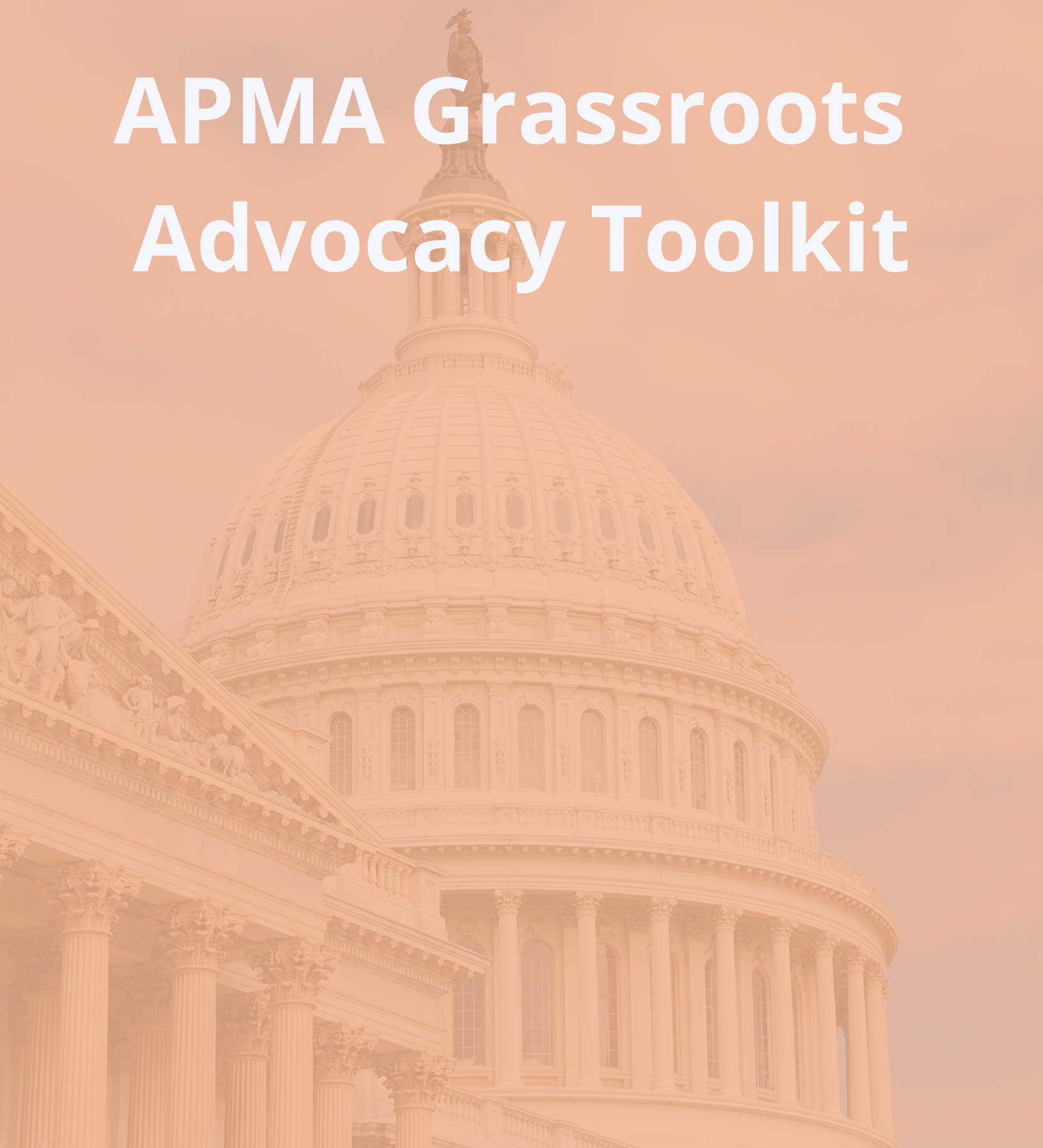


APMA Grassroots Advocacy Toolkit



apma 
Advancing foot and ankle
medicine and surgery

Advocacy

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ADVOCACY 101: The Importance of Grassroots Advocacy

Why Should Podiatrists Be Involved?

When podiatrists engage in grassroots advocacy, they can drive meaningful change for the profession. Whether in Washington, DC, or back home in their districts, connecting with lawmakers elevates the legislative issues affecting podiatric practices and patients. As experts in foot and ankle care, podiatrists are best positioned to speak on these issues. Sharing real patient and practice stories brings policy impacts to life in ways lawmakers may not see in Washington. Your education and experience give you the strong credibility that lawmakers will listen to. Consistent engagement with lawmakers and their staff builds lasting, influential relationships.

