



## Vital Signs



**\$195,347.63**  
Value of ACR Media  
Coverage\*



**21,118,660**  
Reach of ACR Media  
Coverage\*



**22**  
# of Published LTEs  
Nationwide

*\*SOURCE: Media valuation and reach calculated by Meltwater Media Analytics*

Date	Publication	Headline	Reach	AVE
November 21, 2025	Orlando Sentinel	Protect the immunocompromised	965,800	\$8,933.65
November 22, 2025	Post Bulletin	Cutting research puts patients at risk	236,580	\$2,188.37
November 30, 2025	Worcester Telegram & Gazette	When health \$ is cut, we suffer	699,430	\$6,469.73
December 8, 2025	Chicago Daily Herald	Vaccine policy should be grounded in science	467,880	\$4,327.89
December 17, 2025	NOLA News	Don't turn public health into a political game	1,838,310	\$17,004.37
December 17, 2025	New Orleans Advocate	Don't turn public health into a political game	609,230	\$5,635.38
January 10, 2026	The Boston Herald	Rural patients	1,120,000	\$10,360.00

## Digital Scan

Date	Outlet	Headline	Reach	AVE
January 15, 2026	Kingsport Times News	It's time for lawmakers to fix the way Medicare pays doctors	82,320	\$761.46
January 16, 2026	The Bainbridge Island Review	Rheumatology care	20,030	\$185.28
January 18, 2026	The Providence Journal	Physician reimbursement must change	3,057,000	\$28,277.25
January 21, 2026	Daily Call	Writer, a doctor, says our health insurance system is broken	4,340	\$40.15
January 26, 2026	North Jersey Record	Medicare underpayment	N/A	N/A
February 13, 2026	Lancaster Online	Congress must demand greater transparency from pharmacy benefit managers	668,000	\$1,679.00
February 22, 2026	St. Louis Post-Dispatch	Reform Medicare reimbursement rates to keep up with inflation	645,860	\$5,974.21
February 25, 2026	Abeline Reporter News	Congress, Don't turn public health into a political game	39,330	\$363.80

## Digital Scan

Date	Outlet	Headline	Reach	AVE
February 26, 2026	The Times of Smithtown	End excessive red tape and let patients access treatments they need	26,800	\$247.90
March 1, 2026	Chicago Tribune	Major blow to health care	4,710,000	\$43,567.50
March 1, 2026	News & Observer	Medicaid cuts	1,279,240	\$11,832.97
March 1, 2026	The Charlotte Observer	Medicaid cuts	1,543,810	\$14,280.24
March 1, 2026	The Herald Sun	Medicaid cuts	48,500	\$448.63
March 12, 2026	The Cap Times	Medical research cuts hurt us all	249,430	\$2,307.23
March 17, 2026	The Philadelphia Inquirer	Special measures	2,806,770	\$25,962.62
<b>TOTAL</b>			21,118,660	\$195,347.63

# Orlando Sentinel

## Protect the immunocompromised

**November 21, 2025**

In Florida, we care for a large population of immunocompromised rheumatology patients. These are patients who cannot simply “fight off” an infection. For them, an infection can mean hospitalization or lifelong disability. That is why continued expert oversight of national vaccine policy is so critical. Vaccine recommendations must remain led by physicians, scientists, and infectious disease experts, not political pressure or misinformation — because when vaccine policy stays evidence-based, our most medically fragile patients stay safer.

Equally urgent is protecting access to care for patients who rely on Medicaid. Many of these patients are low-income and already struggle to make ends meet. With rising inflation driving up the costs of food, housing, and medicine, losing Medicaid coverage could push them further into financial hardship and cut off access to essential specialty care. Therefore, I urge Congress to preserve access to care for patients who rely on Medicaid. Without it, we will see an increase in patient suffering, ER utilization, and long-term costs to our health-care system.

Protecting immunocompromised Floridians should be a bipartisan, shared priority. Science-based vaccine policy and Medicaid access must remain strong because many lives depend on it.

**Jennifer Molina**

*Orlando*

**Cutting research puts patients at risk**

**November 22, 2025**

For years, Americans have relied on independent, science-driven research to guide treatment decisions, inform insurance coverage policies, and improve the lives of those living with autoimmune and rheumatic diseases. Unfortunately, with federal research funding shrinking, labs are struggling to stay open and vital advancements in the field are being lost. Patients — like those here in Rochester — are suffering the consequences.

