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Subject: Re: Patient Voice Newsletter - JAN 2026

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NAF Urges Congress to Pass the RESULTS Act to Protect Access to Clinical Laboratory Testing and Innovation

Dear Member,

The Neuropathy Action Foundation (NAF) joined over 30 other leading patient and consumer groups urging Congress to pass the Reforming and Enhancing Sustainable Updates to Laboratory Testing Services (RESULTS) Act (S. 2761 / H.R. 5269) to protect access to essential clinical laboratory testing for patients nationwide and investments in cutting-edge diagnostics that advance personalized medicine.

In a [letter](#) sent to congressional leaders, the NAF warned that without congressional action, deep Medicare reimbursement cuts will take effect at the end of January 2026, threatening access to timely, accurate laboratory tests that inform the vast majority of medical decisions. Clinical diagnostic tests inform about 70% of medical decisions, yet laboratory services represent less than 1% of total Medicare spending. The RESULTS Act would modernize the outdated payment system for laboratory services to reflect current market data, reduce administrative burden, and ensure continued innovation in diagnostic testing.

The coalition's letter was organized by [RetireSafe and the Chronic Care Policy Alliance \(CCPA\)](#) and represents a **broad spectrum of patient and consumer advocacy organizations committed to protecting access to high-quality laboratory services.**

To join us in supporting the bipartisan RESULTS Act, visit StopLabCuts.org.

Modernizing Medicare Home Infusion Coverage Webinar

The National Home Infusion Association (NHIA) held a fantastic webinar titled: Modernizing Home Infusion Coverage. The NHIA is an organization with a mission to advance the profession through programs that foster leadership, recognize excellence, and promote evidence-based research to improve patient care in alternate infusion settings.

Access to home infusion therapy (HIT) is critical for many patients who find it difficult to get to a healthcare setting to receive their treatments—whether it's due to disability, limited mobility, or the realities of rural or underserved communities. Coverage of home infusion is vital as we look to ensure all patients have access to the treatments, they need in the setting that is most effective and convenient for them.

The webinar was moderated by Connie Sullivan, President and CEO of NHIA. The webinar addressed both the existing HIT services benefit—tied to certain infusion drugs that require a pump (inotropes, oncology regimens, SCIG, and others)—and a proposal introduced last year in Congress to extend HIT services to IV anti-infectives provided in the home. The goal is straightforward: align Medicare with how care is already delivered in the commercial and Medicare Advantage markets so patients can safely receive appropriate infused therapies at home.

To watch a recording of the live event please visit [**Lobby | Zoom Webinars & Events Platform**](#).

PATIENT 360 IgNS MARCH 7-8, 2026 VIRTUAL CONFERENCE

New Year, Empowered You!

Feel More Confident in Your Care This Year Patient 360: March 7-8 | Free & Virtual

Start 2026 with confidence! The Patient 360 Conference is a free, virtual event created just for patients, families, and caregivers. You'll get expert-led sessions, real-world tools, and a supportive community to help you feel more informed, empowered, and in control of your care.

- Managing daily life with treatment
- Side effects, safety, and self-advocacy
- Diagnoses and common conditions
- Building your care team
- Family, parenting, and relationships
- Insurance, coverage, and access
- And more!

Join from anywhere! No cost, no travel, just support for patients, families, caregivers, and friends.

[Learn More](#)

Who Should Attend?

- Patients receiving or considering Ig or biologic therapies
- Parents, families, caregivers, and friends
- Care teams

The Pain Game: How We Criminalize Medicine

By Lynn Webster, M.D.

This article, in a slightly edited form, first appeared on [Pain News Network](#) on November 20, 2025.

“What happened?”

It’s the most basic question you can ask about the opioid crisis. Yet for more than two decades, most of the answers the public has been given have been pre-packaged: greedy drug companies, corrupt “pill mill” doctors, desperate patients, and a heroic legal system swooping in to clean up the mess. What almost no one has seen is what was happening inside those prosecutions as they unfolded, in the homes of the accused physicians, in the war rooms of their defense teams, in the quiet panic of the patients who depended on their care.

That’s what makes the first episode of [The PAIN GAME](#) so extraordinary.

More than twenty years ago, filmmaker Erica Modugno Dagher did something journalists almost never do: she embedded herself at the center of an unfolding legal, medical, and political firestorm and started asking, with a genuinely open mind, “What happened?” Then she kept the camera rolling for two decades.

To continue reading please visit: [**The PAIN GAME: How We Criminalize Medicine Lynn R. Webster, M.D.**](#)

Transitioning Your IG Coverage to Medicare

By Leslie Vaughan, RPh, CSP, IgCP, and Michelle Greer, RN, IgCN

IG Living October-November 2025

Immune Globulin (IG) is a complex therapy, both clinically and financially, that is used to treat rare and difficult-to-diagnose diseases. For some, IG is a lifetime therapy. And, while at one time this therapy was typically approved and reimbursed without question, today extensive medical policies are in place that require a diagnosis to be proved and the medical need for IG justified.

Compared with all other insurance plans, Medicare probably varies most in its coverage policies for IG therapy. Therefore, patients who continue to receive IG therapy when they turn 65 or otherwise become eligible for Medicare need to know how to successfully transition to Medicare. In fact, changes in site of care and route of administration may be necessary to ensure therapy continues without disruption and financial strain.

Applying for Medicare

To be eligible for Medicare coverage, patients must be age 65 or older and eligible for retirement....

To continue reading please visit [IG Living Magazine](#)

Chronic Disease Could Cost the U.S. \$47 Trillion in 15 Years

A new report issued by the [Partnership to Fight Chronic Disease \(PFCD\)](#) projects that chronic disease is on pace to cost the United States as much as \$47 trillion between 2024 and 2039, including \$2.2 trillion annually in medical costs and nearly \$900 billion each year in lost productivity by 2039. The analysis, conducted by GlobalData, highlights a stark reality: 5% of people account for nearly 50% of total health care spending, driven largely by the growth of patients living with three or more chronic conditions. By 2039, the combined per-person medical and productivity cost of chronic disease could reach \$12,900 per U.S. resident if meaningful action is not taken.

However, the data also points to a powerful opportunity. Better prevention, earlier intervention, and improved management of chronic disease, especially obesity, could prevent 150 million new chronic disease cases, save 13.5 million lives, and avoid \$7 trillion in costs nationally between 2024 and 2039. Even modest behavioral changes and improvements in care delivery could save \$125 billion per year, while treatment breakthroughs and more optimistic prevention scenarios could generate \$465 billion in annual savings.

Please visit www.fightchronicdisease.org/pfcd-in-the-states for the full set of national and state-level fact sheets and associated methodology.



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