How Can Podiatrists Get Involved?

There are many ways for podiatrists to advocate for the legislative issues impacting the profession. Congressional district meetings provide a simple opportunity to meet with lawmakers while they are back in their district. Podiatrists can also coordinate with their Representatives' office to plan a site tour. You can also attend a congressional town hall meeting where lawmakers meet with their community to take questions and discuss the issues impacting their constituents. Together, these opportunities allow podiatrists to build meaningful relationships with their lawmakers while educating them on APMA's legislative priorities and their impact on their district.

If you are not looking for in-person opportunities, there are other alternatives for you to contribute. The APMA eAdvocacy website allows podiatrists to send catered letters to their congressional representatives. Getting involved is quick and easy. Head to www.apma.org/eadvocacy to take action today!

What Are the Top Issues APMA Is Advocating For?

APMA's top issues are reducing administrative burdens that delay care for patients, including prior authorizations; reforming the Medicare Physician Fee Schedule; and strengthening access to services and care provided by podiatrists, including therapeutic shoes for diabetic patients. These issues have distinct impacts on the constituents of each lawmaker, making it easy to connect to real-world patient care in their districts.

How Will APMA Support You During the Process?

APMA's advocacy team of government relations professionals supports you through every congressional engagement. We provide talking points, background materials, and guidance, so you're fully prepared to meet with your lawmakers. You don't need to be a policy expert. Just bring your clinical experience, and APMA will connect it to the legislative issues you will be advocating for.



HOW TO: SCHEDULING A DISTRICT OFFICE MEETING WITH LAWMAKERS

District office meetings remain a relatively easy way for physicians to discuss the issues most impacting podiatric medicine with lawmakers. A district office meeting excludes the heavy lifting necessary for a practice tour. Although lawmakers are not directly touring a practice, it still allows physicians to share their experiences, patient anecdotes, practice challenges, and more in a setting close to their homes. These meetings build effective relationships that can have an immense impact on the lawmaker's future efforts on Capitol Hill.

How to Request a District Office Meeting:

With the help of APMA's Advocacy team, you will email the lawmaker's staff member who handles scheduling to request a meeting. This invitation should include suggested dates, a brief explanation of the topics you would like to discuss, and a list of attendees. You will then coordinate with the lawmaker's staff to find a time that works. If you don't hear back right away, make sure to follow up until you do. Persistence is key to getting on a lawmaker's schedule. Lastly, lawmakers have very busy schedules. Therefore, you must reach out in advance, preferably one - two months before the proposed date. The lawmaker will likely only attend the meeting for five - 10 minutes.

Draft Email to Request a District Office Meeting:

Name of Staff Member,

I hope you are doing well. My name is *Your Name*, DPM, and I am a podiatrist from *city*. I am writing to request a district office meeting with *Senator/Representative Lawmaker's Last Name* at *his/her city* office.

Attendees:

xxxxxx

I would welcome the chance to discuss the top legislative issues affecting my practice, the profession of podiatry in *Your State*, and the importance of foot and ankle care access for patients.

Below are the proposed dates for the meeting:

xxxxxx

I look forward to finding a time and I would be happy to coordinate logistics or provide additional information as needed.

Thank you,

First Name, Last Name, DPM

Name of Practice and Other Positions

Tips for the Congressional Meeting:

1. Prepare for the meeting:

- a. It is important to understand the lawmaker's legislative history. Have they supported any of APMA's priorities in the past? What committees do they sit on? Are there any aspects of their political background that would make them more receptive to your message? APMA will also provide a pre-event memo to help you prepare.

2. Develop your elevator pitch:

- a. The lawmaker will likely attend for five - 10 minutes, so it is crucial to prepare a brief rundown of what you will discuss.
- b. What points do you want to get across? What are the aspects of your practice you want to emphasize? Are there any things in your practice that connect directly to a federal policy issue?
- c. Data and statistics are important. Your points should include specific data on the number and type of patients you serve, the services you provide that distinctly relate to the lawmaker's constituents, and the number of people you employ.