For those affected by autoimmune and rheumatic conditions, research isn't a luxury, it's hope for a healthier and longer life. Every grant that goes unfulfilled due to government cuts leads to fewer discoveries, stalled clinical trials, and setbacks in finding better treatments for patients here in Rochester and across the country.

**Study Suggests Lyrics Have Gotten Simpler Over Time**

Now is not the time to turn our backs on the lifesaving research being conducted in the name of cutting government spending. Reliable investment in medical research allows patients to live healthier lives and strengthens America's leadership in healthcare innovation. Congress and the administration must work together to safeguard these funds for researchers.

**Eric Matteson, MD**

*Rochester*

# TELEGRAM & GAZETTE

## When health \$ is cut, we suffer

**November 30, 2025**

As a practicing rheumatologist and researcher, I have done multiple clinical trials involving medications that treat arthritis, osteoporosis and pain. As the leading cause of disability in America, arthritis affects more than one in four adults and an estimated 300,000 children.

Thankfully, research at every level has helped develop biologics and biosimilars that have revolutionized rheumatic disease treatment, created jobs, grown local economies and reduced health care costs. In Massachusetts, these investments are particularly crucial for low-income, elderly and rural populations seeking treatment for arthritis and other diseases.

However, federal investment in the National Institutes of Health is currently under threat. The Department of Health and Human Services is looking to cut funding, which will threaten the future of biomedical research and innovation.

I strongly urge our Massachusetts delegation in Congress to protect the NIH. When funding is slashed, innovation slows, and Americans suffer the consequences.

**Dr. Charles A Birbara**

*Worcester*

# Daily Herald

## Vaccine policy should be grounded in science

**December 8, 2025**

Independent, science-based recommendations of experts have been used for decades to help shape vaccine schedules, guide insurance coverage and protect millions from preventable diseases. But now, proposed cuts and administrative overhaul of critical vaccine boards, such as the Advisory Committee on Immunization Practices (ACIP), are threatening this trust.

As a rheumatologist, I treat patients with debilitating and life-threatening autoimmune and rheumatic diseases, such as rheumatoid arthritis. I manage these conditions with medications that work by suppressing the immune system, making my patients more prone to infections. For over 20 years, I have relied on the input of these vaccine boards to advise on effective vaccination protocols to keep my patients safe.

The politicization of vaccine guidance erodes public trust and weakens our ability to respond to emerging threats. We need institutions whose recommendations are trustworthy to provide consistent guidance that shapes care decisions and insurance coverage, preventing vulnerable patients from suffering unnecessary hospitalizations — or worse.

Now is the time to strengthen expert immunization oversight. I urge our leaders in Washington to safeguard the independence of vaccine oversight panels. Patients with rheumatic and autoimmune conditions deserve vaccine policies grounded in rigorous science, free from political interference.

**Amanda Myers**

*Wilmette*



*The Times-Picayune*

THE NEW ORLEANS  
**ADVOCATE**

## **Don't turn public health into a political game**

**December 17, 2025**

We trust the best when it matters most — the best mechanic, the best child care, the best schools. Our health should be no different. For more than 50 years, the Advisory Committee on Immunization Practices (ACIP) has been a cornerstone of public health by shaping vaccination schedules, guiding insurance coverage and protecting us from deadly diseases. When those expert panelists were removed, that trust was put at risk.

As a rheumatology fellow, I see many patients who are immunocompromised, either from their disease itself or sometimes from treatments that change their quality of life but with immunosuppressive side effects. Expert guidance from ACIP helps physicians, like me, determine the safest vaccination protocols.

Without the input from these experts, states may see ineffective immunization strategies, increased vaccine hesitancy and gaps in vaccine coverage if insurers or providers change policies.

Now is not a time to politicize expert immunization panels, but rather to support our doctors and scientists and encourage these proven preventative treatments. Congress must investigate the removal of ACIP members and ensure transparency to safeguard public health.

**MEGAN SCHLUENTZ, M.D.**

*New Orleans*

# Boston Herald

## Rural patients

**January 10, 2026**

As a practicing rheumatologist in Boston, I know firsthand that convenient access to quality healthcare is essential for Bay Staters living with rheumatic diseases. Affecting the joints, muscles, and bones, more than a quarter of adults in Massachusetts suffer from arthritis — the most common form of rheumatic disease — making it difficult and painful just to leave the house, let alone to travel long distances for care.

Thankfully, rural healthcare funding was included in the One Big Beautiful Bill Act (OBBBA) earlier this year. When deciding where to allocate our portion of the funding, Massachusetts' state legislators must remember the importance of improving rheumatology care to make necessary care for vulnerable patients more accessible. Specifically, these funds should be used to recruit more specialty providers and incentivize specialists to practice in rural settings.

