



Advocacy | Education | Leadership | Collegiality | Member Perks

## 2026 MMA Membership

### Less clicks, more impact, renew with QuickPay

The MMA has launched a new QuickPay page, making it easier than ever to complete your 2026 membership. Your continued involvement as an MMA member in 2026 is essential with ongoing and the emerging conversations and intentional work to make deep investments in rural health care and the health care workforce. We invite you to renew your 2026 membership and remain an active supporter of this collective effort. Thank you for your ongoing support and dedication to the future of medicine in Montana.

**QuickPay Page:** <https://montana-medical-association.constantcontactsites.com/>

*MMA Rounds and Bulletin publications are a member benefit, renew or join today to continue receiving MMA publications.*

## MMA and State Medical Societies Disagree with Reducing Vaccine Recommendations

The U.S. Department of Health and Human Services is recommending that the Centers for Disease Control and Prevention reduce the number of universally recommended vaccines from 17 to 11. Under the proposed changes, vaccines such as the flu, COVID-19, and RSV would fall under a shared decision-making category between parents and healthcare providers rather than being universally recommended.

"Federal officials have stated that the new guidance is modeled in part on Denmark's immunization schedule. As a result, the CDC no longer recommends routine immunization against several diseases with serious impacts on American children, including hepatitis A and B, rotavirus, respiratory syncytial virus (RSV), influenza, and

meningococcal disease. We strongly disagree with this decision." [Our Commitment is to Montana's Children – and the Science That Protects Them](#)

KTVQ (1/7) [Read more](#)

NBC Montana (1/7) [Read more](#)

Flathead Beacon (1/9) [Read more](#)

## Gov. Gianforte, DPHHS Announce \$233 Million Investment in Montana's Rural Health Care

(DPHHS 12.29) HELENA, Mont. – Governor Greg Gianforte and Montana Department of Public Health and Human Services (DPHHS) Director Charlie Brereton today announced a historic \$233 million investment from the Trump administration to stabilize and modernize rural health care delivery throughout Montana.

This investment reflects the first-year award of a five-year federal grant program, with Montana currently set to receive up to \$1.2 billion over the life of the program.

Secured through the Centers for Medicare & Medicaid Services (CMS) Rural Health Transformation Program (RHTP), these funds will ensure long-term, high-quality care for the state's rural communities. [Read more](#)

## MMA Joins 100+ Physician Organizations Support Improving Seniors' Timely Access to Care Act

AMA (12/12) The Improving Seniors' Timely Access to Care Act is dedicated to reducing physician administrative burden and unnecessary delays in patient care by facilitating the expansion of electronic prior authorization solely for "items and services" in Medicare Advantage. [Read more](#)

## 6 New Care and Payment Models CMS Introduced

Becker's Hospital Review (12/30) CMS introduced several new care and payment models in 2025, many focused on drug pricing, chronic disease management and prevention:

**1.** CMS [published](#) plans Dec. 23 for its voluntary "Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth" — or BALANCE — model. Under the model, CMS will negotiate reduced prices with GLP-1 manufacturers for state Medicaid programs and Medicare Part D plans. Eligible manufacturers must have a product that is any combination of GIP, GLP-1 and glucagon receptor agonist with an FDA-approved active ingredient for weight management. The drug must be proven to reduce body weight by at least 10% on average.

**2 and 3.** CMS on Dec. 19 [proposed](#) two new models aimed at curbing Medicare drug spending by linking payments to international benchmarks. The GUARD model applies to prescription drugs covered under Medicare Part D, while GLOBE targets drugs reimbursed under Medicare Part B, such as injectables administered in physician offices. Both models would benchmark U.S. Medicare payments to prices paid in economically comparable countries, aiming to reduce inflated domestic costs for high-expenditure drugs.

**4.** CMS on Dec. 11 [unveiled](#) the "Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence," or Elevate, model, a voluntary initiative that will fund up to 30 chronic disease prevention and health promotion pilot projects aimed at integrating lifestyle and evidence-based functional medicine into original Medicare. The model will test interventions like physical activity,

nutrition and other wellness-focused strategies that are not currently covered by Medicare, with the goal of slowing or preventing chronic disease. Organizations that participate will receive around \$3 million over three years to collect cost, quality and health outcome data.

5. On Oct. 31, CMS [finalized](#) a new [Ambulatory Specialty Model](#), a mandatory payment model focused on specialty care for beneficiaries with heart failure and low back pain. The program is set to begin in 2027 and will run through 2031.

6. CMS [plans](#) to launch the Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model on Jul 1, 2026. ACCESS will test whether tying payments to clinical outcomes can expand the use of digital tools in chronic disease management. The model targets conditions common among Medicare beneficiaries, such as high blood pressure, diabetes, chronic musculoskeletal pain and depression. Participants will receive recurring payments to manage patients' conditions, with payment tied to achieving specific health outcomes.