3. During the meeting:

- a. Keep the conversation focused. You only have limited time with the lawmaker, so make sure you get your points across.
- b. Be clear with your "asks." What legislation do you want the lawmaker to support? What are you hoping to work with the lawmaker following the meeting? APMA will help prepare you for this.
- c. Connect the issues back to their constituents. Lawmakers love to hear how specific issues are affecting the people in their district. For example, if you are discussing Medicare reimbursement, connect it back to patient access in their district. Compelling stories make a larger impact. Any patient anecdotes that connect to the conversation are important to mention.
- d. Speak in layman's terms. The lawmaker may not be familiar with medical jargon. Simplifying your points will explain the discussion topics in a way they understand.
- e. You won't have an answer to everything. If the lawmaker or their staff has a question you do not know, you can always have APMA follow up with the answer.

4. After the meeting:

- a. Follow up through an email, thanking the staff and reiterating the points you made during the meeting. This helps continue the relationship. Please copy APMA at **advocacy@apma.org**.
- b. Provide APMA staff with an update on the meeting and any follow-ups that APMA needs to do in the DC office.
- c. Share the event on social media. APMA will help elevate the meeting on their account also.



HOW TO: INVITING LAWMAKERS TO YOUR PRACTICE

Congressional site tours offer an effective opportunity for physicians to educate lawmakers about the top issues impacting podiatric medicine. Whether it's patient access, administrative burden, reimbursement, or other issues, lawmakers see the tangible effects of the legislative issues they interact with every day. This effective form of congressional engagement can leave a lasting impression that influences how lawmakers approach an issue long after the visit ends, helping ensure the perspectives of podiatrists are considered in future policy discussions.

How to Request a Site Tour:

With the help of APMA's Advocacy team, you will email the lawmaker's staff member who handles scheduling to request a tour. This invitation should include suggested dates, a practice address, a brief explanation of the topics you would like to discuss, and who else plans to attend. You will then coordinate with the lawmaker's staff to find a time that works. If you don't hear back right away, make sure to follow up until you do. Lastly, lawmakers have very busy schedules. Therefore, you must reach out in advance, preferably two - three months before the proposed date. You will likely have a maximum of 40 minutes during the tour.

Draft Email to Request a Site Tour:

Name of Staff Member,

I hope you are doing well. My name is *Your Name*, DPM, and I am a podiatrist at *insert practice*. I am writing to invite *Senator/Representative Lawmaker's Last Name* to tour my practice.

My practice *insert what type of care is provided at your practice*. I would welcome the chance to discuss the top legislative issues affecting podiatry in *Your State*, including access to foot and ankle care, regulatory relief, physician reimbursement, and the podiatric workforce.

I would welcome the chance to discuss the top legislative issues affecting my practice, the profession of podiatry in *Your State*, and the importance of foot and ankle care access for patients.

Below are the proposed dates for the tour:

xxxxxx

I look forward to finding a time and I would be happy to coordinate logistics or provide additional information as needed.

Thank you,

First Name, Last Name, DPM

Name of Practice and Other Positions

Draft Site Tour Agenda: 40-Minute Window

1. Welcome & Introductions (5 minutes)

- Thank the lawmaker for attending
- Provide a brief overview of your practice: number of providers and staff, patient population (Medicare, Medicaid, rural, urban, chronic conditions, etc)

2. Practice Tour (15 minutes)

a. Stop 1: Front Desk and Administrative Demands

- i. Discuss scheduling challenges or administrative burdens like prior authorization delays and paperwork

b. Stop 2: Treatment Areas

- i. Walk through a typical patient visit
- ii. Discuss any equipment or technology used
- iii. Discuss the importance of timely access to care: documentation delays for therapeutic shoes or prior authorization delays

3. Meeting the Team (5 minutes)

- Introduce clinical and support staff
- Discuss their roles in providing care at the practice

4. Policy Discussion on Issues Affecting the Practice (5 minutes)

- Discuss the key issues impacting (APMA will provide guidance on the key issues to discuss)
- Connect each issue to patients in the lawmaker's district

5. The Ask: What You Want the Lawmakers to Do (5 minutes)

- Support or cosponsor specific legislation (APMA will provide guidance on this)
- Engage with APMA's staff on the legislative issues
- Continue relationship with the lawmaker

6. Wrap Up (5 minutes)

- Thank the lawmaker for their time
- Take a photo
- Offer to be a resource on physician-related issues
- Exchange information with the lawmaker's staff

Tips for the Site Tour:

1. Prepare for the tour:

- a. It is important to understand the lawmaker's legislative history. Have they supported any of APMA's priorities in the past? What committees do they sit on? Are there any aspects of their political background that would make them more receptive to your message? APMA will also provide a pre-event memo to help you prepare.

