DIGESTIVE HEALTH PHYSICIANS ASSOCIATION®

Promoting Independent GI Practice

Winter 2025

Dear independent GI practice leader,

In our rapidly changing health care landscape, the ability to adapt is critical. Recognizing and responding to threats as well as opportunities is important to ensure that we can continue providing the highest quality care to patients served by our independent GI practices.

Over the past 10 years, our independent GI physician and administrative practice leaders have established strong relationships with the policymakers who represent us and the patients we serve.

Our continued engagement with key federal agencies and officials and the ability to respond rapidly to policy changes has contributed to our organization's remarkable growth.

In 2014, we started out with 11 independent GI practices and 406 physicians. Today, DHPA includes more than 2600 physicians in more than 100 practices in 40 states.

We've become a strong advocate on behalf of independent GI practices, working to promote and protect the care on which millions of our patients depend.

In addition to our advocacy efforts, DHPA also provides a forum for private practice leaders to learn from each other and discuss the business, technology and other components of health care, as well as ways to navigate issues that impact our ability to remain independent.

Over the past few years, we've also focused on educating patients and providers on colon cancer screening, and increasing diversity, equity, and inclusion.

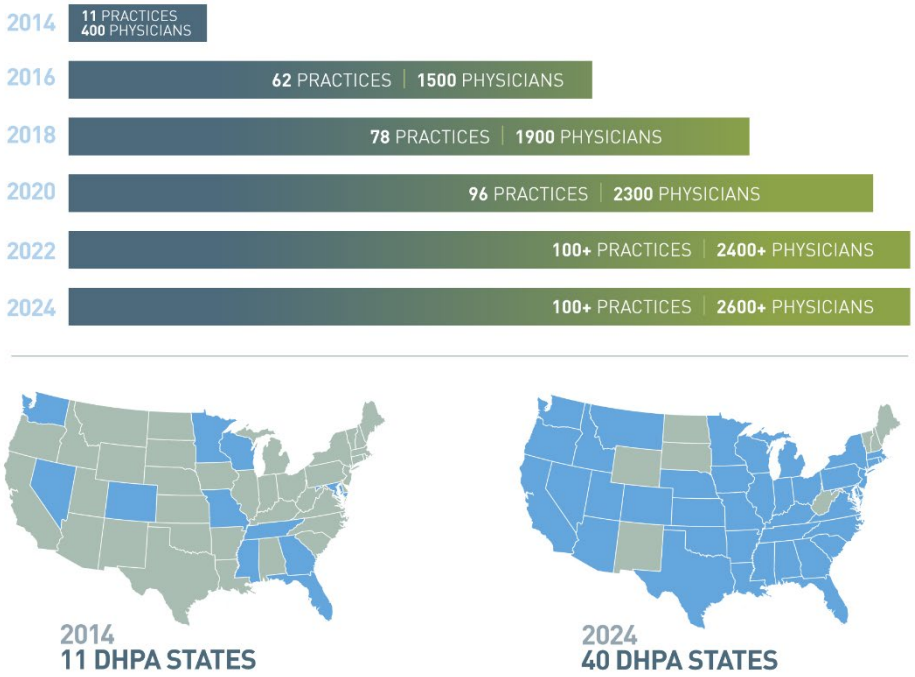
We are actively collaborating with allied organizations and member practice leaders to address disparities in care and strengthen the GI pipeline with the goal of increasing the number of underrepresented minorities and women in health care.

We must work to develop the next generation of private practice leaders who understand the numerous and complex management aspects of independent GI, including business, marketing, health policy and all the other components of running a private practice.

We've accomplished a lot in DHPA's first ten years, but there is much more we can do together. We hope that you will join us in advocating on behalf of our practices and our patients to ensure continued access to the high-quality and cost-efficient medical care provided in the independent GI practice setting.

Dr. Naresh Gunaratnam
DHPA President & Board Chair

Our Growth as the Voice of Independent GI



In addition to having strong relationships with AGA, ACG and ASGE, independent GI practices need to complement the efforts of other national societies by proactively defining and promoting the ways in which we safeguard patient access to affordable, high-quality care.

DHPA is the only state or national advocacy organization focused exclusively on the challenges and opportunities facing independent GI physician practices and the patients we serve.

Since 2014, DHPA has been successfully advocating for policies that promote and protect the high quality, cost-efficient care that is provided to patients in the independent GI practice setting.