## Medicare Physician Payment Reform

AMA (12/19) Medicare physician payment should keep pace with the increases of physicians' input costs to ensure predictability and stability for physician payment, to preserve private practice as a viable business model, and to maintain or improve access to care. [Read more](#)

## Judge Orders HHS to Restore Funding for Children's Health Programs as Lawsuit Continues

NEW YORK (AP) — A federal judge has ordered the Trump administration to restore nearly \$12 million in funding to the [American Academy of Pediatrics](#), including money for rural health care and the early identification of disabilities in young children. U.S. District Judge Beryl Howell in Washington, D.C., awarded the [preliminary injunction](#) late Sunday, siding with AAP in saying evidence showed the [U.S. Department of Health and Human Services](#) likely had a "retaliatory motive" when it terminated grants to the pediatric group in December. [Read more](#)

## Aluminum Salts Emerge as Likely Target as Health Officials Scrutinize Childhood Vaccines

NBC (12/26, Bendix) With further changes to the U.S.' recommended vaccine schedule likely in the year ahead under Health Secretary Robert F. Kennedy Jr.'s leadership, his agency's recent scrutiny of one vaccine additive in particular — aluminum salts — may offer a clue about what's to come. Earlier this month, members of the Centers for Disease Control and Prevention's vaccine advisory committee — whom Kennedy selected after firing the previous group — suggested digging into concerns about aluminum salts, though large studies have found them to be safe. Andrew Nixon, a spokesperson for the Department of Health and Human Services, told NBC News that the committee is "reviewing the body of science related to aluminum and other possible contaminants in childhood vaccine[s]." [Read more](#)

## AMA 2025 Report on Substance Use and Treatment Sees Drop in Overdose Deaths, Calls on Policymakers to Remove

## Obstacles to Evidence-Based Care

CHICAGO — The American Medical Association (AMA) today released its [2025 report](#) on the nation's overdose epidemic, showing that while opioid-related overdose deaths declined last year, the epidemic remains widespread and increasingly complex, driven by mixing opioids and other substances and an unpredictable illicit drug supply.

Overdose deaths declined from more than 110,000 in 2023 to about 75,000 in 2024, yet there is a tremendous amount of work to be done to sustain and accelerate this progress. The report emphasizes the life-saving role of naloxone and calls on policymakers and others to remove treatment barriers for substance use disorder and pain care. [Read more](#), [Full Report](#)

## Montana Board Appointments & Vacancies

- Business Representative on State Workforce Investment Board [More Information Here](#)

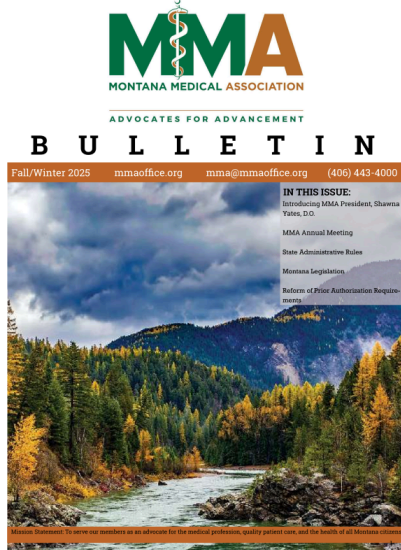
## Healthcare Costs Expected to Get More Expensive for Some, Cheaper for Others in 2026

[NBC News](#) (12/25, Lovelace) reported some Americans in 2026 “may finally catch a break on rising costs, as the first negotiated Medicare drug prices go into effect,” while others “will end up paying more, as Affordable Care Act tax credits expire and Medicaid coverage becomes more uncertain amid drastic cuts in state funding.” Starting Jan. 1, “the first negotiated drug prices will go into effect for people with Medicare. These prices will apply to the 10 costliest drugs in the program, including the blood thinners Eliquis [apixaban] and Xarelto [rivaroxaban] and the diabetes drugs Jardiance [empagliflozin] and Januvia [sitagliptin].” A recent AARP report suggests “out-of-pocket costs for the negotiated drugs are estimated to fall next year by more than 50%.” However, “some people could pay up to 114% more, on average, in premiums when combined with rate increases by insurers next year, according to an analysis by KFF.”

## FDA Approves Drug to Treat Transplant-Associated Thrombotic Microangiopathy

[Reuters](#) (12/24, Ananthan, Singh) reported the FDA on Wednesday approved Yartemlea (narsoplimab-wuug), Omeros' drug “for a dangerous transplant complication in adults and children two years and older, marking the first treatment to be greenlit for the condition.” Yartemlea is used to “treat a condition known as transplant-associated thrombotic microangiopathy, or TA-TMA, a serious complication that can develop after stem cell transplants, particularly those that use healthy cells from a donor.” The FDA had “initially declined to approve the drug in 2021, saying it could not determine a clear treatment effect and requested additional data to support approval. A 28-patient trial showed the drug...improved survival in 61% of patients with high-risk TA-TMA who had it as a first-line treatment.” Omeros now “expects the treatment to be available on the market by January 2026.”

## Fall/Winter Bulletin Now Available



Our Fall/Winter Bulletin, along with previous issues of MMA Rounds is now available on our website under the "news" tab. Catch up on updates, advocacy highlights, and important news impacting Montana physicians, all in one convenient place. Visit our website to read the latest issue and explore past editions at your convenience.