2. Create an agenda:

- a. What are the aspects of your practice you want to emphasize? Are there any things in your practice that connect directly to a federal policy issue? How do you want to utilize your staff during the visit? When do you want to take a picture with the lawmaker? All of these things should be planned.

3. During the site tour:

- a. Speak in layman's terms. The lawmaker may not be familiar with medical jargon. Simplifying your points will explain the discussion topics in a way they understand.
- b. Connect the issues back to their constituents. Lawmakers love to hear how specific issues are impacting people in their district. For example, if you are discussing Medicare reimbursement, connect it back to patient access in their district.
- c. You won't have an answer for everything. If the lawmaker or their staff has a question you do not know, you can always have APMA follow up with the answer.

4. After the meeting:

- a. Follow up through an email, thanking the staff and reiterating the points you made during the visit. This helps continue the relationship. Please copy APMA at **advocacy@apma.org**.
- b. Provide APMA staff with an update on the meeting and any follow-ups that APMA needs to do in the DC office.
- c. Share the event on social media. APMA will help elevate the meeting on their account also.





Podiatry

DELIVERING VALUE TO THE US HEALTH-CARE SYSTEM

Did you know?

Doctors of podiatric medicine are physicians and surgeons who save limbs and lives. Podiatrists keep Americans on their feet and in the game—and they add substantial value to our health-care system.

Saving Dollars ⁱ



- Among patients with commercial insurance, every \$1 invested in care by a podiatrist results in \$27–\$51 of savings for the health-care delivery system.
- Among Medicare-eligible patients, each \$1 invested results in \$9–\$13 of savings.
- That's an estimated \$10.5 billion in savings over three years if every at-risk patient with diabetes sees a podiatrist.

Avoiding Complications ⁱⁱ



- Medicare-eligible patients with diabetes are less likely to experience a lower-extremity amputation if a podiatrist is a member of the care team.
- A multidisciplinary team approach that includes podiatrists most effectively prevents complications from diabetes and reduces the risk of amputations.

Improving Outcomes ⁱⁱⁱ



- Podiatric surgeons have significantly lower rates of deep-vein thrombosis, unplanned revision surgery, and malunion than other surgeons when conducting open reduction internal fixation of ankle fractures.

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ⁱ Ginger Carls et al., "The Economic Value of Specialized Lower-Extremity Medical Care by Podiatric Physicians in the Treatment of Diabetic Foot Ulcers," *Journal of the American Podiatric Medical Association* 101 (2011): 93-115, accessible at: www.tinyurl.com/trstudy.

ⁱⁱ Sloan, Frank A et al. "Receipt of care and reduction of lower extremity amputations in a nationally representative sample of U.S. Elderly." *Health services research* vol. 45,6 Pt 1 (2010): 1740-62.

ⁱⁱⁱ Weinraub, Glenn M et al., "Outcomes Following Open Reduction Internal Fixation of Ankle Fractures (ORIF) By Podiatric Surgeons," *The Journal of Foot and Ankle Surgery* 60 (2021): 960-63.



What Is a Podiatrist?

DOCTORS OF PODIATRIC MEDICINE

Did you know?

A podiatrist is a physician and surgeon who treats the foot, ankle, and related structures of the leg.

Why See a Podiatrist?

Feet are complex anatomical structures, all-in-one stabilizers, shock absorbers, and propulsion engines that are instrumental to overall health and well-being. They require expert care. Podiatrists complete rigorous, specialized training in the foot and ankle, making them uniquely qualified to care for this part of the body.

How Are Podiatrists Trained?

Podiatrists complete four years of training in a podiatric medical school and three years of hospital-based residency training. Their training is similar to that of other physicians. Podiatrists often go on to complete fellowship training following their residency. Podiatrists can focus on many fields, including surgery, sports medicine, wound care, pediatrics, and diabetic care.

Are Podiatrists Board-Certified?

Podiatrists can earn board certification with advanced training and clinical experience, after which they must pass a board exam. The American Board of Foot and Ankle Surgery and the American Board of Podiatric Medicine are the recognized certifying boards for the field.