DHPA Governance & Physician Leadership

EXECUTIVE COMMITTEE

Naresh Gunaratnam, MD
President & Board Chair
Huron Gastroenterology

Sanjay Sandhir, MD
Vice President
Dayton Gastroenterology

Nadeem Baig, MD
Treasurer
Allied Digestive Health

Jeff Nestler, MD
Secretary
Connecticut GI

Scott Ketover, MD
Immediate Past President
MNGI Digestive Health

Steven Kaptik, MD
Chair, Health Policy
Washington
Gastroenterology

Kyle Etzkorn, MD
Chair, Political Fundraising
Borland Groover

Lisa Mathew, MD
Chair, Communications
South Denver
Gastroenterology

Raja Taunk, MD
Chair, Next Gen Leadership
Anne Arundel
Gastroenterology Associates

Esther Connor, MD
Chair, DEI
MNGI Digestive Health

Pradeep Bekal, MD
At-Large Member
Gastro Health Ohio

Austin Garza, MD
At-Large Member
Associates in
Gastroenterology

Ranvir Singh, MD
At-Large Member
Digestive Care Physicians

BOARD OF DIRECTORS

- One physician leader from each DHPA member practice
- Board members have equal vote regardless of group size
- Two in-person meetings per year
- Regular policy updates throughout the year
- Conference calls at least twice per year
- Brings together independent GI “thought leaders”

Best-in-Class Advisors

Our strategic plan is supported by experienced practitioners of three key components of advocacy – legal, lobbying, and communications

Howard Rubin
Partner
Katten Muchin Rosenman
Legal Counsel

Jeff Mortier
Partner
Farragut Partners
Lead Republican Lobbyist

Trevor Hangor
Senior Vice President
Forbes Tate Partners
Lead Democratic Lobbyist

Andrew Sousa
Partner
Steadfast Communications
Lead Comms Strategist

Strategic Overview

Promote high quality, cost-efficient and integrated care furnished in the independent GI practice setting

TACTICS

- Federal and State legislative and regulatory advocacy
- Grassroots physician outreach and mobilization
- Leveraging member data and research
- Alliance development and thought leadership
- Earned and social media
- Online and digital engagement

KEY MESSAGES

- Patients receive highest quality care in independent GI practice setting
- Independent GI practice model is more cost-efficient than the hospital setting
- The health care system needs independent medicine to succeed
- Independent GI physicians are job creators and caregivers in the community

EXTERNAL AUDIENCES

- Federal lawmakers
- Regulatory agencies
- State lawmakers
- Policy influencers

INTERNAL COMMUNICATIONS

Keep the physicians and administrative leaders in our member practices informed and engaged

Removing Barriers to CRC Screening

- DPHA was a leading voice in advocating for the "Removing Barriers to Colorectal Cancer Screening Act" which became law in 2020
  - Promoted the legislation in more than 600 meetings with members of Congress from 2014-2020 and worked with stakeholders in the patient and physician communities to lobby Congress to waive coinsurance for colorectal cancer screening tests when polyps are removed

- In 2023, DPHA's advocacy was influential in UnitedHealthcare (UHC) withdrawing its misguided prior authorization requirements for colonoscopy and other endoscopic services
  - Interviews with USA Today, Associated Press, Modern Healthcare, and others resulted in overwhelmingly negative press coverage of the prior authorization policy
  - Engaged with Federal policymakers to put pressure on UHC to protect patient access

- In 2023, DPHA's advocacy was influential in Blue Cross Blue Shield of Massachusetts postponing a policy restricting coverage of monitored anesthesia care (MAC) for patients undergoing endoscopic procedures like colonoscopies
  - Developed a grassroots advocacy campaign with physicians, resulting in more than 100 letters to key committee chairs and the leadership of the state legislature
  - Interviews with WBUR, Boston Herald, Boston.com, Fierce Healthcare, and others resulted in overwhelmingly negative press coverage of the prior authorization policy

Stark Law and AKS Victory - Legislative

- DPHA has been a leading voice in modernizing the Stark Law and Anti-Kickback Statute to protect our integrated practices and advance value-based care
  - Led the policy development, secured legislative champions and built bipartisan support for the bicameral “Medicare Care Coordination Improvement Act”
  - Advocated for federal agencies to use their regulatory authority without action by Congress
  - Supported the efforts of DHPA member practices to modernize state self-referral laws

