RegenMed

WHITE PAPER

PATIENT AGENCY IN MODERN HEALTHCARE

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INTRODUCTION

The modern healthcare environment has reached a pivotal juncture where the traditional silos of clinical authority are being dismantled by a surge in patient agency. This transformation is not a singular event but a convergence of regulatory mandates, technological innovations in self-sovereign identity, and a profound cultural shift toward data ownership. As the industry enters the mid-2020s, the role of the patient has evolved from a passive recipient of care to a primary driver of clinical protocols, a strategic partner in product development, and the ultimate steward of real-world evidence.

This White Paper discusses the mechanisms underpinning this shift, examining the institutional power of advocacy groups, the disruptive potential of informal digital networks, the accountability enforced by class action litigation, and the structural implementation of the RegenMed Circles Platform as a solution for ethical data participation.

PATIENT AGENCY IN MEDICAL PRODUCT DEVELOPMENT

The inclusion of the patient voice has transitioned from an ethical aspiration to a commercial and regulatory imperative. Pharmaceutical and medical device companies now recognize that patient insights are essential for navigating the complexities of modern drug development, particularly in an era where the FDA increasingly relies on real-world evidence (RWE) to supplement traditional clinical trials. By 2026, the institutional power of patient advocacy groups (PAGs) has matured, positioning them as essential intermediaries that bridge the gap between researchers, regulators, and affected communities.

THE STRATEGIC INTEGRATION OF ADVOCACY GROUPS

A significant majority of pharmaceutical companies—estimated at 90%—report active collaboration with patient advocacy groups to better understand the lived experience of patients and identify unmet medical needs. These partnerships are no longer restricted to late-stage marketing; they are now embedded in the earliest phases of clinical trial design. PAGs provide critical input on protocol endpoints, helping to ensure that research focuses on outcomes that are truly meaningful to patients, such as the management of chronic fatigue or pain levels, rather than purely biochemical markers.

The evolution of PAGs from philanthropic support systems to data-rich research partners is evidenced by their development of proprietary patient registries. These registries offer a

well-defined natural history of rare diseases, which is often a prerequisite for obtaining FDA approval through accelerated pathways. For example, the FDA's Rare Disease Innovation Hub and the Patient Engagement Collaborative (PEC) provide formal structures where patient organizations can share their data and perspectives directly with regulators, ensuring that the regulatory process is grounded in real-world patient needs.

Engagement Metric	Impact on Product Lifecycle	Outcome (2025-2026)
Unmet Need Quantification	Early identification of therapeutic gaps.	Higher prioritization of orphan drug candidates.
Protocol Optimization	Reduction in participant burden and visit frequency.	Lower clinical trial attrition rates and faster enrollment.
RWE Generation	Supplementation of traditional clinical trial data.	Accelerated approval for rare disease therapies.
Post-Market Surveillance	Long-term monitoring of real-world safety and efficacy.	Enhanced label updates and expansion of indications.

Historical Precedents and Regulatory Reform

The current influence of patients is built upon a foundation of activism that dates back to the HIV/AIDS crisis of the 1980s. Groups like ACT UP and the Treatment Action Group (TAG) fundamentally changed the regulatory landscape by demanding access to investigational drugs and advocating for surrogate endpoints that could speed the approval process. These efforts led to the creation of the FDA's Accelerated Approval Pathway and Expanded Access Programs (EAPs), which remain critical tools for patient-centric care in 2026.

Similarly, the rare disease community's lobbying efforts in the late 20th century culminated in the Orphan Drug Act (ODA) of 1983. This legislation provided the financial incentives—such as tax credits and extended market exclusivity—that made it viable for companies to invest in small patient populations. These historical victories have socialized the concept that patients are not just subjects but "partners in discovery," a mindset that is now being codified through modern data sovereignty initiatives.

SOCIAL MEDIA AND INFORMAL PATIENT NETWORKS

While formal advocacy groups operate within the established regulatory framework, informal patient communities on social media and digital platforms are exerting a different, more disruptive form of influence. These networks, which include platforms like WhatsApp, TikTok, and specialized mHealth applications, have democratized medical information and created powerful peer-to-peer support systems.

THE RISE OF EXPERIENTIAL EXPERTISE

In these digital spaces, patients share "experiential expertise"—practical knowledge about managing side effects, navigating insurance hurdles, and communicating with healthcare providers that may not be covered in official clinical guidelines. For many, these informal groups provide a sense of normalization and belonging that is critical for mental health and adherence to complex treatment regimens.