H.R. 7905/S. 4070, Diabetes Foot Health Access and Modernization Act

House Champions: Rep. John Joyce, MD (R-PA), Rep. Diana DeGette (D-CO), Rep. Darren Soto (D-FL), Rep. Mike Rulli (R-OH), Rep. Kim Schrier, MD (D-WA), and Rep. Mike Kennedy, MD (R-UT)

Senate Champions: Sen. Todd Young (R-IN) and Sen. Raphael Warnock (D-GA)

MODERNIZING FOOT CARE IN MEDICARE AND MEDICAID

With over 40 million Americans living with diabetes and 1.5 million new cases diagnosed each year, timely access to specialized foot care is critical.[1] People with diabetes are at increased risk for foot complications such as ulcers, neuropathy, and vascular disease, all of which can lead to lower extremity amputations that could have been prevented with proper foot care.

Despite the growing incidence of diabetes in Americans and the foot complications that accompany it, Medicare and Medicaid policies on the coverage of diabetic foot care are outdated and cumbersome. The Diabetes Foot Health Access and Modernization Act sets forth targeted Medicare and Medicaid policy changes to reduce unnecessary administrative burdens and improve timely access to this essential care.

KEY FEATURES OF THE *DIABETES FOOT HEALTH ACCESS AND MODERNIZATION ACT*

Reduces Documentation Burden for Therapeutic Shoes in Medicare

Since 1987, therapeutic shoes have been a covered Medicare benefit. Initially launched as a demonstration program, it was made permanent after showing significant cost savings and improved patient outcomes. However, despite advances in technology, medicine, and fraud and abuse protections, the benefit has not been updated since its inception.

- **Modernizes outdated documentation requirements causing significant delays in care**
 - Medicare documentation requirements for therapeutic shoes result in months-long waiting periods that can lead to further complications, like amputation, for Medicare patients.
 - 58% of APMA-member podiatrists report waiting 1 month or longer to receive documentation paperwork from the managing physician.
 - 45% of APMA-member podiatrists report that documentation delays prevent them from prescribing therapeutic shoes to at least 30% of their patients who need them.
 - The Diabetes Foot Health Access and Modernization Act would strengthen podiatrists' authority in the documentation process, replacing burdensome manual paperwork requirements with a simple, attestation framework.
- **Aligns the benefit with existing fraud and abuse guardrails for other physician services**
 - The Diabetes Foot Health Access and Modernization Act explicitly states that diabetic shoes are "designated health services" subject to the Stark Law, which prohibits a physician from referring Medicare patients to entities the physician has an investment interest, unless a recognized exception applies.

[1] American Diabetes Association, Statistics About Diabetes, <https://diabetes.org/about-diabetes/statistics/about-diabetes> (last visited Feb. 27, 2026).

Current Process



Paperwork Reduction



Establishes Medicaid Coverage Parity for Podiatrists

The current Medicaid statute covers physician services, including, in most cases, medical and surgical care of the foot and ankle. However, the Medicaid definition of the term “physician” is limited to MDs and DOs and does not include doctors of podiatric medicine (DPMs).

- **Recognizes podiatrists as covered physicians under the federal Medicaid program, aligning podiatrist's physician designation at parity with Medicare**
 - Although podiatrists are not recognized as “covered physicians” under Medicaid, all but three states—Alaska, Alabama, and Kansas—cover services by podiatrists. The Diabetes Foot Health Access and Modernization Act would require coverage in those remaining states, strengthening access to lower extremity care.
- **Improves patient outcomes and reduces long-term federal health costs**
 - When Arizona eliminated Medicaid coverage for services by podiatrists, hospital admissions for patients diagnosed with a diabetic foot infection increased by **37.5%**, and severe outcomes like amputation, sepsis, or death increased by **50%**.^[2] Elimination of \$1 of care by podiatrists resulted in a cost increase of **\$44**.^[3]
 - Each dollar invested in care by podiatrists results in up to **\$51** of savings for patients in the general population. Patients with diabetes seen by a podiatrist before a foot ulcer diagnosis have a **20%** lower risk of amputation and a **26%** lower risk of hospitalization than those not seen by a podiatrist.^[4]

APMA urges Congress to pass H.R. 7905/S. 4070, the *Diabetes Foot Health Access and Modernization Act* to reduce Medicare documentation burdens for therapeutic shoes and establish Medicaid coverage parity for podiatrists.

For questions, please contact APMA Advocacy Team at advocacy@apma.org.

[2] Skrepnek, Grant H., et al. “Foot-in-wallet disease: Tripped up by ‘cost-saving’ reductions?” *Diabetes Care*, vol. 37, no. 9, 7 Aug. 2014, <https://doi.org/10.2337/dc14-0079>.

