AfPA's National Policy & Advocacy Summit

AfPA | Alliance for Patient Access

November 2025

Overview

AfPA's 10th annual National Policy & Advocacy Summit brought together clinicians, patients, advocates, policymakers and other health care stakeholders in Washington, DC on October 1, 2025.

Throughout the day, speakers and panelists explored how advocacy can inform patient-centered policies that protect access, reinforce the clinician-patient relationship and reduce barriers to treatment.

This year's summit highlighted:

- The evolution of health care access and innovation.
- How policy decisions influence value, quality and outcomes for patients.
- Systemic challenges that affect clinicians' ability to deliver patient-centered care.
- Opportunities to strengthen advocacy and advance policies that prioritize patients.

> "Our work is motivated by the recognition that policy impacts people's everyday lives."
>
> **Josie Cooper**
> Executive Director,
> Alliance for Patient Access

Josie Cooper, executive director of the *Alliance for Patient Access,* opened the summit by reflecting on both the organization's growth and the challenging policy environment that advocates face today. She also spotlighted the need for continued engagement to protect and expand patient access.

"For nearly 20 years, AfPA and this community of advocates—patients, clinicians, caregivers and other stakeholders—have worked together to advance reforms that prioritize patient-centered care," Cooper said.

In recognition of the the summit's 10th anniversary, Cooper emphasized the continued importance of AfPA's mission: to bring patients, clinicians and advocates together to shape a health care system that reflects the needs and experiences of those it serves.

Biologics 2.0

Shaping the Future of Access and Innovation

Chad Pettit, Amgen

Chad Pettit highlighted the strength and maturity of the biosimilars market, noting that more than 70 biosimilar products have been approved by the FDA. With savings to the U.S. health care system projected to reach $180 billion by 2027, he said, competition is lowering costs and expanding patient access.

Pettit did caution that future success depends on maintaining FDA's authority and creating policies that encourage continued investment. "We need to think about the future," he said. "The policy that is established now is going to drive investment and drive biosimilars into the future."

Phil Schneider,
Alliance for Safe Biologic Medicines

Phil Schneider discussed how interchangeability has built trust and improved access to biologic treatments. He warned that efforts to alter biosimilar classifications could undermine confidence among patients and clinicians, emphasizing that biosimilar regulation must continue to be guided by science, not cost.

"It should be effective, safe and make the most responsible use of limited resources," he said.

Schneider urged policymakers to preserve the FDA's scientific authority and to maintain a healthy and stable supply chain.

Colby Tiner,
American College of Rheumatology

Colby Tiner shared how biosimilars have transformed care for rheumatology patients. He said the evidence is clear that biosimilars perform as well as their reference products and have led to expanded access to care for people living with chronic diseases.

"Biosimilars allow more patients to access treatment earlier, enabling them to achieve better outcomes," he said. Tiner emphasized that keeping biosimilars a feasible option for providers requires policies that support their use and ensure clinicians can continue offering patients a full range of treatments.

He also encouraged lawmakers and regulators to make this issue a priority, saying that ongoing education and engagement are essential to sustaining access and confidence in these medicines.

This panel was moderated by **Gavin Clingham,** director of public policy for the *Alliance for Patient Access.*

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The Middleman Effect

How Hidden Players Drive Patient Costs

Melissa Horn,

Arthritis Foundation

Melissa Horn provided insight on the copay diversion challenges patients face, such as accumulator adjustment and maximizer programs, and how pharmacy benefit managers, or PBMs, play a role. Horn also highlighted how a lack of transparency makes it difficult for patients to navigate insurance and PBM practices. “From the patient’s experience, it’s scary enough to receive a diagnosis and the last thing you want to do is spend time on the phone with your insurance company trying to figure out your cost-sharing responsibility,” said Horn.

On the topic of the 340B drug pricing program, Horn emphasized the patient perspective. “The revenue hospitals gain isn’t always going back to patients,” she explained, noting that the program can sometimes inadvertently increase costs for patients.

Todd Mahr, MD,

American College of Allergy Asthma and Immunology

Todd Mahr, MD, highlighted the impact of PBMs from a clinician perspective. Dr. Mahr shared personal anecdotes on how PBMs have caused frustration among his patients, who must try several medications and “fail” them before insurance covers the clinician-prescribed medications. “I didn’t go into medicine to deal with this creepy middleman,” Dr. Mahr said.

Dr. Mahr also commented on the decrease in private practices in the allergy community due to consolidation in part driven by the 340B drug pricing program. “In 2018, about 55% to 60% of allergists would list themselves as private practice,” said Dr. Mahr. “These past two years, it has dropped to 30% to 33%.”

Kathy Oubre,

Coalition of Hematology and Oncology Practices

Kathy Oubre explained that, while PBMs were originally intended to help insurers manage claims, they now drive a wedge between the payer and the patient and clinician. Oubre shared the story of a family’s losing battle to get their mother’s breast cancer medication, which led to the fight for PBM reform. “Patients are at the center of these harms,” said Oubre. On the topic of state PBM legislation she said, “We’re hopeful and we’re not taking our foot off the gas.”

Oubre also highlighted the unintended consequences of the 340B drug pricing program. “It is not serving patients the way it’s supposed to, so we need reform,” she said. Oubre emphasized the need for more transparency and accountability in the program.

This panel was moderated by **Casey McPherson,** director of clinician advocacy for the *Alliance for Patient Access*.

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Health Care Value

Aligning Patients, Clinicians & Policy

Donna Cryer,

Global Liver Institute

Donna Cryer shared a patient's view of what defines value in health care. She explained that value extends beyond cost to include how well a treatment works, how it improves daily life and how accessible it is for patients.

