



So

What









Surge in medical liability premiums increases reaches fourth year

Apr 19, 2023 | 3 Min Read

Fifteen states reported double-digit percentage increases in premiums in 2022, up from 12 in 2021. As in 2021, Illinois leads the latest list of states with the largest proportion (63.6%) of premiums that increased 10% or more, followed by New Mexico (33.3%), Oregon (26.7%), Kansas (20%), South Dakota (20%), Kentucky (20%), Massachusetts (16.7%), Montana (16.7%), Missouri (14.8%), South Carolina (11.1%), West Virginia (6.7%), Maine (6.7%), Virginia (6.4%), Nevada (5.6%), and Georgia (4.8%). The size of the largest premium increase in these states ranged from 10% in Maine and Montana to 40.9% in Kansas.



4 Investigates: Doctors warn malpractice changes could drive providers out of New Mexico

Matt Grubs | KOB

February 10, 2023 - 11:18 PM

"There's no insurer in the country that will provide insurance for us or for any independently owned outpatient care facility," said Dr. Adams.





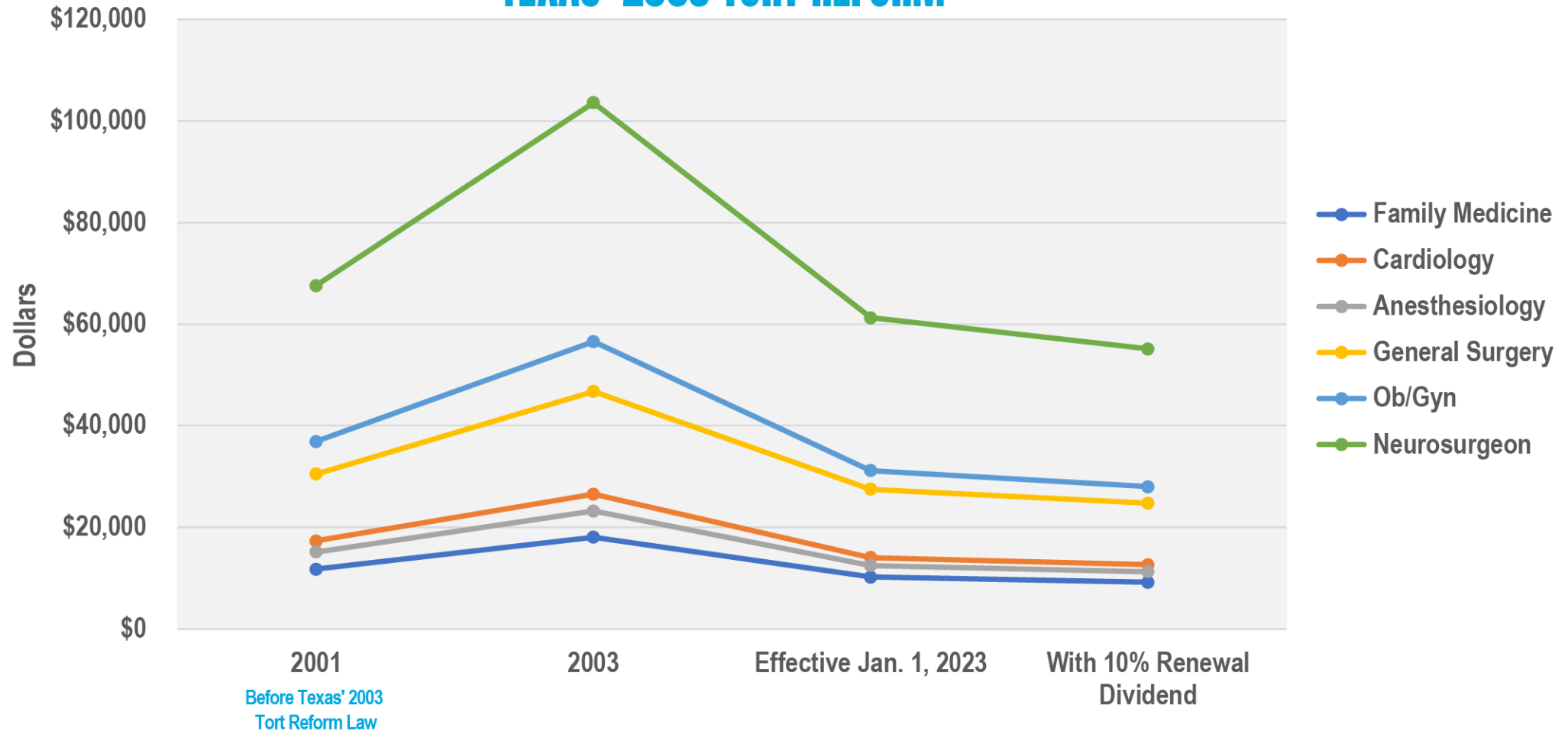
Texas' Monumental 2003 Law

51% - 49%

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THE IMPORTANCE OF ADVOCACY | PATIENT ACCESS TO CARE

TEXAS' 2003 TORT REFORM



Source: TMLT. Rates based on \$500,000/\$1 million mature claims policy.







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TOA'S **100%**
MEMBERSHIP CHAMPIONS



Daily Times

BIG NEWS!

"This is a big deal."

Daily Times

BIG NEWS!

"This is a big deal."

"This is a big deal."