[3] Skrepnek, Grant H., et al. “Foot-in-wallet disease: Tripped up by ‘cost-saving’ reductions?” *Diabetes Care*, vol. 37, no. 9, 7 Aug. 2014, <https://doi.org/10.2337/dc14-0079>.

[4] Carls, Ginger S., et al. “The economic value of specialized lower-extremity medical care by podiatric physicians in the treatment of diabetic foot ulcers.” *Journal of the American Podiatric Medical Association*, vol. 101, no. 2, 1 Mar. 2011, pp. 93–115, <https://doi.org/10.7547/1010093>.



Support the Improving Seniors’ Timely Access to Care Act

The Seniors’ Act (S1816/HR 3514) is bipartisan legislation that would streamline and standardize the inefficient Medicare Advantage (MA) prior authorization (PA) structure, protecting seniors from unnecessary delays and reducing administrative burden on providers.

- **Senate Champions:** Roger Marshall, MD (R-KS) and Mark Warner (D-VA)
- **House Champions:** Ami Bera, MD (D-CA), Suzan DelBene (D-WA), Mike Kelly (R-PA), and John Joyce, MD (R-PA)

Overview of the Seniors’ Act

- Streamline the PA process by requiring MA plans to adopt an electronic prior authorization (e-PA) system.
- Clarify the authority of HHS to establish timeframes for MA PA decisions, including expedited determinations and real-time decisions for routinely approved services.
- Require MA plans to disclose annual data on items and services subject to PA requirements, claim decisions, the use of artificial intelligence (AI) technology in the PA process, PA timeframes, and other information.
- Improve transparency by requiring MA plans to provide clear PA criteria around coverage and eligibility to providers and patients.
- Expand beneficiary protections to improve access to care and patient outcomes.
- Require HHS and other agencies to report to Congress on program integrity efforts and new ways to strengthen the e-PA process.



Prior authorization has become a major administrative burden for podiatric physicians—delaying necessary care, straining practice resources, and jeopardizing patients’ health and mobility. - Brooke Bisbee, DPM, APMA President, Rogers, AR

Unnecessary prior authorization delays under Medicare Advantage are harming patients—causing pain, infection risk, and loss of mobility—when timely foot and ankle care is critical. - Steve Merckx, DPM, Madison, WI



APMA urges Congress to pass S 1816/HR 3514, the Improving Seniors’ Timely Access to Care Act of 2025 to ensure that MA beneficiaries receive timely, medically necessary care without unnecessary administrative delays.

The American Podiatric Medical Association (APMA) represents the vast majority of the more than 15,000 licensed podiatric physicians and surgeons—also known as doctors of podiatric medicine (DPMs)—in the United States. Our members diagnose and treat conditions of the foot and ankle that affect millions of Americans, including individuals with diabetes, circulatory disorders, and other chronic conditions.





H.R. 5940/S. 3480, SENIORS DESERVE SMARTER CARE ACT

WISeR Model: Wrong Direction for America's Seniors

The Centers for Medicare & Medicaid Services (CMS) is advancing the *Wasteful and Inappropriate Service Reduction (WISeR) Model*, a significant new payment model expanding prior authorization (PA) in Traditional Medicare. Although presented as an effort to address waste, fraud and abuse, increased PA will create harmful delays and barriers to care for Medicare beneficiaries.

Experience with Medicare Advantage (MA) shows that PA burdens clinicians, diverts clinical resources, and delays medically necessary care for patients. Extending similar requirements in traditional Medicare risks repeating these problems and restricting access to timely, appropriate care for millions of seniors and individuals with disabilities.

Although the Center for Medicare and Medicaid Innovation (CMMI) model is voluntary, providers who do not submit PA requests are subject to pre-payment medical reviews. The WISeR model is monitored by third-party vendors who are managing PA claim approvals through artificial intelligence (AI) technology.

The WISeR Model is scheduled for a six-year trial to apply to Medicare Part B providers in six states: **New Jersey, Ohio, Oklahoma, Texas, Arizona, Washington**. Notably, CMS may expand the WISeR model to include additional services and states that could result in more spending and more Medicare beneficiaries subject to prior authorization restrictions in future years.

Congress Must Repeal the WISeR Model

Prior authorization is consistently the most burdensome administrative barrier preventing podiatric physicians from delivering medically necessary care to their patients. The WISeR model is increasing PA and financially incentivizing vendors in the model to deny claims, creating dangerous delays in care that chronic wound care patients cannot afford. Additionally, WISeR's reliance on AI and automated review tools increases the risk of inaccurate determinations and administrative errors that can result in life-threatening complications for vulnerable patients.