- Protecting the in-office ancillary services exception to the federal Stark law (IOASE)
  - Commissioned a study of Medicare claims utilization that debunked the notion that physicians with anatomic pathology labs in their practices order more tests than those who refer to outside labs
  - Successfully organized a coalition of physician organizations to oppose legislation to repeal IOASE

- A leading voice for the Modernization of Stark and Anti-Kickback Statute for Value Based Care
  - Testified before the House Energy & Commerce Committee in support of the bill
  - Led a coalition of 28 physician organizations to support the bill and subsequent regulatory efforts that modernized the Stark law and the AKS to promote value-based care models

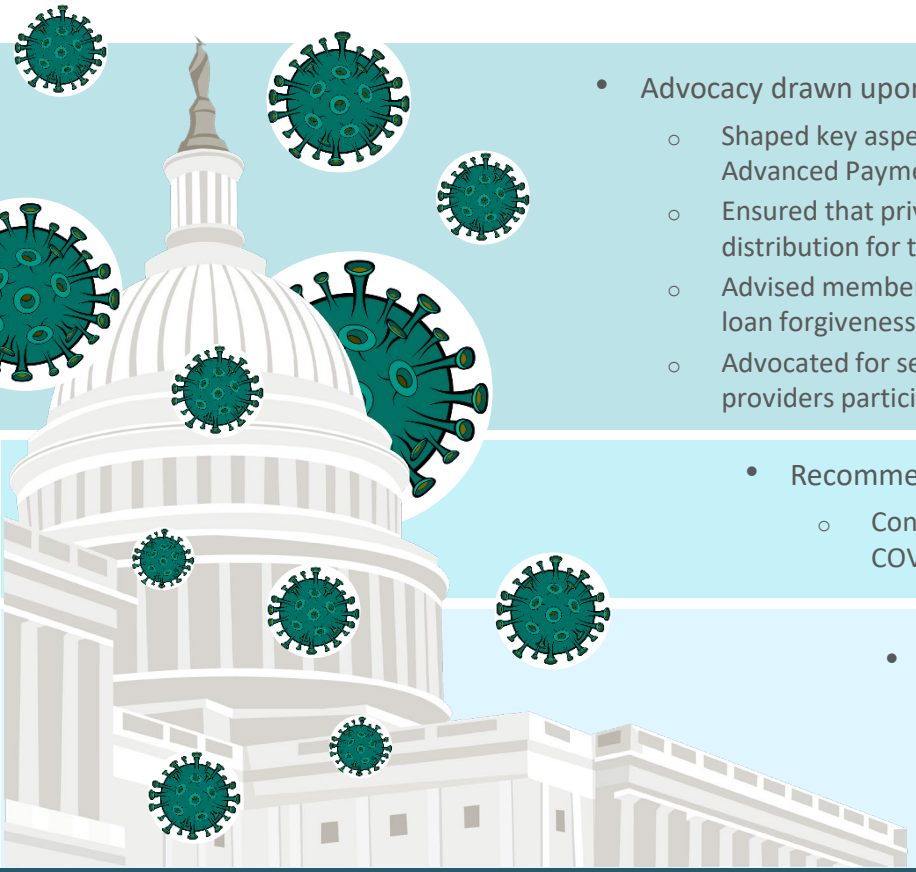
Stark Law and AKS Victory - Regulatory

- DHPA's support of the Medicare Care Coordination Improvement Act laid the foundation for comprehensive regulatory overhaul and modernization of Stark and the Anti-Kickback Statute

- The Stark Law Final Rule established new exceptions to Stark's self-referral prohibitions to protect value-based arrangements (VBAs) for the benefit of Medicare beneficiaries and other patients
- Finalized exceptions provide new flexibility for certain arrangements, such as donations of cybersecurity technology that safeguard the integrity of the healthcare ecosystem
- Gives guidance on how to determine if compensation provided to a physician by another healthcare provider meets the definition of fair market value

- The AKS Final Rule implemented seven new safe harbors, modified four existing safe harbors, and codified a new exception under the Beneficiary Inducements Civil Monetary Penalty Law
    - The safe harbors and exception in large part parallel the new Stark exceptions for the purpose of promoting coordinated, value-based care

2020: Coronavirus Advocacy & Resources



- Advocacy drawn upon relationships built through 600+ meetings since 2014
  - Shaped key aspects of the CARES Act, including expansion of the CMS Accelerated and Advanced Payment Program, which provided the fastest infusion of cash to DHPA practices
  - Ensured that private practices (not just hospitals) were included in the four phases of distribution for the $175 billion Provider Relief Fund.
  - Advised member practices on $369 billion Paycheck Protection Program (PPP) loans and the loan forgiveness process
  - Advocated for sequester relief, which temporarily lifted the 2% reduction in payments for providers participating in the Medicare program