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It was announced today that there would be an increase in the overall amount of interest paid to participants in the employee savings plan of one of the nation's largest employers, AAB Corporation of New York.

"This is great news," said a source close to the management team of AAB. "We were really pleased to be able to pass along this profit sharing to the people responsible for the growth."

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Daily Times

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Washington, DC

10.1.25 – 12.31.25

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New & Updated CMS Models

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D. E. 1

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A. E. 1

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Washington, DC

CMS Proposed Rules

DUYỆT VÀ CHẤM Duyệt

- Giám sát và đánh giá

HỢP TÁC VÀ CHẤM Duyệt

- Giám sát và đánh giá

DUYỆT VÀ CHẤM Duyệt

- Giám sát và đánh giá

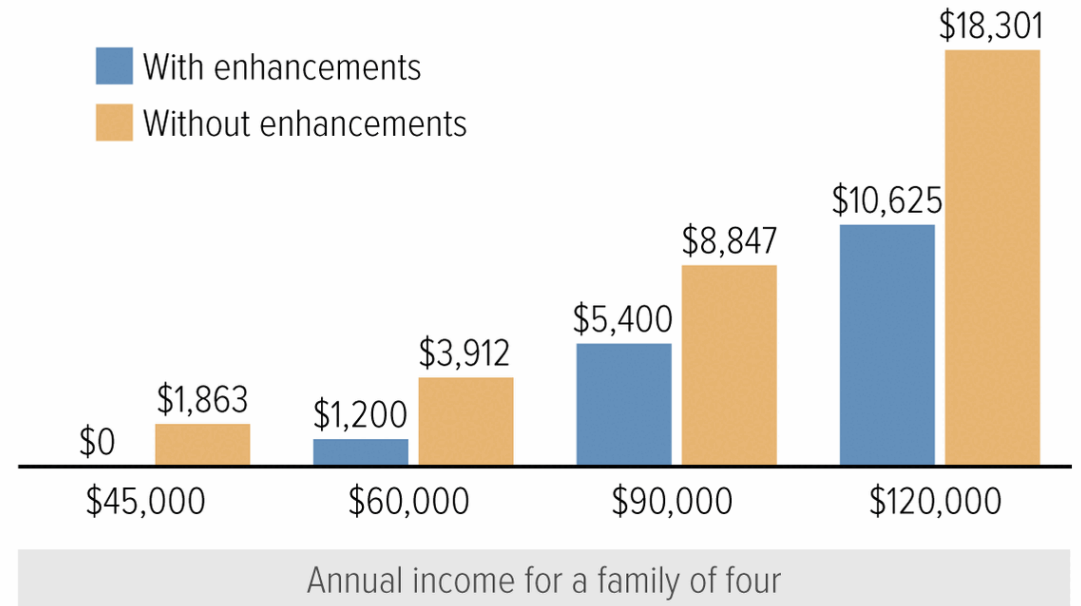


ACA insurers plan biggest rate hikes in eight years



Families Would Face High Premium Increases if Tax Credit Enhancements Expire

Annual premium for benchmark marketplace coverage for a family of four, based on national average premium



Note: The example family includes two 40-year-old adults, a 10-year-old child, and a 5-year-old child. Premium costs differ for states with different poverty level standards than the national standard (Alaska and Hawaii) and in some cases differ for states that provide additional financial help beyond the federal subsidy.

