

# Virtual Advocacy Day Webinar

*National Organization of Rheumatology  
Management*

*Virtual Advocacy Day  
May 21, 2025*

# Logistics & Meeting Tips

*National Organization of Rheumatology Management*

*Virtual Advocacy Day*

*May 21, 2025*

Presented by Matt Duckworth

Hart Health Strategies Inc.



# Format

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# Run of Show

*Matt introduces Member of Congress*

*Member of Congress provides remarks*

*Matt opens moderated Q&A*

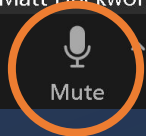
*Session concludes*



View



Matt Duckworth



Mute



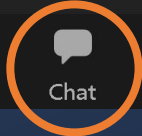
Start Video



Security



Participants



Chat



Share Screen



Record



Reactions



Apps

End



Chat

From Me to **Everyone**:

Matt Duckworth. Washington, DC.

What action do you think Congress will take to avert the impending cuts to Medicare reimbursement?

Who can see your messages?

To: **Everyone** ▾

Type message here...

Matt Duckworth

# Schedule

- 9:30 AM – [Rep. Greg Murphy, MD \(R-NC-03\)](#)
- 10:30 AM – [Rep. Neal Dunn, MD \(R-FL-02\)](#)
- 1:15 PM – [Rep. Buddy Carter, BSP Pharm \(R-GA-01\)](#)
- 2:30 PM – [Rep. Robin Kelly \(D-IL-02\)](#)
- 3:30 PM – [Rep. John Joyce, MD \(R-PA-13\)](#)

Your Value  
to Congress

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Constituent

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Education

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Front-line Experience

# Meeting Goals

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Be informed

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Educate

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Build relationships

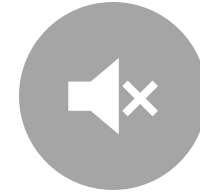
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Offer NORM as a resource

# Tips for Success



Be on time



Mute your audio



Be Prepared



Conclude meetings on time

# Overview of Issue Briefs



# Fix the Medicare Physician Fee Schedule



Medicare physician payment has declined 33% since 2001, adjusted for inflation. Unlike all other major Medicare payment systems, the **Medicare Physician Fee Schedule** lacks a mechanism to reflect inflationary cost increases within its reimbursement rates. Thus, there is a widening gap between the cost of the care delivered to Medicare beneficiaries and the program's reimbursement for that care.

Congress must pass long term solutions to address the Medicare Physician Fee Schedule so that healthcare providers are adequately reimbursed and can continue to provide essential care within communities.

# Stop Pharmacy Benefit Manager Abuses



PBMs should not be allowed to maximize their income through selection of medications with higher list prices. This is an underlying perverse incentive driving high out-of-pocket costs for patients. **PBM reform** will lower out-of-pocket costs and increase access to medication for patients, especially those with chronic disease.

Advance comprehensive PBM reform measures that prevent these third-party entities from abusive practices that put profits before patients.

# Reduce Unnecessary Utilization Management



Some plans are federally regulated, which means states have limited (or no) power to regulate them. Two federal utilization management reform bills each target different insurance markets:

Step therapy in ERISA plans: ***Safe Step Act*** (*not yet reintroduced*) codifies five step therapy exceptions in ERISA plans

Prior authorization in Medicare Advantage plans: ***Improving Seniors' Timely Access to Care Act*** (*not yet reintroduced*) streamlines prior authorization processes

- Positive CMS activity since first introduction has affected this legislation
- Reintroduced version should come with a \$0 CBO 'score'

# Improve Drug Affordability



**Copay Accumulators:** An accumulator is a program used by an insurance company or its pharmacy benefit manager (PBM) that excludes the value of copay assistance from counting towards out-of-pocket costs. Existing policy by the Centers for Medicare and Medicaid Services (CMS) allows the use of accumulators in Affordable Care Act exchange markets. However, CMS is not enforcing the rule.

## ***HELP Copays Act (S.864)***

- Bipartisan, bicameral legislation
- Would prohibit the use of copay accumulator programs in ACA exchange plans and require insurers to honor the full value of copay assistance.

# Limit Excessive Fees by Health Plans



There must be an option for medical practices to be electronically paid for the services they provide to patients without being charged to receive the reimbursement owed to them by the health plan.

Support the bipartisan **No Fees for EFTs Act** (*not yet reintroduced*) to prohibit health plans from imposing excessive fees on healthcare providers for electronic funds transfers and healthcare payment/remittance.

Questions?

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