

HEARTBEAT

THE BIMONTHLY NEWSLETTER OF THE ALASKA STATE MEDICAL ASSOCIATION

December 2025

PRESIDENT'S COLUMN

As the year comes to an end, I would like to thank every one who renewed their ASMA membership. With the help of some very dedicated members who were able to get us grants and the physicians who made extra financial contributions to ASMA, along with those who renewed their membership already, we are able to

continue ASMA into 2026.



Rhene Merkouris,

Membership in a professional association such as ASMA offers a wide range of advantages. As a member it is often more

than just paying fees. It is about gaining access to resources, connections, networking and opportunities that enrich both personal and professional life.

As we enter the 2026 state of Alaska legislative year, we expect a political arena as fractious as the federal level. We will continue evaluating, informing our members, and responding to legislation and changes that will affect physicians' ability to practice in the state.

Though the legislature may appear focused on oil and gas issues, there are many healthcare bills left from last session. Some of these have direct impact on your practice of medicine:

Upcoming Legislative Session

The next legislative session will run January 21 through May 15, 2026. This is Governor Dunleavy's final legislative session.

We expect much of the session will be consumed by budget concerns. There is also an executive order to reduce regulatory burden. Additionally, there are hard feelings from the governor toward all legislators who voted to override his veto of the additional education funding. It should be an interesting session.

We expect the naturopath bill to get more traction than it did last session. The current version of HB 147 would allow a naturopath to apply for a temporary endorsement that would allow the naturopath to prescribe medications for one year under the supervision of a physician. After one year, the physician would either support or oppose the naturopath being granted unlimited prescribing authority. We will need physicians to let ASMA know if you are willing to testify or write a letter in support of or opposition to this bill. The naturopathic community has many resources, both financial and testimonial. They state a compelling, if not always accurate, story of why they should be allowed to prescribe medications.

Other bills include pharmacists seeking authority to test and treat based on CLIA-waived tests and for "routine and generally self-limiting conditions". If this sounds like the practice of medicine, ASMA agrees. We will keep you informed on the progress of this bill and when we need physician testimony.

The State Medical Board is still waiting for the Department of Law to give them any proposed regulations that would make treating minors with gender-affirming care considered unprofessional conduct. We are watching this closely and will let you know when anything is released and alert you to the public comment period.

Support ASMA

You can help support ASMA by using the QR code to donate to your state medical association and its valuable services. Or send a check to ASMA at 4107 Laurel Street, Anchorage, 99508. Thank you.

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- For those that have not logged in yet, the site did not carry over your password. You **WILL** need to reset it in order to login.
- If you don't have an address in the "personal" field you will not receive mailings. Please login to update your profile.
- Physician images were **not** imported to the new site so please be sure you log in and upload a new photo for the OMD (Online Medical Directory).
- The system currently does not support Company Admin's uploading individual physician photos. You may email photos to ASMA@asmadocs.org, but please include the physician name and company so that we can be sure we're uploading to the proper

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Merkouris continued from Page 1

Pharmacists who want the authority to use CLIA-waived tests to test and treat patients without physician involvement. Many individual pharmacists oppose this idea; they are already busy enough! But the pharmacists' association on a national level is pushing this concept hard. What sounds simple to non-medical people (many legislators) is not always so straightforward. A UTI, for example, could be a simple UTI or it could indicate a much more complex issue in an older or otherwise compromised patient. A positive strep test does not distinguish between an acute strep infection and a strep carrier.

Naturopaths continue to seek prescriptive authority and statutory authority to do minor office procedures like laceration, skin lesions, IUD placement and more.

Interstate Medical Licensure Compact is on the horizon. Many physicians are in favor and a number of physicians are concerned about opening the state to even more physicians practicing from other states with no investment in Alaska at all, other than potentially increased reimbursement. They provide no call support, no support or investment in the local economy and have little understanding of Alaska-specific realities.

The medical board vacancies and politically oriented agenda are also areas of concern. Our executive director, who also served as the first executive administrator for the board when the position was created years ago, attends all medical board meetings and keeps ASMA's board of trustees updated on medical board actions and priorities. She is a vital link that has never before been engaged on ASMA's behalf. If you have questions about the board or licensing, Pam is your own best resource.

