



Health Policy Alternatives, Inc.

Advisors on Health Policy,
Legislation, Regulations,
and the Policy-Making
Process

Principals

Pierre C. Poisson, J.D.

Marjorie Kanof, M.D., M.P.H.

Thomas Walke, Ph.D.

Marc Hartstein

Chris Peterson

Jessica Shapiro, J.D.

Jim Mathews, Ph.D.



Principals

Pierre C. Poisson, J.D. joined HPA in 2008 after more than 13 years providing legal and legislative drafting services with respect to U. S. health entitlement laws and other areas of federal law. In 2005, Pierre formed his own company providing policy analysis, procedural counsel, and drafting services for clients seeking assistance in developing legislation involving Medicare and Medicaid payments to providers and suppliers as well as for clients seeking improvements in health care services and other benefits under law for service members and veterans of the U.S. Armed Forces. Until 2005, he served as Assistant Counsel in the Office of the Legislative Counsel, U.S. House of Representatives, where for ten years he provided policy analysis and drafted legislation in the areas of Medicare, Medicaid, veterans' benefits, and the U.S. intelligence community. He previously served as a judicial clerk for a U.S. Tax Court judge. He earned a law degree from the Dickinson School of Law and his B.A. from Middlebury College.

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Marjorie Kanof, M.D., M.P.H. joined HPA in 2011 after 14 years in the federal government. Prior to joining the firm, she was the Managing Director for Health Care at United States Government Accountability Office (GAO). In that role, she was responsible to Congress for testimonies and reports covering the complete range of health care issues. She also provided leadership for implementation of portions of health care reform legislation. Before GAO, Marjorie worked at CMS and held a variety of positions including Deputy Director for Medicare Payment Policies and Deputy Director for Medicare Contractors. In these positions, she provided leadership for development and implementation of Medicare payment policies, Medicare claims contractors, and program integrity issues. Before government service, she was the Medicare Medical Director at BCBS of Massachusetts, where she developed local medical review policies for several Medicare products and was involved in national physician payment committees. Her medical background includes academic and clinical components. She was NIH funded in the field of immunology. She held a faculty position at the Harvard Medical School and Massachusetts General Hospital. She trained in pediatrics and gastroenterology at the Johns Hopkins Hospital. Marjorie earned a Master's in Public Health from the Harvard School of Public Health. She earned her M.D. from the University of Kansas. Email: mk.hpa@sso.org

Thomas Walke, Ph.D. joined HPA in 2013 after 10 years of federal government experience. Prior to joining the firm, he was an Assistant Director for Health Care at the United States Government Accountability Office (GAO). In this role, he was responsible for assisting the Congress in developing reports and testimonies on a wide range of health care topics including Medicare payment and financing issues, Medicare program integrity, and the Department of Veterans Affairs and Department of Defense health care systems. Thomas also has served as Deputy Director for the Center for Sustainable Health Spending at Altarum Institute. In this role, he led research projects involving the macroeconomics of health spending, workforce, prices, and long-term fiscal sustainability. He also served as Practice Area Leader of Forecasting and Economic Analyses at Altarum, conducting and supporting economic analyses for government and private sector clients, including analyses of new diagnostic technologies, among other responsibilities. His background includes health economics, program evaluation, and other quantitative and qualitative methods. He earned a Master of Science in Public Health and a Ph.D. in health policy and administration from the University of North Carolina School of Public Health. Email: tw.hpa@sso.org

Marc Hartstein joined HPA in 2016 after 26 years of Medicare policy experience. His areas of focus have included Medicare payments for inpatient hospital services, outpatient hospital services, physician services, Part B drugs, and clinical laboratory fee services among others. Marc has been central to the development of such issues as the Medicare Severity DRGs, the 2 midnight rule, off-campus hospital outpatient department payments, the mis-valued code initiative and regulations to implement Medicare's new clinical laboratory fee schedule. Marc's experience not only gives him detailed knowledge of the workings of the executive branch of government, he also has worked extensively with the legislative branch. He has assisted in the drafting of legislation, working with the Congressional Committees that have subject matter jurisdiction over Medicare. Marc has a master's degree in public policy from the University of Minnesota's Hubert H. Humphrey Institute of Public Affairs and a bachelor's degree in political science and economics from the University of Vermont. Email: mh.hpa@sso.org

Chris Peterson joined HPA in 2022 after more than 23 years providing health care policy analysis and advice in the areas of Medicaid, Children's Health Insurance Program (CHIP), private health insurance, alternative payment models, and tax policy. His experience as a nonpartisan health care policy advisor to the United States Congress includes nine years at the Congressional Research Service and six years at the then newly created Medicaid and CHIP Payment and Access Commission. In those roles, he provided technical insights on major health reform policy legislation, authored reports, and testified before congressional committees.