<https://www.mmaoffice.org/bulletin-and-rounds/>

## Your Care is at Our Core

### Physicians are Patients' Strongest Allies in Health: Every Step of the Way

Montana Medical Association has joined other state medical associations to launch a campaign to elevate physician's reputations, fight legislative battles, and amplify the patient-physician relationship.

In recent years physicians have faced reputational challenges brought on by broader frustrations with the healthcare system. Recognizing the need to better understand and address these challenges, the American Medical Association's Advocacy Resource Center conducted extensive opinion research and found that Americans want to see more of their physicians. 89% of national voters agree that the doctor-patient relationship is central to health care – but structural factors have habituated them to the idea that physicians are hard to schedule and that they are forced to spend too little time with them. As a result, Your Care is at Our Core was developed directly from these research findings and was created to elevate the message of what drives physicians: trust, empathy, compassion, and time caring and fighting for their patients. Since its launch in January 2024, more than half of state medical associations have chosen to participate in Your Care is at Our Core, including us.

Learn more: <https://www.mmaoffice.org/your-care-is-at-our-core/>

**YOUR CARE IS  
AT OUR CORE**

Montana's Physicians

*If you are interested in sharing a testimonial to be posted on our social media platforms, please contact **Lexie Gleasman** [lexie@mmaoffice.org](mailto:lexie@mmaoffice.org)*

## MEMBERSHIPS DUES & RENEWALS

### 2026 Membership: Renew Your MMA Membership

As the recognized voice of the medical profession in Montana for more than 147 years, the Montana Medical Association and local medical societies have represented Montana's physicians with a keen understanding of unique challenges facing our medical professionals. The ever-changing health care landscape is a reality and the Montana Medical Association is prepared to keep pace with those changing realities.



What we do together, no one physician can do alone. Your membership makes a difference in strengthening the physician's voice, shaping the changing health care landscape, and advancing ambitious clinical and educational initiatives that empowers physicians and positively impacts patient care and the practice of medicine in Montana.


Have an impact through your support of the MMA where the physician voice is unified, patient centered policies are amplified, and capacity can grow to advance medical science. You can easily join or renew now below, or call (406) 443-4000.

BUY YOUR MMA MEMBERSHIP

**Managing a complex mental health case? Let's talk.**

Get free psychiatric consults for Montana clinicians treating pregnant/postpartum patients or youth 0-21.

Call 844-406-8725 for a consult.



## ADVOCACY REMINDERS

You can view our VoterVoice at any time to see what issues we are promoting at this [link](#).

If you wish to testify or help with advocacy efforts, please contact Jean Branscum at [jean@mmaoffice.org](mailto:jean@mmaoffice.org), and we can help coordinate.

Additionally, check out our Legislative Advocacy Training video taught by SetPoint Media founder Tara Jensen, which can be viewed [here](#) with your MMA login.

## Calendar of Upcoming Events

|                  |                              |   |
|------------------|------------------------------|---|
| January 17, 2026 | HELP Class Session 3 Meeting | Webinar                                       |
| January 22, 2026 | <a href="#">Methadone</a>    | <a href="#">Free Webinar Series with MPCA</a> |

If you would like your event listed, please email the name, date, and a way to find more information to [mma@mmaoffice.org](mailto:mma@mmaoffice.org).

## MMA Member Perks

### Gohagan & Company Travel Offers



**GOHAGAN  
& COMPANY**

Gohagan & Company – Exclusive Ocean Cruises, River Cruises, and Land Tours for Alumni, Affinity and Group Travelers

## ON-DEMAND VIRTUAL DEA MATE ACT Requirements Course



Comprehensive DEA-Compliant CME/CE Course

### IS YOUR DEA CERTIFICATE UP FOR RENEWAL?

Complete Mandatory Renewal Requirements in 1 Day!

Don't forget that Montana Medical Association members can receive a discount on training requirements under the MATE ACT regulations. Members can register for on-demand online courses or live webinars [here](#). Be sure to use discount codes to save \$100 at checkout for either on-demand online courses (code: MMAWEB100) or live online courses (code: MMA100).

### 30% Member Discount on Online Training!

[Click Here for more information](#)

### Telehealth, Secure Messaging, and More

Backline is an award-winning secure messaging and clinical communication platform that connects all of the stakeholders in a patient's journey.

Connect with patients in virtual visits and share information between your staff, family members, caretakers, and outside providers in real-time—all in a convenient, HIPAA-compliant solution.

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## FREE PRESCRIPTION DISCOUNT DRUG CARD



**CLICK HERE**  
to get your **FREE** card!

## Montana Rx Card

This program is being provided to you to distribute to your patients to help lower their prescription drug costs. Simply distribute the FREE Prescription Drug Card below and your patients can save up to 75% (discounts average roughly 30%) at more than 68,000 national and regional pharmacies. This card can be used as a primary plan and/or it can be used on prescriptions not covered by other plans. This program also includes other value-added programs, which will be listed on the card. This card is pre-activated and can be used immediately.

## Follow Us On Social Media!

Stay up to date with Association events and initiatives by following us on [Facebook](#), [Instagram](#) and [LinkedIn](#)

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