Rhene

From the Alaska Hospital and Healthcare Association:

Alaska's Prior Authorization Law Adopted as Shared State Legislation

Alaska's strong prior authorization legislation was adopted unanimously by the [Council of State Governments \(CSG\) Shared State Legislation \(SSL\)](#) Committee. The SSL program was established in 1941 to facilitate the sharing of legislative ideas among CSG members and assist state leaders in drafting policies that would benefit their communities. The bipartisan SSL Committee is comprised exclusively of state officials (two state legislators and one state legislative staff person from each member jurisdiction). Alaska's legislation will be published in the annual SSL volume as a comprehensive and innovative solution that can serve as a model for other states looking to address similar issues.

Understanding Your Protections Under the No Surprises Act and Why So Many Claims Still Go Unpaid

The No Surprises Act was designed to protect both patients and the physicians who serve them. Yet throughout Alaska, many practices continue to face underpayments, delayed payments, and inappropriate denials on claims that should be protected under federal law.

This gap is not caused by a lack of legal protection. Physicians already have those rights. The challenge is the administrative burden required to enforce them.

National analyses estimate that more than 500 billion dollars in eligible NSA claims go unfilled each year due to payer friction, administrative complexity, and lack of visibility into what qualifies. When claims are not submitted through the NSA channels, even unintentionally, physicians are often reimbursed at a fraction of what they are legally owed.

For Alaska practices, this translates into a very real impact. Even a small number of improperly processed NSA protected claims can result in tens of thousands in missed reimbursements for smaller practices and hundreds of thousands to millions for larger groups or multi specialty centers.

Most practices simply do not have the staff capacity or time to identify, track, and pursue every eligible NSA claim. As a result, substantial reimbursement that should be recovered under federal law never reaches the physicians who earned it.

To support Alaska physicians, the Alaska State Medical Association is proud to announce a new partnership with Callagy Recovery, a national leader in full contingency reimbursement enforcement. Their team exclusively handles the administrative, legal, and regulatory processes required to ensure physicians receive the full reimbursements they are owed, with zero cost unless recovery occurs.

Callagy Recovery has recovered:

Over 1.1 billion dollars for healthcare professionals nationwide

75.3 million dollars in recoveries in October 2025 alone

Projected to return more than 1 billion dollars to physicians in 2026

This partnership is built with one mission: restoring fairness, reducing administrative burden, and strengthening the long term financial stability of Alaska's medical practices.

Common Challenges Facing Physicians Today:

Inconsistent payer compliance with the No Surprises Act

Limited visibility into which claims qualify for recovery

Highly time intensive dispute processes

Administrative overload placed on practice staff

What the ASMA Callagy Recovery Partnership Provides:

Full service reimbursement enforcement handled entirely for you

No administrative burden on the practice

No cost unless recovery is achieved

Transparent, compliant processes

A proven model currently utilized by medical associations across the country

A National Movement Toward Physician Protection

More than 25 medical associations across the United States are exploring similar partnerships as financial and administrative pressures intensify.

As Callagy Recovery Founder Sean Callagy shared:

"Physicians should never have to fight for the payments the law already guarantees them. Our role is simple to stand beside medical professionals and ensure the truth is enforced."

NSA Rights and Recovery Review – Recommended Member Action

ASMA invites all members to schedule a confidential, complimentary NSA Rights and Recovery Review.

This brief consultation helps your practice:

Understand where federal protections apply

Identify possible underpaid or recoverable claims

Gain clarity on your reimbursement rights

Determine whether your practice may be entitled to additional recovery

Achieve this with zero cost, zero obligation, and full confidentiality

To schedule a consultation or to get more information, please contact the ASMA-Callagy Partnership Representative

Charles Marotta

Marottca@gmail.com

Multiplan

ASMA has joined the federal antitrust litigation against MultiPlan (recently rebranded as Claritev) and major insurance carriers over alleged price-fixing that has shortchanged healthcare providers for nearly a decade.

MultiPlan processes more than 80% of out-of-network claims nationwide and has allegedly forced physicians to accept increasingly low payment amounts for out-of-network services. This has put practices at financial risk and limited patient access to care.

We are joining hundreds of physicians and the American Medical Association to fight for fair compensation and end this anticompetitive conduct.

Healthcare providers who believe they have been affected by MultiPlan's alleged scheme can receive a free case evaluation today: <https://www.napolilaw.com/en/multiplan/>

Alaska’s pediatricians expand efforts to reach parents

As Alaska continues to struggle with declining childhood vaccination rates, the Alaska Chapter of the American Academy of Pediatrics is looking at ways to change the narrative. Currently, the chapter is working on ways to encourage parents to have conversations with their providers to discuss their reluctance. They are striving to create safe places for families to get vetted, factual information with the goal of helping parents feel more comfortable with the pediatric vaccine schedule.