Chris also served four years as Acting Executive Director and Principal Deputy Director of Maryland's Health Services Cost Review Commission, where he helped negotiate Maryland's agreement with the Center for Medicare and Medicaid Innovation (CMMI) and led the team developing the state's latest value-based payment innovations and obtaining CMMI approval. Most recently, he served two years for MITRE, a private-sector consulting firm, where he provided strategic, policy and operational consulting services to the Center for Medicaid and CHIP Services and CMMI. He has also worked for the U.S. Agency for Healthcare Research and Quality and the National Bipartisan Commission on the Future of Medicare. Chris earned an M.P.P. from Georgetown University and a B.S. in mathematics from Missouri Western State University and is a Certified Healthcare Financial Professional and Fellow of the Healthcare Financial Management Association. Email: cp.hpa@sso.org

Jessica Shapiro J.D. joined HPA in 2023, after nearly 19 years of nonpartisan work with the Office of the Legislative Counsel of the U.S. House of Representatives, advising and guiding Leadership, Committee, and Member offices of the House in analyzing, drafting, and amending Federal health care legislation throughout the legislative process, from policy development of proposed legislation through introduction, Committee markup, Floor consideration, and conference. In that role, she served as the lead health counsel and drafter focusing on Medicare, Medicaid, the Children's Health Insurance Program, private group and individual health insurance markets and reforms (including with respect to ERISA plans, IRC plan enforcement, and Public Health Service Act title XXVII enforcement), COBRA assistance, ACA Exchanges and reforms, Federal health insurance program fraud, waste, and abuse prevention, health information technology, the 340B program, and HIPAA. With respect to Medicare policy, areas included quality incentive and reporting programs, inpatient and outpatient benefits and payment systems, the Medicare Advantage program, and the prescription drug program. Jessica earned a law degree from the University of Virginia School of Law and her B.A. from the Johns Hopkins University. Email: js.hpa@sso.org

Jim Mathews, Ph.D Prior to joining HPA in 2024, Jim was Executive Director of the Medicare Payment Advisory Commission (MedPAC) from 2017 to 2023, after having served for nearly a decade as the Commission's Deputy Director. In these leadership roles, Jim provided policy advice and analysis to the Congress and the Centers for Medicare and Medicaid Services (CMS) that informed the development of major pieces of Medicare legislation and regulation. MedPAC's recommendations under Jim's leadership helped shape changes to Medicare's payment policies for drugs, hospitals, and post-acute care providers contained in the Bipartisan Budget Act of 2018, the new rural emergency hospital designation in the Consolidated Appropriations Act 2021, and the restructuring of the Medicare Part D benefit in the Inflation Reduction Act of 2022. He is also a recognized national expert on Medicare Advantage.

Jim has held a variety of management and analytic positions throughout his career in health policy, having served with the office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services, the U.S. Government Accountability Office, the Prospective Payment Assessment Commission, the Office of Management and Budget, and CMS.

Jim was named one of *Modern Healthcare's* 100 most influential people in health care in 2021 and 2022. He earned Bachelor's, Master's, and Doctorate degrees from the University of Chicago. Email: jm.hpa@sso.org

HPA combines technical expertise and analytical skills with an in-depth knowledge of the federal health policy-making process to help clients develop proposals and strategies that take into account the current legislative, regulatory, and political climate.

- Assessment and monitoring of the policy environment and analysis of regulations and legislation
- Design and analysis of policy proposals
- Presentations and educational programs
- Strategic advice and consultation related to new and emerging products
- Written products to support advocacy efforts, including legislative analysis, Congressional testimony, regulatory comments, draft legislation and supporting documents for client proposals.
- Timely, strategic advice about policy risks and opportunities

HPA special projects have included analyses of provider payment and health system reform; comprehensive overview of the current health-care system and possible future scenarios; analysis of insurance regulation; assessments of coding and coverage policies, including use of comparative effectiveness; analysis of trends in the utilization of physician and other health care services; and review of Medicaid payment policies and financing mechanisms available to State governments.



HPA provides consulting services on a retainer or special project basis to a broad range of clients. Since 1978, we have helped organizations meet their objectives by offering technically sound and practical advice about health care issues and the health policy-making process.

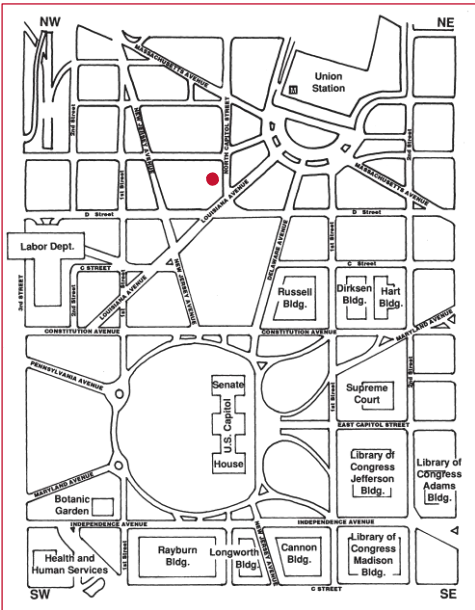
HPA clients include hospital associations; physician, nursing and other practitioner associations; insurance associations and companies; health delivery organizations; consumer and patient representatives; foundations; manufacturer associations and individual corporations providing a variety of health care products and services.

HPA principals have a long and varied history working for the U.S. Congress and the Department of Health and Human Services. They also have had extensive experience in health-related trade associations. The principals offer diverse academic backgrounds, including individuals with advanced degrees in medicine, law, public health, political science, public policy, health administration, and public administration.

HPA works closely with the leadership, committees and staffs of client organizations to address their health policy needs. Our products are wide-ranging, including:

Our Founders' Vision

After many years of health policy work on Capitol Hill and in Federal executive branch agencies, Bill Fullerton, Stan Jones, and Irv Wolkstein founded HPA on December 15, 1978. They modeled the firm after the Congressional Research Service (CRS) of the Library of Congress, a source of confidential, objective and nonpartisan expert analysis and advice for congressional committees and Members of Congress. Bill, Stan and Irv wanted HPA to provide private sector organizations—both large and small—with CRS-like analytic support to help them be more effective participants in health policy debates and deliberations. We are proud to continue this tradition.



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