APMA Presidential Update

September 15 – November 10, 2026

To: State Association Presidents and Executive Directors

Colleagues,

Over the past several months, APMA has fundamentally changed how we approach advocacy. We are building relationships, engaging directly with policymakers, working alongside the broader medical community, and making sure podiatric medicine has a voice in decisions that affect our patients and practices.

Our recent efforts opposing Medicare's proposed Modifier 25 payment reductions demonstrate both the progress we are making and the challenges still ahead.

Our advocacy helped move CMS from a proposed 50% payment reduction to a final 20% reduction. That is meaningful progress, but it is not a victory we can accept as the final outcome.

We have more work to do, and we need every state association and every engaged member to help us finish it.

1. Modifier 25: The Fight Is Not Over

CMS has finalized its Calendar Year 2027 Medicare Physician Fee Schedule, including a 20% payment reduction for certain separately identifiable evaluation and management services and procedures furnished on the same day.

The original proposal would have imposed a 50% reduction and applied to procedures with 0-, 10-, and 90-day global periods. Following extensive advocacy, CMS reduced the cut to 20% and limited the policy to 0-day global procedures.

That change matters. It demonstrates that coordinated advocacy can influence federal policy.

But we need to be clear about what remains.

CMS is still imposing a 20% reduction on medically necessary services without adequately demonstrating that the physician work is duplicative.

For podiatric physicians, this is particularly concerning. We routinely evaluate and manage multiple distinct conditions during a single patient encounter. A patient may require an evaluation for one problem while undergoing a medically necessary procedure for an unrelated condition.

These are separate services requiring separate physician work.

Reducing reimbursement simply because those services occur on the same day fails to recognize the realities of clinical practice.

The consequences extend beyond reimbursement. Reduced payments can affect staffing, investments in equipment and technology, the sustainability of independent practices, and ultimately patients' access to timely care.

APMA Has Been at the Table

Our advocacy has been extensive and coordinated.

APMA has engaged directly with CMS, the Office of Management and Budget, congressional leaders, and the Administration. We have worked alongside the Same Day Care Coalition, representing more than 30 physician, health-care, and patient organizations.

Seventy-nine members of Congress raised concerns about the proposal.

On November 5, I joined APMA advocacy staff and representatives of other medical specialties in discussions with GOP Doc Caucus staff regarding year-end legislative priorities. They confirmed that preventing the Modifier 25 reduction remains a priority.

APMA also joined more than 25 organizations in a national coalition statement responding to the final rule.

We are not fighting this battle alone. We are working alongside the broader house of medicine, and podiatry has an important seat at that table.

The Next Step Is Congress

The new policy is scheduled to take effect January 1, 2027.

Our immediate priority is to work with Congress and coalition partners to prevent implementation through available legislative or administrative action.

We are pursuing solutions that protect appropriate reimbursement for separately identifiable services while allowing Medicare to address genuine coding errors or duplicative work through evidence-based processes.

This is where our state associations and members become essential.

What We Need From You

I am asking every state association to help mobilize its members.

First, contact your members of Congress. Explain how this policy will affect your practice and your patients. Encourage your members to do the same.

Second, help us document the real-world impact. We need specific examples of how the reduction could influence staffing decisions, practice expansion, investments in equipment, patient scheduling, or access to care.

If your practice has estimated the financial impact, please share that information with APMA. Real-world data and physician experiences will strengthen our case with Congress.

Third, engage your patients. Patients should understand that reimbursement policies can affect their access to timely, convenient care.

APMA has developed advocacy alerts and a patient handout to make participation easier.

Visit www.apma.org/modifier25advocacy to take action.

We have already demonstrated that our collective voice can make a difference. Now we need to build on that momentum.

A reduction from 50% to 20% is progress. Our goal remains to prevent an unjustified cut from taking effect.

This is why APMA exists. This is why advocacy matters. And this is why strong partnerships between APMA and our state associations are essential.

Patrick A. DeHeer, DPM
President, American Podiatric Medical Association