Convicted stowaway arrested again after a new alleged ticketless flight from US to Italy  
Watch More

Additionally, funding should support expanded telehealth reimbursement and strengthen community-based interventions so rural patients can manage their conditions locally – or even from their own homes. This is especially important for New England patients who must travel long distances for care in medical hubs like Boston. It's time for not just telehealth, but also interstate telehealth to be a priority.

Nothing is more important for rheumatology patients than ensuring access to care while also prioritizing their safety and comfort. I urge our lawmakers to use OBBBA resources to enhance rural healthcare and preserve the independence of Massachusetts' most vulnerable patients.

**Gerald B Miley, MD, FACR**

*Boston*



**It's time for lawmakers to fix the way Medicare pays doctors**  
**January 15, 2026**

Inadequate Medicare payment doesn't just affect health care providers — it impacts all seniors' access to care. For years now, Medicare reimbursements have not kept up with rising medical costs or inflation; in fact, despite being subjected to inflation each year the reimbursements have actually been cut each of the past five years. For physicians, this has become unsustainable, and in order to stay afloat, many of us have been forced to see more patients in less time, making it difficult to offer the level of care that our senior citizens deserve.

Even more concerning, some providers are choosing to limit or stop accepting Medicare patients altogether. Our elderly parents, grandparents and neighbors are the ones who ultimately pay the price.

It's time for lawmakers to fix the way Medicare pays doctors. By increasing reimbursement rates, we can ensure that doctors can continue to provide quality care and our seniors have access to the services they need. It's not just about fairness for physicians — it's about fairness for the people who built our communities.

**Christopher R. Morris, MD, MACR**  
*Kingsport*

# BAINBRIDGE ISLAND REVIEW

## Rheumatology care

**January 16, 2026**

Living with a rheumatic disease has taught me how important and challenging access to care really is. From long wait times to long drives, getting the care I need can feel like a full-time job.

For patients with any chronic condition, regular visits and timely treatment aren't optional – they're what keep us functioning, working, and able to enjoy our lives. But right now, too many Washingtonians are waiting months for appointments or traveling hours to find a specialist. Unfortunately, I have friends who are struggling with the same challenges and have had to give up activities they love simply because their disease went unchecked for too long.

This shouldn't be the reality in a state that prides itself on innovation and healthcare leadership.

It's time for our lawmakers to invest in programs that bring more rheumatologists to underserved areas, expand telehealth options, and ensure doctors are supported so they can keep their doors open. People with chronic diseases are asking for help; I hope our leaders are listening.

**Laura Genoves**  
*Bainbridge Island*

# The Providence Journal

## Physician reimbursement must change

**January 18, 2026**

Medicare is a lifeline for millions of older Americans, but the system that pays the physicians caring for them is no longer keeping pace with reality. The way Medicare currently reimburses providers is outdated and fails to meet physicians' needs. Payment rates have not kept pace with inflation or the rising costs of patient care, placing increasing financial strain on independent practices across the country. Meanwhile, red tape and reporting requirements are diverting valuable physician time away from the exam room.

This combination is pushing an already limited healthcare workforce to its limits. Without action, more practices will struggle to stay open, and patients will face even greater barriers to care.

Fortunately, Congress has an opportunity to modernize this broken system. Reform should include annual inflationary updates, support for high-value care, and meaningful simplification of burdensome regulations. I urge the Rhode Island delegation to make Medicare payment reform a priority. Preserving access to care and protecting the future of Medicare depends on it.

**Dr. Matthew White**

*Providence*

# Call Newspapers

*Serving South St. Louis County Since 1989*

## Writer, a doctor, says our health insurance system is broken

**January 21, 2026**

As a rheumatologist, I can't begin to tell you how frustrating my early career has been. From being forced to work remotely for one year because of a hospital's non-compete rule (despite our nation's doctor shortage) to dealing with the persistent and evolving insurance barriers, I have clearly seen that our health system is broken.

During my non-compete year, I had the opportunity to advocate with the American College of Rheumatology in Washington, D.C. The visit opened my eyes to the need for insurance reform, especially for patients who rely on specialty medications, and the lack of congressional urgency to address broad healthcare issues. Insurance barriers like prior authorizations and opaque pharmacy benefit rules delay care and drive up costs. These policies harm patients who need timely treatment to stay healthy and independent. They also frustrate doctors, taking up hours of time that could be spent with patients instead of paperwork. Moreover, whenever an insurance inappropriately denies or delays care, no legal mechanisms of accountability exist.