Support H.R. 5940/S. 3480, the Seniors Deserve SMARTER Care Act

The WISeR Model must be repealed to prevent the expansion of burdensome PA requirements life-threatening to patients in Medicare. We urge Congress to pass the **Seniors Deserve SMARTER (Streamlined Medical Approvals for Timely, Efficient Recovery) Care Act**, led by Representative Suzan DelBene (D-WA) and Senator Patty Murray (D-WA), which would:

- Prohibit the HHS Secretary from implementing the WISeR model or any similar model in Medicare fee-for-service
- Protect podiatrists and other physicians from additional PA administrative burdens that prevent patients from accessing timely care

For more information, please contact APMA Advocacy Team at advocacy@apma.org.



Address Physician Payment

CREATE A SUSTAINABLE SOLUTION TO MEDICARE PHYSICIAN PAYMENT

While the costs of doing business in the US have skyrocketed, the Medicare Physician Fee Schedule continues to decrease. Podiatric practices, many of which are small or solo practices delivering vital care to vulnerable populations, face unprecedented challenges due to these cuts. APMA calls on Congress to provide relief and to adopt a sustainable payment model that supports small practices and solo practitioners.

Protect Beneficiaries

- Payment cuts threaten access to care for seniors, particularly in underserved and rural areas.
- Medicare payment instability disproportionately affects physicians serving low-income and minority populations.
- The US is facing physician shortages, and ongoing payment cuts only exacerbate those shortages, particularly in underserved areas.

Save Health-care Dollars

- Chronic conditions like diabetes, peripheral artery disease, and wounds—often managed by podiatric physicians—are major cost drivers in Medicare.
- When physician reimbursements decline, fewer physicians can afford to accept Medicare patients, leading to delayed care, higher emergency department utilization, and worse patient outcomes—all of which drive up Medicare spending.
- Increasing payments for primary and specialty care can reduce hospitalizations and emergency room visits.



Short-term patches are not enough—Congress **must** pass a permanent solution. APMA urges Congress to address Medicare payment reform to ensure a sustainable future for Medicare.



Delay the 2026 Medicare Physician Fee Schedule Efficiency Adjustment

The 2026 Medicare Physician Fee Schedule included an “efficiency adjustment,” which reduces the work Relative Value Units (RVUs) and intra-service time for all non-time-based codes by 2.5 percent in 2026, with additional reductions every three years indefinitely. The policy assumes services have become more efficient over time due to increased utilization, technological advancements, and operational improvements, a claim not supported by evidence.

Evidence Against Assumption

- According to a study in the Journal of the American College of Surgeons, 1.7M operations across 11 specialties show 90% of CPT codes had the same or longer operative times in 2023 vs. 2019; overall operative times increased by 3.1%.
- Efficiency gains are not universal; complex cases and teaching environments often require more time and are not exempted in the rule.

Flaws in CMS Methodology

- The adjustment is based on the productivity component of the Medicare Economic Index (MEI), which measures economy-wide productivity, not physician-specific work. There is no automatic inflationary adjustment to account for these costs.
- Recently revalued codes will still be subject to the adjustment, despite already undergoing the rulemaking process where codes are analyzed to ensure fair and accurate reimbursement.

The reduction will require physicians to perform more work for the same compensation and destabilize RVU-based compensation models. The reliance on flawed clinical evidence to justify broad payment reductions threatens patient access and the financial viability of practices that care for Medicare’s most vulnerable populations.

APMA urges Congress to pass H.R. 7520, the Efficiency Adjustment Delay Act, introduced by Representatives Ron Estes (R-KS) and Tom Suozzi (D-NY), which would:

- Delay the “efficiency adjustment” while restoring the 2026 conversion factor, ensuring that non-time-based procedural codes are properly evaluated and reimbursed.
- Require the Centers for Medicare and Medicaid Services (CMS) to produce statistical evidence that justifies the application of a reduction.
- Prevent future adjustments from being calculated by the flawed MEI productivity component unless the non-qualifying Alternative Payment Model (APM) conversion factor is at least as large as the percentage increase in the Consumer Price Index (CPI) for the previous year.



For questions, contact Ben Melano (bmelano@apma.org) or Davis Kaderli (dkaderli@apma.org).