The Alaska Chapter is addressing this complex issue where there is no “one-size-fits-all” approach. They have been working with a medical strategy communications group to help create campaigns aimed at reaching families who may be in the “movable middle”. The aim is to not only make parents feel comfortable having vaccine conversations with their providers but also providing providers with up-to-date strategies for vaccine communications. The national AAP is providing updated vaccine tool kits to providers to assist them in communicating effectively in a world where false information is being aimed at parents daily.

One of the main pieces of the family campaign is the “follow my feed” program. The chapter is sharing stickers and flyers with a QR code that takes parents to a page highlighting social channels of trusted providers. All of these pages share vetted and accurate vaccine information. These Pediatricians are working both independently and with the AAP to put out messaging that helps to dispel untruths about vaccinations.

If you have traveled recently, you may have seen AAP sponsored digital content in airports including Juneau, Kenai, Fairbanks and Anchorage. These screens also carry a QR code that brings families to a vaccine education page on the chapter’s website. This page covers a myriad of vaccine topics for families, again with links to healthchildren.org. The chapter hopes to bring these digital messages to the airwaves in January through statewide PSA content.

We all know that social media can be both a help and hindrance in healthcare. As part of their work, the Alaska chapter has begun boosting social media both under their own channels and in conjunction with [HealthChildren.org](https://healthchildren.org). Again, the aim is to counteract false narratives by providing factual messaging from providers, many of whom are parents themselves. Consider following the AAP Alaska Chapter on social media at:

<https://www.facebook.com/aapalaska>

<https://www.instagram.com/stories/aapalaska/>

If you are interested in materials from this campaign. Please contact the AAP Alaska Chapter at aapalaskachapter@gmail.com



**Have questions
about vaccines
for your children?**

**Talk with
your pediatrician.
We're here to help!**

♥ Alaska's pediatricians

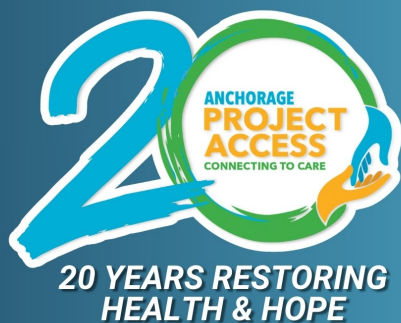

Learn more!

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American Academy of Pediatrics
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For your continued reference, the pre-RFK Childhood Vaccine Schedule is posted in full on ASMA's website:

chrome-extension://efaidnbmnnnibpcajpcgltclfindmkaj/https://asma.memberclicks.net/assets/docs/0_18yrs_Child_Combined_Schedule.pdf



A HERO LIKE YOU IS NEEDED

Join Anchorage Project Access to Donate Specialty Care for Alaskans most in need.

Like many APA patients, Ernie Mott, worked hard his whole life in Alaska. He built churches, schools, health clinics, and hospitals and never had health insurance. Last year, his life was turned upside down by a prostate cancer diagnosis and ensuing treatment costs until his health care provider referred him to APA. Ernie was enrolled in our program and is receiving donated oncology care through APA. He is also receiving donated dental care through our program and assistance enrolling in affordable health insurance.

For twenty years, Anchorage Project Access (APA) has served as Alaska's only nonprofit health care safety net; connecting low-income, uninsured Alaskans with donated specialty medical, dental, and mental health care. This work is only possible through the extraordinary generosity of our volunteer providers and supporters.

Partnering with over 800 health care providers, representing over 60 specialties, such as orthopedics, general surgery, oncology, cardiology, physical therapy, dentistry, mental health counseling, and more, APA conducts patient financial eligibility screening and enrollment into the program. APA coordinates all donated appointments with providers' administrative staff. Donated services are offered in your clinic or practice at your convenience. Providers determine how many patients or procedures they choose to donate each year. Whether your practice is located in Anchorage, or in other parts of the state, APA is here to help you restore health and hope to Alaskans through our well-established system of care.

All APA patients establish a primary care health home for ongoing care and we provide assistance enrolling in ACA marketplace, Medicaid, and Medicare health insurance plans. We help patients navigate complex systems of care. We provide transportation, interpreter services, and limited medication assistance. We work with all major hospitals and health clinics in Anchorage and the Mat-Su Valley. We receive referrals from all regions of Alaska.

If you would like to join the growing family of specialty physicians, dentists, counselors, and ancillary health care providers donating care through APA, it is an easy one step process. Please scan the QR code below to complete the one-page online enrollment form.