We can and should demand a system that puts patients, not red tape, at the center. When will policymakers wake up and address our broken system?

**Joshy Pathiparampil**

*St. Louis County*



## **Medicare underpayment**

### **January 26, 2026**

As a physician who cares for Medicare patients, I am deeply concerned about the long-term effects of inadequate Medicare reimbursement rates on public health. Underfunded Medicare payments already threaten the overall quality of health care our seniors will receive, and without action, this will only get worse in the coming years.

When reimbursements fail to cover increasing care costs, physicians must make difficult decisions, like seeing more patients faster, reducing staff or quitting the Medicare program. With fewer physicians willing or able to accept Medicare patients, seniors are at risk of delays in care, missed diagnoses and worse health outcomes.

To ensure that physicians can continue to provide timely, high-quality care, Congress should take on meaningful reform that fixes the Medicare payment system, accounts for inflation and supports doctors. It's time to invest in the health of our seniors and the future of our health care system.

**Robert G. Lahita**  
*Wayne*

**[Congress must demand greater transparency from pharmacy benefit managers](#)**

**February 13, 2026**

Every day, I see people struggle to pay for the medicines they need to treat diseases such as diabetes, cancer and rheumatoid arthritis. One big reason for the rising costs of already too-expensive medicines is the pharmacy middlemen, called pharmacy benefit managers.

Pharmacy benefit managers negotiate drug prices and create drug lists, called formularies, for insurance companies and health plans, including employer health plans, Medicare and Medicaid managed plans. They make decisions based on rebates and deals with drug companies. Yet their process is primarily shielded from public scrutiny, so we cannot see the costs and conflicts of interest.

As a doctor, I've seen how this lack of transparency drives up costs for patients and, in a worst-case scenario, makes lifesaving medications unattainable.

Greater pharmacy benefit manager transparency would benefit all members of society. With greater transparency comes greater accountability, which then, in turn, leads to savings reaching patients instead of being diverted into business profit.

I urge everyone to call their members of Congress and ask them to support meaningful pharmacy benefit manager reform. Let them know that transparency matters and this is a life-or-death matter for patients.

**Rebecca Shepherd, M.D.**

*Providence Township*

## [Reform Medicare reimbursement rates to keep up with inflation](#)

**February 22, 2026**

As a physician, I witness every day how inadequate Medicare reimbursement undermines care for our seniors. Year after year, reimbursement rates have not kept pace with inflation, while the growing costs of running a practice, including staffing, technology, and overhead, all continue to climb.

As a result, many physicians are limiting the number of Medicare patients they accept or spending less time with each patient to keep their practice viable. Our older neighbors deserve full access to quality care, not second-best.

Congress must reform Medicare payments so physicians can sustain practices, devote adequate time to patients and maintain the high standard of care our seniors deserve. Supporting physicians is supporting the community's health and dignity.

**Reema Syed, MD**

*Olivette*

# Abilene Reporter News

## Congress, Don't turn public health into a political game

**February 25, 2026**

For over 50 years, the Advisory Committee on Immunization Practices has played a vital role in shaping vaccination schedules, guiding insurance coverage and protecting Americans from preventable diseases. The recent removal of ACIP panel members threatens to undermine this foundation and put public health at risk.

As a rheumatologist, I care for patients with weakened immune systems who are especially vulnerable to infections that vaccines can prevent. Vaccinations not only protect these individuals but also help reduce the spread of disease in our communities.

Expert guidance from ACIP has enabled physicians to follow safe, evidence-based vaccination protocols. Without this expertise, states may adopt less effective immunization strategies, leading to increased vaccine hesitancy and gaps in coverage if insurers or providers alter their policies.

Immunization recommendations should be based on clinical research and scientific evidence — not political agendas or misinformation. Congress must investigate the removal of ACIP members and ensure transparency in this process. We must support our doctors and scientists, not politicize public health decisions, to safeguard the well-being of current and future generations.

**Violeta Baddour, MD**



## End excessive red tape and let patients access treatments they need **February 26, 2026**

For many patients with autoimmune and rheumatic diseases, consistent treatment significantly affects their quality of life. So, when that treatment is delayed or denied because of insurance prior authorization policies, it directly leads to very real pain and suffering.

What began as a way for insurance companies to control costs and ensure treatments are medically necessary has become a massive hurdle for patients and providers. Prior authorization has routinely blocked access to care for those living with a chronic illness.