Grassroots Talking Points

Diabetes Foot Health Access and Modernization

Act

- Podiatrists play a critical role in evaluating patients with diabetes, prescribing therapeutic footwear to prevent complications like amputation.
- Early care from podiatrists is critical. When patients receive preventive foot care, we see fewer hospitalizations, fewer amputations, and better outcomes overall.
- However, current documentation requirements for diabetic shoes under Medicare create unnecessary administrative challenges that delay patient access to diabetic footwear.
- We urge Congress to cosponsor and pass the *Diabetes Foot Health Access and Modernization Act*, championed by Rep. Diana DeGette (D-CO) and Rep. John Joyce (R-PA) in the House and Sen. Todd Young (R-IN) in the Senate, to modernize this long-standing benefit, reduce documentation delays that contribute to complications like amputation, and add measures that bolster program integrity.
- This bipartisan, bicameral bill would strengthen podiatrists' authority in the Medicare diabetic shoe documentation process. It also adds podiatrists as covered physicians under the federal Medicaid program, saving limbs and lives.
- **House:** CO-SPONSOR/PASS H.R. 7905.
- **Senate:** CO-SPONSOR/PASS S. 4070.

Prior Authorization Reform

- Medicare Advantage plans are taking advantage of patients by overusing and misusing prior authorization, creating undue burdens on physicians that delay care and increase the likelihood of emergency interventions.
- We urge Congress to pass the *Improving Seniors' Timely Access to Care Act* (S.1816/H.R. 3514), introduced by Sen. Roger

Marshall (R-KS), Sen. Mark Warner (D-VA), Rep. Mike Kelly (R-PA), and Rep. Suzan DelBene (D-WA).

- This bill reforms the inefficient prior authorization process and protects seniors from unnecessary delays.
- This bipartisan, bicameral bill – with a majority of co-sponsors in both the House and Senate – would establish electronic prior authorization for Medicare Advantage plans and provide much needed public and government oversight and transparency of Medicare Advantage plans' use of prior authorization to improve patient access to care and remove unnecessary and harmful delays in care.
- **House:** CO-SPONSOR/PASS H.R. 3514.
- **Senate:** CO-SPONSOR/PASS S. 1816.

Medicare Fee Schedule

- Congress must act to implement a permanent solution for Medicare physician payment that establishes an annual inflationary update, fixes the systematic flaws with Medicare budget neutrality requirements, and addresses administrative burdens in the MIPS program.
- Adjusted for inflation, Medicare physician payment declined 33% from 2001 to 2025.
- When physician reimbursement declines, fewer podiatrists can accept Medicare patients, leading to delayed care, more ER visits, and worse patient outcomes.
- These pressures were further intensified by the 2026 Medicare Physician Fee Schedule's “efficiency adjustment”, which cuts payment for non-time-based codes, like surgical procedures, even though they have **not** become more efficient.
- We urge Congress to cosponsor the *Efficiency Adjustment Delay Act* (H.R. 7520), introduced by Rep. Ron Estes (R-KS) and Rep. Tom Suozzi (D-NY), to delay the cut and prevent the future use of flawed empirical evidence.
- We call on Congress to create a sustainable solution to Medicare physician payment.
- **House:** CO-SPONSOR/PASS H.R. 7520 and ADVANCE long-term reforms to the Medicare physician payment system.
- **Senate:** ADVANCE long-term reforms to the Medicare physician payment system.

Use APMA's eAdvocacy Website to Contact your Lawmakers

With APMA's eAdvocacy site, it is easier than ever to connect with your elected officials. In just a few clicks, you can contact your elected officials and let them know why they need to support podiatry and APMA's advocacy agenda. Go to www.apma.org/eadvocacy to get started!

Log-in

Log in with Facebook or create an account.

Select Your Issues

Choose from the available legislative issues.

Personalize and Submit

Personalize your message and submit them to your lawmaker.



Contribute to the APMAPAC

The APMA Political Action Committee (APMAPAC) is a nonprofit, bipartisan fundraising committee through which podiatrists support federal candidates who champion podiatric medicine's issues before the US Congress.



Contribute to the APMA Protect Our Profession (POP) Fund

The APMA Protecting Our Profession, or simply APMA POP, is a separate segregated source of financial resources used for federal legislative education, initiatives, and issue awareness. This funds part of the annual APMA Legislative Conference, and federal education events like congressional briefings. These funds cannot be used directly to support candidates for federal office.



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