- Recommendations to HHS and CMS during CARES Act implementation
  - Continued engagement with federal agencies on administrative rules applicable to COVID-19 response

- Hundreds of updates for DHPA practices on federal response to COVID:
  - Congressional and State actions
  - CMS, HHS-OIG and HHS-OCR actions on telehealth coverage
  - State and federal guidelines on elective procedures
  - DHPA/AGA joint clinical guidance on reopening endoscopic facilities

State-Level Policy Engagement

HEALTH POLICY ACTION FUND

- More than $300,000 in grants to support engagement by DHPA member practices on key state policy issues, including:
  - Opposed legislative efforts in California, Washington, and New York that would inhibit independent practices from pursuing transactions enabling them to remain a lower-cost competitive alternative to care furnished in the hospital setting
  - Efforts in Connecticut to repeal ASC Tax, which is projected to save ASCs $18 million in FY 2023
  - Efforts to liberalize CON laws in Maryland
  - Efforts in New Jersey to incorporate Stark law exceptions for value-based arrangements into NJ self-referral law
  - Efforts in Massachusetts to enable specialty practices to dispense medication in their offices

STATE PBM ADVOCACY TOOLKIT

- Developed a Toolkit to help DHPA member practices advocate on behalf of their patients for effective regulation of pharmacy benefit managers (PBMs), powerful intermediaries who sit between patients and health plans
- The toolkit seeks to:
  - Provide an overview of the State-level regulators with oversight of PBMs.
  - Identify other stakeholders with an interest in PBM regulation.
  - Provide draft template letters that DHPA member practices and their patients can tailor for use in working to secure legislative and regulatory reforms of the PBM industry at the state level.

STATE HEALTH POLICY TOOLKIT

- Developed a State Health Policy Toolkit, which outlines key components and best practices for effective advocacy at the State level, including:
  - Key government actors shaping health policy at the state level
  - Other stakeholders relevant to state-level health policy
  - The value of multi-specialty advocacy at the state level
  - Structure and governance of a multi-specialty advocacy coalition
  - Financing state-level advocacy
  - Supporting candidates for elected office at the state level
  - Overview of issues impacting independent practices at the state level

2025-2026 Priorities

1. Advocate for Medicare Physician Payment reform, including a long-term fix tying reimbursement to practice cost inflation (Medicare Economic Index) and pursue GI-specific site-neutral payment initiatives (e.g., colonoscopy)

2. Address threats to CRC screening, such as payors limiting access to care, the advent of blood- and stool-based tests, and the *Kennedy v. Braidwood* case in the Supreme Court that threatens coverage of colonoscopy for adults aged 45 to 49

3. Provide leadership on the role of AI in gastroenterology, from a clinical and administrative perspective (including the implications of payors using AI to limit access to care)

4. Share innovative GI clinical and business initiatives, including building additional ancillary services to further patient care (e.g., obesity management and nutrition-related programs)

5. Address the GI physician shortage through policy advocacy and initiatives to educate GI fellows about value of a career in independent GI practice

6. Advocate against payor policies that limit access to care, such as anesthesia reimbursement caps, infusion reimbursement issues, prior authorization and step therapy, using AI to limit access to care

Dues and Political Fundraiser Support

MEMBERSHIP DUES

- Each member practices pays dues on a per physician basis (minimum contribution at the level of five physicians)
- Dues paid on corporate account of the practice (not by individual physicians)
- 2025 dues have been set at $325 per physician (an almost 70% reduction from original dues in 2014)
- Travel-related expenses for semi-annual meetings covered by DHPA (travel for DHPA Board member to in-person Annual Board Meeting typically held in Washington DC, and for Board member + 1 or more additional people [depending on size of practice] to the DHPA Annual Meeting typically held in Chicago or Dallas)

POLITICAL FUNDRAISER CONTRIBUTIONS

- Each DHPA member practice supports one fundraiser for a Member of Congress once every two years with a request for voluntary contributions of $250 from each physician in the practice
- From 2015 through 2024, DHPA has held 38 fundraisers for members of Congressional leadership and U.S. Senators and U.S. Representatives who sit on committees with jurisdiction over health care issues

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