Additionally, these policies also force physicians to spend hours navigating red tape, rather than treating their patients. This leaves those suffering from chronic illnesses waiting to see a doctor and increases the chances of further complications.

When treatments are delayed by red tape, patients suffer and health outcomes become harder to manage. It's time to put patients first and reform prior authorization policies.

**Angelo Santangelo**

*Prior Authorization Certified Specialist  
Smithtown*

# Chicago Tribune

## Major blow to health care

**March 1, 2026**

At a time when patients are waiting weeks for appointments and hospitals are struggling to fill shifts, the last thing policymakers should be doing is making it harder to train health care professionals. Unfortunately, a recent announcement from the U.S. Department of Education lays the groundwork to limit which health care workers are considered to have professional degrees, excluding access to vital student-loan financing.

The Education Department's proposed federal loan eligibility rule will limit the definition of a "professional degree" to 11 degrees, excluding nurses, physician assistants, physical therapists, social workers and other crucial health care roles. This would make it harder for these essential providers to finance graduate education — further straining an already stretched workforce.

Limiting the amount of federal loans these students can access will not lower tuition costs; it will create an untenable financial situation that is likely to turn them away from high-demand professions. Not to mention the disproportionate effect this will have on students from diverse and low-income backgrounds, undermining efforts to build a representative health care workforce and preventing even more qualified candidates from entering the field.

We are already facing severe shortages of physicians, nurses and allied health professionals, and we cannot afford to lose any more. I urge the Education Department to reconsider this policy and maintain current professional degree definitions to ensure a robust workforce pipeline across health care disciplines.

**Dr. Rosalind Ramsey-Goldman**

*Chicago*

# The News & Observer

## Medicaid Cuts

**March 1, 2026**

Approximately 25% of older Americans on Medicaid are living with a rheumatic disease. For these patients, care isn't optional; it's essential to maintain their health, independence, and quality of life.

As a rheumatologist, I see firsthand how funding cuts to Medicaid are so detrimental for my patients living with arthritis, lupus, and other complex autoimmune diseases. Arthritis is already the country's leading cause of disability, and failing to invest in the health of these populations may further reduce their ability to work. Cutting Medicaid funding doesn't just harm patients, it weakens our workforce, burdens caregivers, and increases healthcare costs for everyone.

At a time when our system is already under strain, we should be strengthening, not dismantling, the programs that keep our most vulnerable neighbors healthy.

**Mary Anne Dooley, MD**

*Clayton*

# The Charlotte Observer

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**Mary Anne Dooley, MD**

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# The Herald-Sun

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**Mary Anne Dooley, MD**

*Clayton*

# THE CAP TIMES

## Medical research cuts hurt us all

**March 12, 2026**

Dear Editor: Arthritis is the leading cause of disability in America, affecting millions of adults and an estimated 300,000 children. It is also extraordinarily costly, accounting for roughly \$304 billion in annual medical expenses, lost wages and reduced productivity.

Research from the National Institutes of Health (NIH) helps improve treatments and lower costs, but the NIH is only able to fund approximately one in every five promising proposals.

My family has a history of arthritis, which makes rheumatic diseases deeply personal to me. I have seen my parents work hard to build a life in America, only to be saddled with these debilitating autoimmune diseases. After watching my parents dedicate their time and energy into making their Milwaukee community a better place, now seeing them struggle just to walk due to their arthritis breaks my heart.

Allocating more funding for the NIH will help alleviate these issues by not only reducing the economic burden of these diseases on the country, but also by helping find ways to give independence back to the patients who struggle with these diseases, my parents included.

**Rohit Bhatia**

*Greenfield*

# The Philadelphia Inquirer

## Special measures

**March 17, 2026**

As a pediatric rheumatologist in Philadelphia, I care for children living with complex, chronic autoimmune diseases, like juvenile arthritis and lupus, which can cause lifelong pain and disability without timely treatment. But across Pennsylvania, Delaware, and New Jersey, too many families are waiting months or being forced to travel across state lines to get their child the care they need.

That's because there are only a handful of pediatric rheumatologists in our state, with some regions having none at all. The shortage is growing worse still as a result of inflation, administrative burdens, and outdated physician reimbursement rates. We have created a system that discourages physicians from entering or staying in fields like pediatric rheumatology — and it's children who are paying the price.

It's time for our leaders in Washington to modernize physician payment to ensure updates that reflect the true cost of care and support the next generation of pediatric specialists. Without reform, families in Pennsylvania and beyond will face longer waits, longer drives, and worsening outcomes for children who deserve better.

**Jay Mehta**

*Philadelphia*