management related issues of Ohio gastroenterologists.

OGS State Advocacy 2026

- **HB 219:** Network Adequacy: To establish standards for both the creation and maintenance of insurance networks and assure the adequacy, accessibility, transparency, and quality of health care services being offered under a commercial network plan.
- **HB 220:** Prior Authorization: Would streamline the prior authorization process by prohibiting retroactive denials of prior authorization, except in the instance of a non-covered benefit or lack of coverage at the time of service.
  - Would require peer-to-peer reviews to be between the practitioner requesting the service in question and a clinical peer, and that peer must identify themselves, including specialty and relevant qualifications.
  - Builds on current Ohio law requiring drug prior authorizations for maintenance medications to treat a chronic condition to be considered valid for a year, by requiring that year-long prior authorization to account for dosage adjustments.

OGS State Advocacy 2026

- **SB 160:** Non-Medical Switching: Would prohibit the practice of "non-medical switching" (when the insurer requires a patient to switch from their current medication to a different one for reasons unrelated to the patients' health, or for "non-medical" reasons) in the middle of a plan year.
- **SB 162: Takebacks:** Would limit the time frame for insurance takebacks, creating fairness and financial stability for healthcare providers.
- **SB 207:** Copay Accumulators: Would require health insurers to count amounts paid by or on behalf of covered individuals toward deductibles and cost-sharing requirements.
  - We hope these insurance reform proposals will shed light on the massive burdens that insurance companies are putting on our healthcare system, as well as the negative impacts of those burdens on physicians and their patients.

Local/State Legislative Action

How do I advocate…

2026 Federal Legislative Landscape: Key legislative wins in the Consolidated Appropriations Act of 2026

- **Medicare Telehealth Extension**: Restored continuity of care by extending Medicare telehealth flexibilities for two years, through December 31, 2027.
- **APM Incentive Payments**: Reinstated a **3.1% bonus** for physicians participating in Alternative Payment Models (APMs) for the 2026 performance year.
- **Physician Well-being**: Reauthorized the **Dr. Lorna Breen Health Care Provider Protection Act** for five years (through 2030), providing grants to address administrative burden and reduce the stigma of seeking mental health care.
- **Hospital Care at Home**: Extended the Acute Hospital Care at Home waiver for five years, allowing physicians to continue delivering hospital-level care in patient homes through 2030.

Federal Advocacy: Emerging Priorities in 2026

- **Medicare Payment Reform:** Continued push for a permanent solution to the Medicare Physician Fee Schedule, specifically seeking annual inflationary adjustments to ensure practice stability.
- **Prior Authorization Modernization:** Monitoring the 2026 implementation of CMS rules designed to automate and fast-track the prior authorization process.
- **Health AI Regulation:** Advocating for federal guardrails that ensure Artificial Intelligence remains a physician-led clinical support tool rather than a tool for insurance denials.
- **PBM Transparency:** Promoting legislation to decouple Pharmacy Benefit Manager (PBM) fees from drug prices to lower costs for patients and providers.

2026 State Legislative Landscape

- **Scope of Practice:** Physicians are actively opposing bills, such as New Jersey's **SB 2996**, that would allow independent practice for APNs without physician supervision.
- **Prior Authorization Reform:** Continued momentum from 2025, with states passing laws to "rightsize" this overused process and reduce practice hassles.
- **Medicaid Policy:** Addressing the impact of the **One Big Beautiful Bill Act (OBBBA)** as states navigate new enrollment, eligibility, and payment rules.
- **Health AI Regulation:** Monitoring hundreds of state-level bills regarding the use of AI in diagnostics and clinical decision-making.

How can you participate in physician advocacy within the local community?

- **Town Hall Participation:** Use clinical experience to ask informed questions at local official meetings.
- **Local Health Coalitions:** Join or lead community health boards to address social determinants of health (SDOH).
- **Hospital Site Visits:** Invite local legislators to your clinic to witness the impact of administrative burdens firsthand.
- **Public Education:** Host community workshops on health literacy or local healthcare resources.

Effective Communication Strategies: How to get your message to lawmakers...

- **The "Patient Story" Advantage:** Statistics inform, but stories move lawmakers. Use de-identified patient cases to illustrate a bill's necessity and impact on politician's constituents.
- **The One-Page Leave-Behind:** Provide a succinct summary of your position, the bill number, and your contact info.
- **Be a Resource:** Offer your expertise as a "subject matter expert" for future health-related inquiries.
- **Identify as a Constituent:** Always identify as a local voter, as legislators prioritize their own community's voices.

Barriers to Advocacy

1. Lack of time
   - Use pre-written email templates
   - Lean on organizations and legislative staff for key items/points of emphasis
2. Complexity of legislative issues
3. Political aversion → Focus on patient policy, not R or D
4. Lack of effectiveness

Small wins even at state and local levels have federal impact. Without physician advocacy, pharma, insurance companies and health care systems will often have unopposed legislative influence with lobbying power and financial prowess.

Call to action...

- "The Hippocratic Oath serves as a foundational ethical mandate for physician advocacy by requiring doctors to act in their patients' best interests, prevent harm, and combat injustice. It applies to advocacy by compelling physicians to address social determinants of health, promote equitable care, and defend vulnerable patients from exploitation." NIH