Policy & Advocacy Committee Meeting

MARCH 17TH, 2026 | 3:30 – 4:30 PM ET

PARTICIPATING ORGANIZATIONS

Advocates for Community Health, American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Association of Nurse Practitioners, American Academy of Pediatrics, American Association of Physician Associates, American College of Clinical Pharmacy, American College of Lifestyle Medicine, American College of Physicians, American Psychological Association, Blue Cross Blue Shield of Michigan, Blue Shield of California, Brigham & Women's Hospital, Complete Care Management Services, Converging Health, CVS Health, Elation Health, Families USA, Humana, Jefferson Health, Meadows Mental Health Policy Institute, NACHC, National Partnership for Women & Families, Primary Care Collaborative, Primary Care Development Corporation, Society of General Internal Medicine, Venn Strategies

THANK YOU TO OUR SPEAKERS:

- Co-Chairs: Sarah Combs, National Partnership for Women and Families, & Shari Erickson, ACP
- Todd Didier, PCC
- Drew Albano, Atlantic Health
- Jay Gulshen, House Energy and Commerce Committee

MEETING SUMMARY

Welcome and Announcements

Larry McNeely opened the meeting and welcomed participants. He gave a brief overview of the agenda and previewed our guest speaker, Jay Gulshen from the House Energy and Commerce Committee, who would be joining later.

Larry highlighted PCC's recent advocacy efforts, including

- Friends of AHRQ Annual Appropriations Letter
    - PCC joined more than 255 orgs urging Congress to fully fund AHRQ & ensure that the agency has sufficient staff to manage its statutory obligations.
- Alliance for Value Based Care
    - PCC joined letter to Congressional leaders encouraging them to continue working on longer-term solutions to:
        - Modernize financial & non-financial incentives for APMs
        - Stabilize physician payments & prepare clinicians for APMs
        - Leverage CMMI

Co-Chair Remarks

Shari Erickson of ACP invited Stephanie Glier of AAP to provide an update on recent their joint legal developments. Stephanie shared that a federal judge issued a preliminary injunction in a lawsuit challenging actions taken by the U.S. Department of Health and Human Services related to ACIP. She noted that the court's ruling temporarily halts recent changes while the case proceeds.

Shari added that while this represents an early legal victory, the broader case remains ongoing and requires continued attention.

Sarah Coombs of the National Partnership for Women and Families provided an update on recent federal regulatory developments. She noted that public comments had recently closed on the annual ACA Marketplace Rule. She highlighted that CMS estimates the rule could reduce exchange enrollment by up to approximately 2 million individuals by 2027. She also noted that enrollment has already declined by at least 1.4 million.

Administrative Burden & Primary Care

Todd Didier of the PCC and Drew Albano of Atlantic Health led a discussion on PCC's newly released issue brief on administrative burden.

Todd introduced the issue brief, providing background on the topic and outlining the methodology used in its development. He offered a high-level overview of the brief's key components, including case studies and policy recommendations designed to address administrative challenges in primary care.

Drew emphasized the need for greater standardization and simplification across payers and programs, noting that variation in requirements remains a primary driver of inefficiency, particularly for practices working across multiple insurers. He underscored that reducing administrative burden is essential.

Drew then outlined several policy opportunities to help alleviate administrative burden:

- Streamline and Standardize Quality Measurement
- Reduce Redundant Reporting
- EHR Performance Feedback and Simplification

Drew also highlighted several targeted strategies:

- **Electronic Prior Authorization (e-PA):** Standardized e-PA processes can significantly reduce administrative workload and delays in care.
- **Transparency and Timeliness in Prior Authorization:** Public reporting of approval rates and turnaround times by payers can increase accountability and identify inefficiencies.

- **Innovation in Documentation Tools:** AI-enabled documentation tools have the potential to reduce time spent on note writing and billing documentation. Policymakers should support rigorous evaluation and safe, scalable adoption within EHR systems.
- **EHR Interoperability and Usability Standards:** Strong enforcement of interoperability standards can reduce manual data reconciliation and duplicative documentation across care settings.
- **Payment Reform to Support Administrative Simplification:** Enhanced primary care payment models should support administrative infrastructure needs and reduce reliance on fee-for-service documentation requirements.

Sarah emphasized the importance of connecting administrative burden to patient impact, noting that delays associated with prior authorization and other administrative requirements can directly affect access to care and affordability. She underscored the need to frame administrative burden not only as a provider issue, but also as a patient access and equity issue.

Tod agreed, noting that the issue brief reinforces this connection by highlighting that every minute spent on administrative tasks is time that cannot be spent with patients.

Update from the Hill

Ann Greiner introduced Jay Gulshen of the House Energy and Commerce Committee, who joined the meeting to provide an overview of congressional activity related to healthcare affordability.

Jay described a series of hearings hosted by the Energy & Commerce Committee focused on identifying the drivers of rising healthcare costs and exploring potential policy solutions. He noted that affordability remains a key bipartisan priority, with attention on areas such as prescription drugs, hospital pricing, insurance coverage, and patient out-of-pocket costs. He highlighted growing congressional interest in the role of primary care in improving affordability, particularly through prevention, care coordination, and reducing avoidable high-cost utilization.

Jay also emphasized ongoing concerns related to the PFS, including the need for greater payment stability and adequate reimbursement across Medicare. He noted that there is a significant opportunity to address physician payment issues and expressed hope that upcoming hearings would highlight the importance of PFS stability. He underscored the importance of advancing long-term, bipartisan solutions to address physician payment challenges.

Shari raised two issues related to the implementation of APCM codes. First, she noted that patient co-pays for APCM services create an access and affordability barrier, presenting a potential opportunity for congressional action. Second, she highlighted that CMS has historically overestimated utilization of newer care management codes, including APCM, chronic care management, and transitional care management, resulting in funds being allocated but not fully used.

Jay responded that budget neutrality reform and related implementation issues are important areas for developing longer-term solutions.

On the issue of co-pays, he acknowledged that reducing financial barriers could improve patient access, but noted that members of Congress would need to balance this with concerns about waste, fraud, and abuse, and would likely seek appropriate guardrails for any policy changes.

Rebecca Murow-Klein of Meadows Mental Health Policy Institute asked about prospects for advancing the COMPLETE Care Act. She noted that the legislation has received bipartisan support and previously advanced through the Senate Finance Committee. Rebecca asked whether there is a pathway to committee markup, particularly in the context of anticipated end-of-year legislative activity.

Jay responded that the committee is currently focused on its affordability hearing series and other pending priorities. He noted that member engagement in upcoming hearings will help signal whether there is sufficient appetite to devote committee time to this.

Molly Grady of ACH expressed appreciation for the recent increase in community health funding and asked about the committee's appetite for a longer-term reauthorization of the Community Health Center Fund and the National Health Service Corps.

Jay responded that there is broad recognition of the importance of community health centers and general bipartisan support for these programs. However, he noted that the committee is navigating a complex set of competing priorities. He indicated that while longer-term reauthorization is a shared goal, the timing and legislative pathway remain uncertain.

Ann closed the discussion by thanking Jay for his participation. She expressed hope that the upcoming hearing would further highlight the importance of primary care in

addressing health care affordability, as well as the need for sustained investment in primary care teams.

Closing Remarks

In closing, Larry and Tod highlighted an upcoming webinar scheduled for March 31 titled *Addressing the Impact of H.R. 1's Medicaid Changes on Primary Care*. You can click here to watch the recording.