

Public Policy & Advocacy Update

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November 8, 2025



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Learning Objectives

By the end of the presentation, participants will be able to:

- Describe the current legislative environment
- Describe future trends in value-based care models

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Where we are now:


- Government Shut Down
 - House passed CR; Senate rejected it
 - Would only fund government until Nov 21, 2025
- Healthcare things on the table:
 - Telehealth extension
 - Permanent Physician Fee Schedule Pay Fix
 - Prior authorization
- 10-Day Hold on telehealth claims
 - Submit and hope
 - Do in person visits
 - Take a vacation



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The Big Issues:

Federal vs. State Implications of OBBA



Federal Implications

- Reduced federal Medicaid investment
- Shift of control from CMS to Congress
- Reduced waiver/innovation flexibility
- Benchmarked federal rate caps (e.g. state directed payment limits)
- Pressure on CMS/CMMI to prioritize oversight over experimentation




State Implications

- Immediate budget shortfalls (provider tax caps)
- Rate freezes or cuts to current programs
- Strained Medicaid agency capacity
- Increased scrutiny of long-term care and HCBS programs
- Less flexibility to implement programs

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Whats IN Whats OUT

OBBA



IN:

- Medicaid cuts
- Physician payment update of 2.5%
- Delay of implementation of nursing home staffing mandate for 10 years



OUT:

- Telehealth Extension
- Prior authorization reform
- Ban on AI regulations


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The Administration - MAHA

- Prevention
- Fraud and Abuse
- Executive Order 10 to 1 on regulations
- Health IT
- Streamline payment models
- Less regulatory comment periods
- Who is working?
- So far not much on PALTC

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Requests for Information

- CMS request focused on deregulation
- Streamline reporting requirements
- Eliminating waste
- Interoperability


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Centers for Medicare & Medicaid Innovation

- All Medicare beneficiaries in value-based care models by 2030
- Not all value-based care models are built equally
- CMMI "reset" focused on prevention, competition, data transparency
- Sunset expiring models
- Complex Care Alliance seeks to influence CMMI on continuing High Need ACOs
- New Wiser Model focused on fraud and abuse



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<p>Latest: Physician Fee Schedule Proposed Rule</p>	<p>The Good</p> <ul style="list-style-type: none"> • Implements 2.5% update to physician fee schedule in 2026 • Provides two conversion factors – slightly higher for those participating in alternative payment models • Permanently removes all restrictions of frequency of medically necessary visits in nursing homes via telehealth • Expands use of remote patient monitoring codes • G2211 add-on code paid in assisted living and home care setting • More flexibility in MSSP-ACO program • No major MIPS changes 	<p>The Bad</p> <ul style="list-style-type: none"> • Practice expense adjustment for facility-based codes significantly reduced (SNF/NF differential) • G2211 NOT reimbursed in the nursing homes <p>*PALTmed jsubmitted comments and thanks to the many PALTmed members who wrote letters as well!</p>
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Other Big Issues




- AI in healthcare
- Vaccines
- Interoperability
- Nursing Home Survey
- Assisted Living
- PBM Reform
- 3-Day Stay Requirement



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What is PALTmed Doing?

- Continue to develop relationships with new Administration and Members of Congress
- Letter to Congressional leadership on our priorities (<https://paltmed.org/news-media/paltmed-calls-congressional-leaders-needed-action-paltc-reforms>)
- PALTmed statement on ACIP removal of experts
- PALTmed Statement on Medicaid and role of public health agencies
- Grassroots
- Respond to requests for information
- Participate in key coalitions (Advancing Excellence, Moving Forward, LTPAC HIT Collaborative, Coalition on Prior Authorization, Adult Vaccine Access Coalition, Healthcare Liability and Access Coalition)



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Celebrating Victories

- Florida becomes the second state after California to require certified medical director in all nursing homes!
- Texas introduces legislation to require all medical directors to be certified!
- Higher work RVUs for nursing facility codes!
- Permanent addition of nursing home medically necessary visits with no restrictions to the approved telehealth services list!
- CMS agrees to provide information on medical directors!
- Surveyors required to speak with medical directors in the survey process!
- Prior authorization reform bill introduced in Congress!
- Interoperability use cases for Advance Care Planning/Transitions of Care

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What can I do?

- Stay Informed! Read latest newsletter
- Listen to PALTalk: Advocacy in Action
- Send letters to my representatives using PALTmed templates (<https://paltmed.org/gassnotes/>)
- Participate in PALTmed Advocacy Summit
- Listen to Business of Medicine Symposium Recording
- Get involved locally and participate on State Advocacy Committee
- Utilize PALTmed Forum
- Really dive into understanding value-based care models? What affects me the most?

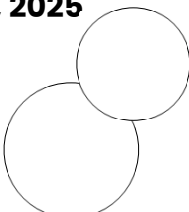
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ADVOCACY SUMMIT

OCTOBER 27-28, 2025

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REGISTRATION IS OPEN!



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