You can help support Alaskans too!



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→ APA allows me to practice medicine for the reason I became a physician in the first place. →

– Dr. KC Kaltenborn,
APA founder &
donating Endocrinologist

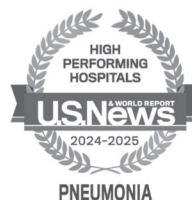
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Learn more at Providence.org/PAMCawards.



GME Council Update

Did you know....

Alaska has the lowest number of medical residents per capita in the US.

A broad group of interested partners have joined together to form Alaska's Graduate Medical Education (GME) Council to help address this situation.

The purpose of the Alaska GME Council (AKGME) is to improve the access to quality healthcare for all Alaskans by increasing recruitment and retention of well-trained physicians via stabilizing and increasing the programs and opportunities for training physicians in post-graduate education within the state.

AKGME Council Priorities

- Educate the public and decision-makers about the need for support of GME
- Secure funding for Council efforts and for the support of GME in Alaska
- Evaluate the needs of Alaska for physicians and training capacity, including projecting the need for numbers and specialties of physicians statewide and in individual localities
- Document and track the current training opportunities within the state
- Maintain benchmark comparisons with other states' GME efforts
- Evaluate possible additional or enlarged training sites
- Ensure the findings are publicized and widely shared
- Support prospective training sites in the development of programs
- Measure, track, and report in state training data, including opportunities and slots, as it relates to recruitment and retention to the State

The AKGME Council which consists of volunteer board members began meeting this fall, and is working on governance, advocacy, and sustainable funding sources to support existing residency/fellowship training programs in pediatrics, family medicine, internal medicine and palliative care as well as future programs in family medicine, mental health and possibly other fields. The most recent meeting included an update on the Rural Health Transformation Program application by the State of AK.

If you are interested in supporting the work of the AKGME Council, tax deductible donations are gratefully accepted. For more information, contact Gina Senko at gsenko1988@gmail.com or contact@alaskagmecouncil.com

Aetna Alaska Care prior authorization changes

New Weight Loss Program for GLP-1 (Glucagon-Like Peptide-1) Utilizers

Effective January 1, 2026, the AlaskaCare Employee Health Plan is implementing a weight loss program managed by Virta Health in conjunction with Optum Rx for all members with a weight loss Glucagon-Like Peptide-1 (GLP-1) prescription. This program will connect weight loss GLP-1 utilizers to a Virta provider for a virtual clinical consult, during which your Virta provider will determine a personalized care path to best suit your needs.

Virta's program is designed to help optimize your weight loss experience with nutritional or lifestyle therapy to complement or replace your GLP-1 prescription. Beginning in 2026, you will only be able to fill a GLP-1 prescription for weight loss that has been prescribed by a Virta Health provider.

- **Who will this change affect?** This change affects anyone with a GLP-1 prescription for weight loss. Members who use GLP-1 to manage diabetes or other conditions will not be affected.
- **Which GLP-1 medications are included in this change?** Wegovy, Zepbound, Saxenda, and the generic GLP-1, liraglutide.
- **What will I need to do if I am taking one of these medications?** If you are taking one of the medications above, keep an eye out for communications from Optum Rx and Virta Health regarding this change and the next steps to ensure a smooth transition into the program.

PAs' prescriptions encountering pushback from some pharmacies

ASMA has heard a few reports of Optum and CVS/Caremark telling Physician Assistants that their prescriptions will not be filled without collaborating physician information on the prescription. Pharmacies allude to CMS rules supposedly implemented in July 2025 and just now getting to Alaska.

ASMA's executive director checked directly with her contacts at CMS. The report back from the Region 10 CMS Medical Director is that the medical director reached out to two pharmacy leads at CMS and they were not aware of any such rule that went into effect in July 2025. The medical director also could find no reference to any such regulation. She searched across CMS sites and concluded that there was no rule change. There was some curiosity if a particular pharmacy instituted their own changes to cut down on fraudulent prescriptions and that some pharmacies may have more strict in-house rules. **If a pharmacy claims it is a CMS rule, insist on getting the exact source and citation of the rule.** Without the source of the "rule" it is presumed that state law supersedes an individual pharmacy's policies, and such additional information should not be required.



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To offer free and confidential peer support to American physicians and medical students by creating a safe space to discuss immediate life stressors with volunteer psychiatrist colleagues who are uniquely trained in mental wellness and also have similar shared experiences of the profession.

The line is staffed by 800 volunteer psychiatrists helping our US physician colleagues and medical students navigate the many intersections