Source: CBPP calculations




**ONE BIG
BEAUTIFUL
BILL ACT**

Bloomberg

Next Trump Budget Bill Begins Taking Shape in US House

Medicare

Physician Payments

Medicare Physician Payments

- Medicare

Medicare Physician Payments

- Medicare
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Medicare

- Medicare
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- Medicare



The New York Times

An Attack on the Medical Establishment Buried in an 1,800- Page Regulation

If approved, a new rule could end the entrenched pay advantages for specialists like surgeons over other doctors.

Dr. Adam Bruggeman, a spine surgeon in San Antonio who leads the council on advocacy for the American Academy of Orthopaedic Surgeons, said he was sympathetic to arguments that the current system may be paying for some medical procedures inaccurately. But he said the proposal — which would cut payments for all procedures next year — was too crude a solution to that problem. He described the “efficiency” changes as “taking an ax to the whole thing.”

Physician Fee Schedule

PATIENT ACCESS

Facility PE RVU Allocation

- "We will reduce the portion of the facility PE RVUs allocated based on work RVUs to half the amount allocated to nonfacility PE RVUs beginning in CY 2026."

Medicare Payment Cuts

- Medicare payment cuts will impact the ability to maintain current levels of patient care.

Physician Workforce

- The physician workforce is projected to decline significantly over the next decade.

Medicare payment cuts, combined with other payment cuts, represent a significant barrier to patient access. These cuts make it difficult to attract and retain extraordinary staff and are required to operate a practice.

and it is critical for Medicare patients that physicians have the ability to see Medicare patients.

3 Straight Years of Physician Medicare Payment Cuts





Medicare targets site neutrality, price transparency in hospital outpatient rule

The proposed rule would send an additional \$8 billion to hospitals next year, but includes a number of other policies hospital groups have criticized.

Published July 16, 2025

Congressman Michael Burgess

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End ObamaCare's Ban on Physician-Owned Hospitals

A little-known Affordable Care Act provision stifles competition and drives Medicare costs up.

By James Lankford and Brian J. Miller

Feb. 20, 2023 6:09 pm ET

Providers Health Tech Payers Regulatory Finance Special Reports Fierce 50

PAYERS

Experts push to remove barrier to physician-owned hospitals

By Frank Diamond · Feb 28, 2023 05:05pm

Physician-Owned Hospitals doctors American Medical Association U.S. Federal Trade Commission

Restrictions on physician-owned hospitals hinder quality care

By Jesse M. Ehrenfeld, MD, MPH, President

OPINION BLOG

OPINIONS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

Time for action to reform our health care system

By [Name], OPINION CONTRIBUTOR - 02/28/23 4:45 PM ET

SHARE

VITALS

Government antitrust officials consider letting physician-owned hospitals expand

By John Wilkerson Feb. 27, 2023

Exclusive Content

Letting a comeback for physician-owned hospitals

Goldman, author of [Axios Vitals](#) 2023

Is the Tide Changing?

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TEXAS
ORTHOPAEDIC
ASSOCIATION

Established 1936

8,976





Insurance Issues

2025 Texas Legislature

WHO TRULY PRIORITIZES A PATIENT'S WELL-BEING?

YOUR ORTHOPAEDIC SURGEON?



YOUR HEALTH INSURANCE PLAN?



The patient-physician relationship is the cornerstone of health care and is based on empathy, expertise and a mutual commitment to health outcomes.





Health

Health care prices are unsustainably high and rising, which are causing individuals to skip needed care, while also harming business growth and opportunities for employers.

Problems in the Market

- #1 The Texas small group market has unique challenges** with few competitors, less flexibility, & higher family premiums & cost sharing. The result is small employers are dropping coverage or moving away from fully insured group coverage.
- #2 Employers want more flexibility not allowed by state mandates and regulations.** State mandates restrict insurance innovation with limits on shopping incentives and transparency tools plus prohibitions on value-based payment models—like direct and advanced primary care that focus on patient outcomes.
 - Texas employers are shifting to self-funded coverage alternatives to avoid state regulation. 77% of Texas employers want the Legislature to give them more flexibility to contain costs and offer innovative benefits.
- #3 Low income working Texans** with incomes too high to qualify for Medicaid & too low to qualify for subsidized individual coverage face challenges. Additionally, a substantial number of Texans are eligible for programs but unenrolled.
- #4 Prices are at the root of the problem:** Increasing hospital, physician and drug price account for 77% of increased spending, driven by private equity and hospital consolidated hospital systems. Note health insurer profits & admin are capped.