"The value of medication is how effective it is," she said, "and how much of the problem it solves." Cryer called for greater continuity of care, noting the harm caused when insurers deny or delay access to treatments that have kept patients stable.

She urged policymakers to consider the human cost of these disruptions in future decisions.

Derek Flowers,

Value of Care Coalition

Derek Flowers underscored the need for patients and clinicians to have a stronger voice in shaping health policy, particularly with new state boards considering pricing decisions. Prescription drug affordability boards are becoming more common as states look for ways to control medication costs.

He noted that cost-focused approaches often overlook the realities of patient care and the importance of clinical judgment. "There are no voting patient representatives on these prescription drug affordability boards, or PDABs," he said. "And if they exist, they have no decision-making power."

Flowers urged policymakers to prioritize health outcomes and lived experiences when defining value, warning that excluding those perspectives leads to policies that fail the people they are meant to serve.

Wayne Ho, MD,

USC Keck School of Medicine

Dr. Wayne Ho discussed the clinician's role in defining and delivering value. He said that for clinicians, effective care must also be affordable and accessible to the patients who need it most.

"If I have a full-proof treatment, but my patients can't afford it, there's no value," he said.

Ho described how administrative barriers and utilization management strain both clinicians and patients, reducing the quality of care and delaying treatment. He called for a more balanced system that empowers clinicians to use the best tools available for each individual patient.

This panel was moderated by **David Charles, MD,** co-founder and chief medical officer of the *Alliance for Patient Access.*

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Spotlight

Focus on Access

Jennifer Snow, Apteka

Jennifer Snow discussed topics that are highlighted in the recent release of AfPA issue briefs on Medicare Part B negotiations, Most Favored Nations drug pricing model and the value of stability in prescription medicines. Snow explained that the next round of negotiations under the Inflation Reduction Act may unintentionally restrict access to vital medications for Medicare patients. She also discussed how the Most Favored Nations model is a band aid on a larger issue, and could undermine affordability for life-saving treatments.

"It's important for us to discuss these unintended consequences now before they happen, so we can hopefully patch things up," said Snow.

Snow also highlighted how spending on prescription drugs decreases health care costs in the long run for management of chronic conditions.

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From Barriers to Breakthroughs

Addressing Policies That Fail Patients

Rajani Aatre, LCGC,

University of Michigan

Rajani Aatre described the challenges of integrating genetics into everyday medicine. She explained that genetic testing and counseling are critical tools for identifying disease risk early, but they are often excluded from coverage. "Genetic counseling should be a part of care, not an afterthought," she said.

Aatre explained that genetic information can guide both prevention and treatment, but limited insurance reimbursement restricts access for many patients. She called for policy reforms that formally recognize genetic counselors as providers within Medicare and ensure coverage for testing that can improve outcomes and reduce long-term costs.

Darlene Dunay, DO,

Family Medicine Physician

Dr. Darlene Dunay shared how the realities of practicing in a rural community reveal deep gaps in access. As one of the few clinicians in her area, she said primary care physicians juggle medical, social and administrative roles to keep patients healthy.

"Primary care is not being filled in the United States because physicians cannot afford to be primary care physicians," she said. Dunay described the burden of navigating multiple insurers and uncompensated care, calling on policymakers to streamline prior authorization, strengthen reimbursement and invest in the primary care workforce.

Ozzie Giglio,

Patient Advocate

Ozzie Giglio recounted his journey with a rare disease called amyloidosis, reflecting on how early diagnosis and access to innovative therapies changed his life.

"I was graced with a tremendous opportunity to receive a diagnosis and care, but most people aren't," he said. Giglio underscored the need for greater awareness among clinicians and improved diagnostic tools particularly for rare diseases.

He also called for policy support that fosters research and innovation, including the use of artificial intelligence to help doctors in rural or resource-limited settings identify complex diseases sooner.

This panel was moderated by **Olivia Perry,** coalition director for the *Alliance for Patient Access*.

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Spotlight

AfPA: Looking Back, Moving Forward

Nearly 20 years after founding the Alliance for Patient Access, David Charles, MD, and Brian Kennedy reflected on how the organization began and how it continues to evolve. Dr. Charles recalled noticing early in his policy career that clinicians struggled to communicate with lawmakers effectively. "One of the main goals of AfPA is to train clinicians to be better advocates," he said. By equipping clinicians with the tools to engage in policy, AfPA has helped transform frustration into action. "Moving from 'there's nothing we can do' to 'there is something we can do, and we can advocate for it,' is incredibly rewarding," Dr. Charles added.

Kennedy described how AfPA grew from a handful of workshops into a national and now global network of advocates. "To see the progress that AfPA has made in almost 20 years by informing policy discussions is a testament to the work that so many have done," he said.

He reflected on how patient access debates have shifted from narrow policy fights to a broader recognition of value, prevention and comprehensive care.

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> **Brian Kennedy,**
> AfPA Co-founder

Both speakers shared optimism about the future. Dr. Charles noted that the organization's advocacy has produced tangible policy change, improving care for patients in long-term care facilities and beyond. Kennedy said the growing network of clinicians and advocates continues to expand AfPA's reach. "AfPA is in the right place at the right time to drive policy that informs this discussion," he said.

This discussion was moderated by **Josie Cooper,** executive director of the *Alliance for Patient Access.*

To learn more about topics discussed at the summit and the Alliance for Patient Access' policy priorities and advocacy initiatives, visit **AllianceforPatientAccess.org**.

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ABOUT THE ALLIANCE FOR PATIENT ACCESS

The Alliance for Patient Access is a national network of policy-minded health care clinicians advocating for patient-centered care.

AllianceforPatientAccess.org