THE HARMS OF HEALTH CARE CONSOLIDATION

Both the Biden and Trump administrations indicated that competition in each health care market is critical for patients, physicians, hospitals and ASCs.



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Established 1936

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2025 Texas Legislature

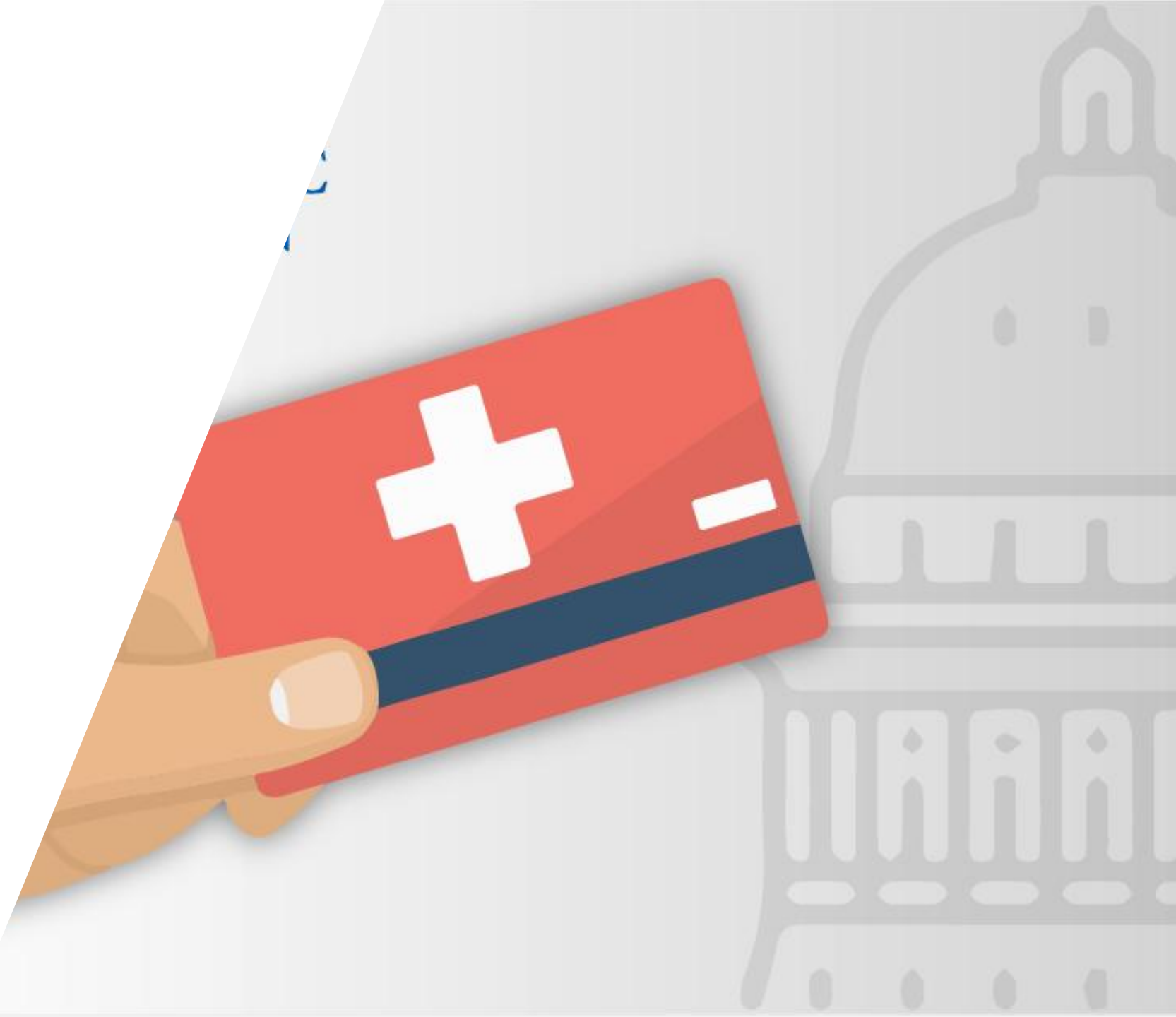
Health Plans' Priorities – Part 1



✓ **Health Plan Priorities**
Health Plan

✓ **Health Plan Priorities**
Health Plan

■ **Health Plan Priorities**
Health Plan



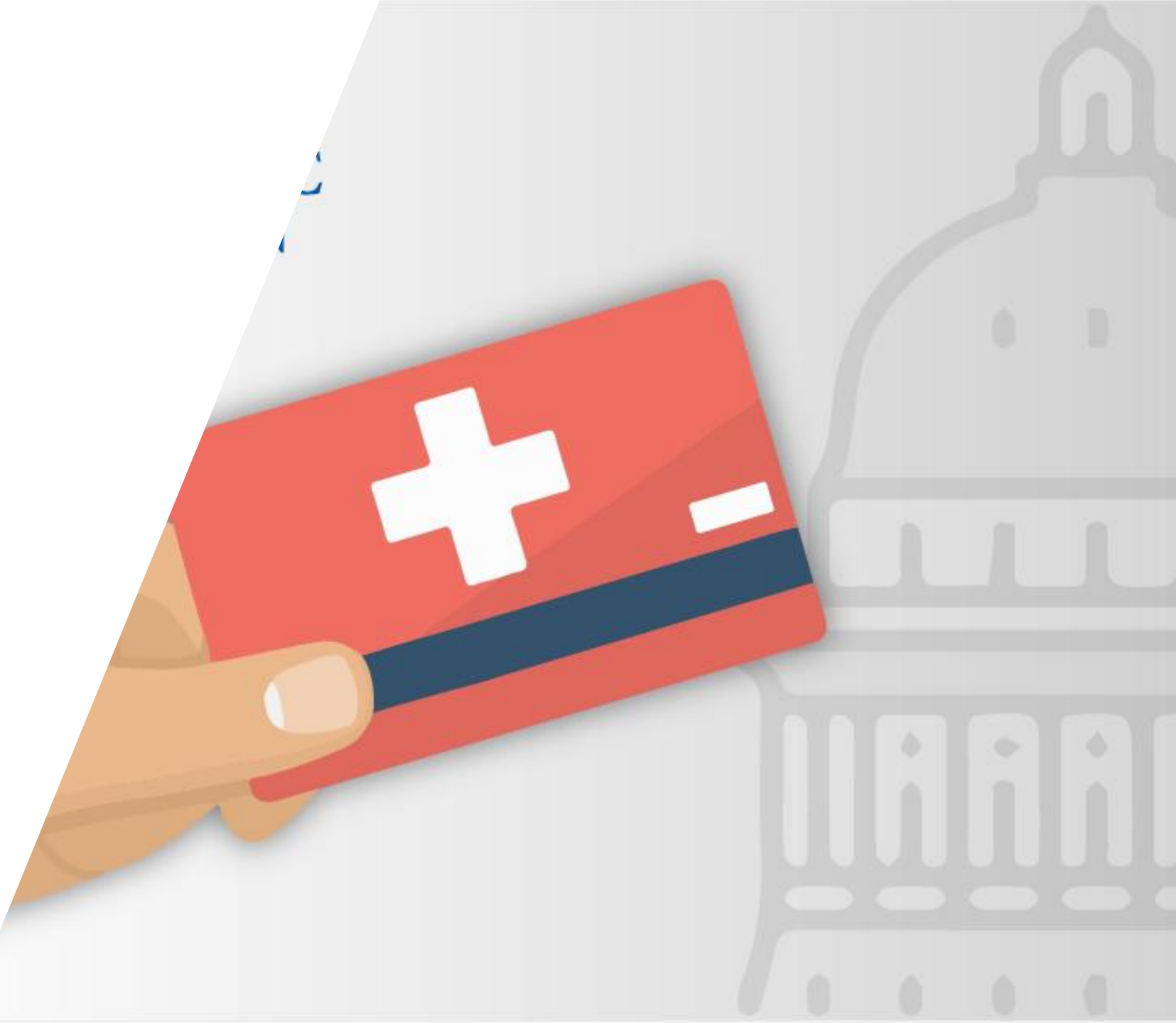
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Health Plans' Priorities – Part 2



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2025 Texas Legislature

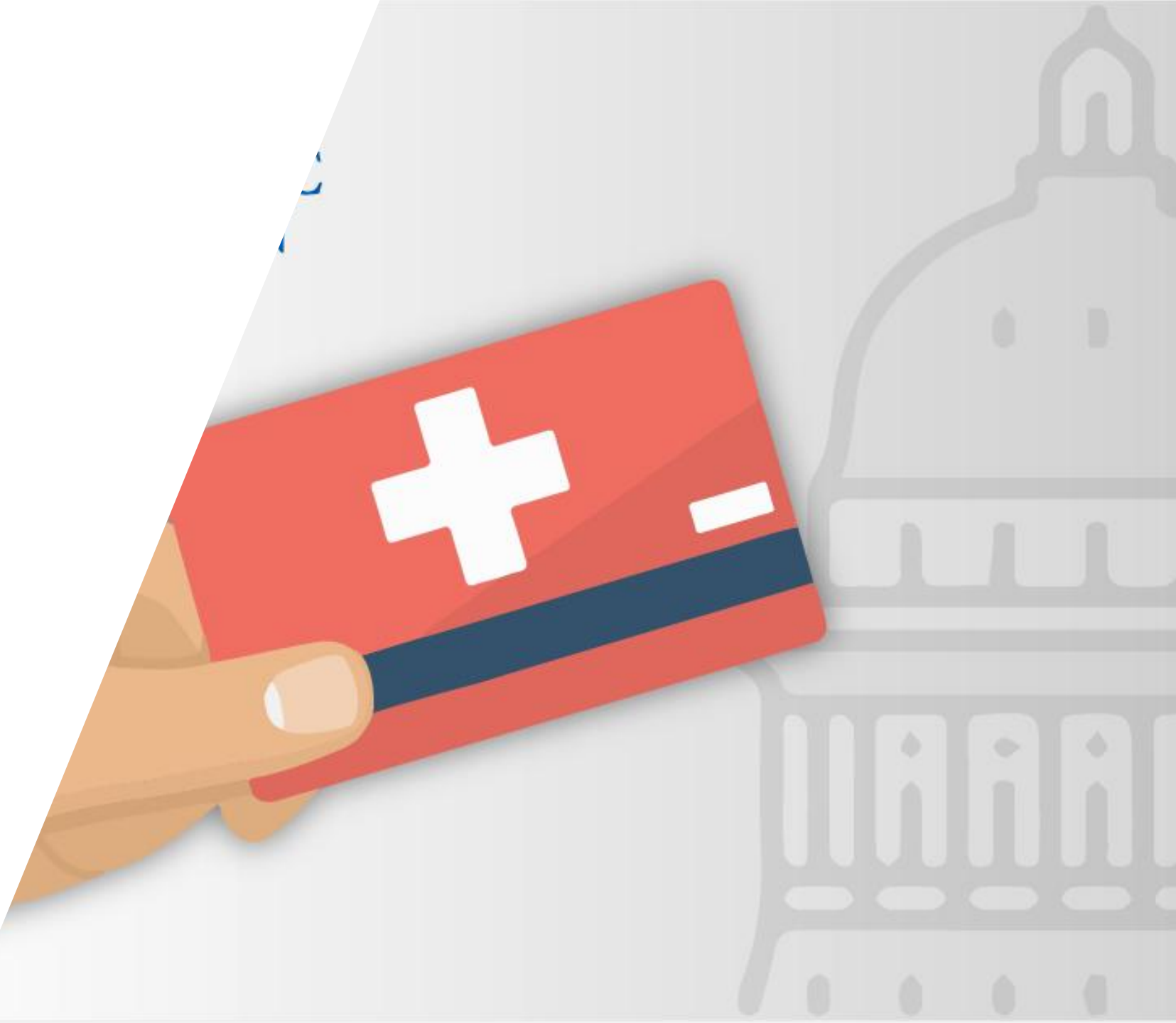
Health Plans' Priorities – 2023

Autism Insurance

SB 1000 / PA 0000000000 / H

Health Care

SB 1000 / PA



2025 Texas Legislature

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జనవరి 2024 / మార్చి 2024



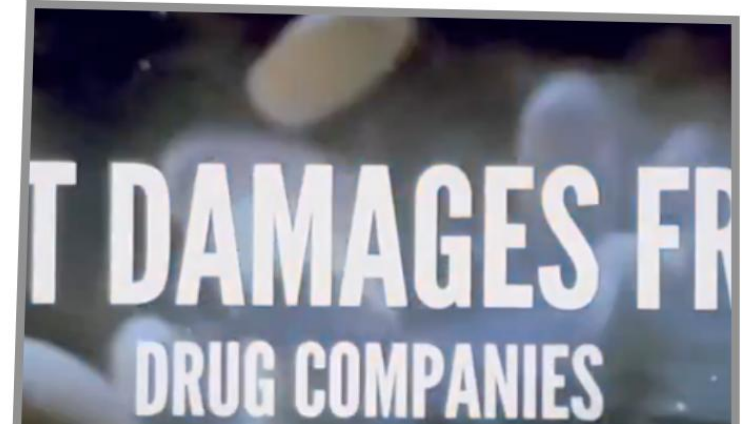
TEXAS LEGISLATURE 2025

Effort to curb personal injury lawsuit payouts dies in the Texas Legislature

The goal of the bill, according to the author, was to curb “nuclear verdicts” — ones that award victims \$10 million or more.

BY SAMEEA KAMAL JUNE 1, 2025 UPDATED: 6 PM CENTRAL

SHARE REPUBLISH ↗



2025 Texas Legislature

Private Equity

■ **အသစ်ဖွဲ့စည်းမှုများကို နှစ်စဉ် ပံ့ပိုးမှုပေးရန်**
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■ **ပိုင်ဆိုင်မှုများကို နှစ်စဉ် ပံ့ပိုးမှုပေးရန်**
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Physician Issues

2025 Texas Legislature

2025 Texas Legislature

Physician Issues

✓ **HB 1001**
Physician Workforce

✓ **HB 1002**
Physician Workforce

✓ **HB 1003**
Physician Workforce

■ **HB 1004**
Physician Workforce

Healing Art
n Act

ONLY AN MD/DO
PHYSICIAN IN THE

NURSE PRACTITIONER

PODIATRIST

PHYSICIAN ASSISTANT

ACUPUNCTURIST

PHYSICIAN ASSOCIATION



IN?

TERAPIST

PRACTOR



NON-
COMPETE



2025 Texas Legislature

Private Equity

■ **အသစ်ဖွဲ့စည်းမှုများကို နှစ်စဉ် ပံ့ပိုးမှုပေးရန်**
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အစီအစဉ်



To solve for doctor shortages, states ease licensing for foreign-trained physicians

MARCH 3, 2025 · 6:00 AM ET

FROM **KFF** HealthNews

By Arielle Zionts



Texas Funeral Service Commission

March 14, 2025

Notice of Compliance Requirement

From: Texas Funeral Service Commission

Subject: Immediate Compliance Required for All Non-Anatomical Donation Organizations (NADOs) and Willed Body Participants under Texas State Law

To: All NADOs Operating in Texas and Willed Body Program Participants

This notice is issued under the authority of the Texas Funeral Service Commission (TFSC) as a mandatory directive requiring all Non-Transplant Anatomical Donation Organizations (NADOs) that operate within the State of Texas and Willed Body Programs to adhere strictly to state laws and regulations governing their operations. NADOs and Willed Body Programs are urgently

Scope

2025 Texas Legislature

An Orthopaedic Surgeon Physician | MD/DO

- 4 years of medical school. (MD/DO)
- 5-year orthopaedic residency.
- 1-year fellowship completed by most foot/ankle orthopaedic surgeons.

A Podiatrist Not a Physician | DPM

- 4 years of podiatry school. (DPM)
- 3-year podiatric residency. (Recently became a uniform requirement.)

A Podiatrist Is **Not a Physician**

A Podiatrist Is **Not an Orthopaedic Surgeon**

Under Texas law, only an MD or DO is a physician. A physician practices medicine, which is defined by the Medical Practice Act.

A podiatrist (DPM) is not a physician. Instead, the Medical Practice Act features a very narrow carve out for podiatrists, which allows podiatrists to perform services within their scope of practice, the foot.





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Established 1936



2025 Texas Legislature

APRN & Independent Practice

Independent Practice

- APRN can own and operate a solo practice
- APRN can own and operate a multi-practitioner practice
- APRN can own and operate a practice with other healthcare providers

Employment

- APRN can be employed by a healthcare organization
- APRN can be employed by a government agency



2025 Texas Legislature

“Stealth Scope”

■ **ఆంధ్రప్రదేశ్ లోని కేంద్ర ప్రభుత్వం**
పాఠశాల విద్య





ONLY AN **MD/DO** IS A PHYSICIAN IN TEXAS

WHAT IS A **DOCTOR**?

WHAT IS A **PHYSICIAN**?

PHYSICAL THERAPIST

CHIROPRACTOR

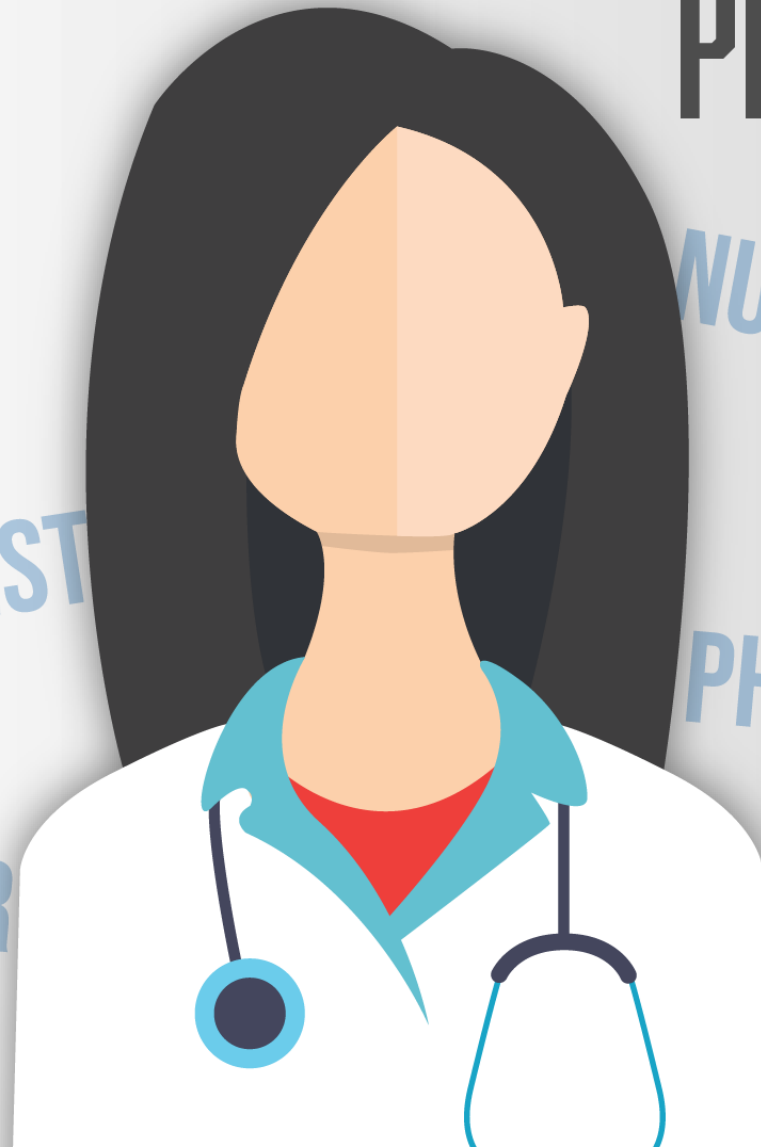
NURSE PRACTITIONER

PODIATRIST

PHYSICIAN ASSISTANT

ACUPUNCTURIST

PHYSICIAN ASSOCIATE



Facilities

2025 Texas Legislature



Texas: Don't Dismantle Outpatient Hospital Care

FACILITY FEES ARE THE HOSPITAL PAYMENT.

THEY ENSURE PATIENT HEALTH & ACCESS TO CARE.

Hospital outpatient payments (so-called "facility fees") are a critical part of paying for a patient's overall care. They keep outpatient clinics open and available to Texans as a lower-cost, convenient option for health care.



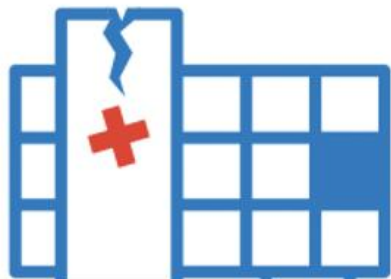
PROFESSIONAL FEE Pays for the Doctor

Mammograms. Biopsies. ENT Procedures. Lab Work. Colonoscopies. X-Rays. All of those outpatient services – and many others – are offered in outpatient clinics run by Texas hospitals. These outpatient services are at risk of going away under a bill that would eliminate Texas hospitals' ability to collect facility fees.



FACILITY FEE Pays for Everything Else

Dismantling hospital outpatient payments would dismantle access to care across Texas – particularly for low-income residents, underserved populations, seniors and people in rural communities who rely on outpatient care.



**69% OF TEXAS HOSPITALS
WOULD CLOSE
OUTPATIENT CLINICS IF
THEIR PAYMENTS WERE**



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