However, the decentralized nature of these platforms also introduces significant risks. By 2026, the "algorithm-driven content prioritization" of major social media platforms has been identified as a major driver of health misinformation. Sensationalist narratives and emotionally charged content often circulate more rapidly than nuanced, evidence-based guidance, leading to challenges such as vaccination hesitancy or the use of unregulated supplements. This has forced healthcare organizations to develop Strategic Social Media Guidelines to effectively counter misinformation and reach underrepresented communities.

STRATEGIC PROVIDER RESPONSES TO DIGITAL NETWORKS

Healthcare systems have begun to recognize that community-based sites are the key to reaching diverse patient populations, particularly those living in "pharmacy deserts" or rural areas. By leveraging digital platforms for targeted outreach, these sites can rewrite standard operating procedures to include patients with comorbidities or those from historically marginalized backgrounds.

Digital Engagement Category	Primary Benefit	Risk Factor
Peer-to-Peer Mentoring	Improved help-seeking behavior and literacy.	Exposure to harmful content or misinformation.
Real-Time Feedback	Immediate insights into	Reinforcement of stigma in

	treatment side effects.	certain cultural contexts.
Strategic Outreach	Identification of underrepresented populations.	Privacy risks and potential for data exploitation.
Crowdsourced Research	Rapid collection of patient-reported outcomes.	Lack of scientific validation and potential for bias.

ACCOUNTABILITY THROUGH LITIGATION

The influence of patients is increasingly manifested through legal action, which serves as a blunt instrument for enforcing safety standards and data privacy. Patient class actions and whistleblower lawsuits have become a primary driver of institutional change, forcing healthcare providers and technology vendors to adopt more rigorous safeguards.

THE IMPACT OF MEGA-BREACHES AND DATA PRIVACY LITIGATION

The cost of data breaches in the healthcare sector has reached historic highs by 2026, with the average breach now costing nearly $10 million. Significant cases, such as the 2024 Change Healthcare breach, which affected 190 million individuals and cost about $3 billion, have demonstrated the catastrophic consequences of inadequate security. These incidents have led to massive class action settlements, including the $115 million Anthem settlement, which mandated not only financial payouts but also comprehensive security reforms.

Litigation is also targeting the unauthorized sharing of health data through pixel tracking and other third-party integrations. These cases highlight the importance of obtaining explicit patient consent and maintaining robust business associate agreements (BAAs). As a result, healthcare organizations are shifting their approach to data governance, viewing privacy as a patient safety issue rather than a mere IT compliance task.

AI AND THE EVOLVING LIABILITY LANDSCAPE

The rapid integration of artificial intelligence into clinical practice has created a new frontier for medical malpractice litigation. As of 2026, the phenomenon of "automation bias"—the tendency of clinicians to over-rely on algorithmic suggestions—is a major source of error. Patients are now filing class actions against providers who use "black box" algorithms for diagnosis or insurance claim denials without adequate human oversight.

Legal experts have noted that the standard of "reasonable care" is shifting. Clinicians may soon be measured by what an AI system *could* have detected or prevented, creating a "no-win" scenario where both following and overriding an algorithmic recommendation carries legal risk. This has led to the emergence of "AI governance memos" as a necessary defensive measure for healthcare institutions.

Legal Risk Area	Key Driver (2025-2026)	Regulatory Response
Data Breach Liability	Ransomware and third-party vendor attacks.	Enhanced HIPAA Security Rule and mandatory MFA.
AI Diagnostic Error	Deteriorating "zombie algorithms" and bias.	Requirements for AI explainability and human oversight.
Information Blocking	Deliberate interference with patient data access.	Civil monetary penalties up to $1 million per violation.
Algorithmic Denial	Automated insurance reviews without human review.	State-level mandates for human-in-the-loop insurance decisions.

THE SOVEREIGNTY MOVEMENT: OWNERSHIP OF MEDICAL RECORDS

A fundamental driver of modern patient influence is the growing awareness of the right to own and control medical records. This movement is being codified through landmark regulations that prioritize transparency, interoperability, and patient autonomy.

REGULATORY FOUNDATIONS OF DATA ACCESS

The 21st Century Cures Act and subsequent final rules from the Office of the National Coordinator for Health IT (and the Centers for Medicare & Medicaid Services have fundamentally altered the data landscape. By 2026, all healthcare providers must offer standardized API access, typically using the FHIR R4 standard, which allows patients to access their data through the third-party application of their choice.

The implementation of United States Core Data for Interoperability (USCDI) Version 3 as a certification baseline in January 2026 has expanded the data classes that must be shareable, including clinical notes, lab results, and diagnostic images. Furthermore, updated HIPAA

Notices of Privacy Practices (NPPs), mandated by February 16, 2026, require providers to clearly explain in plain language how patient data moves through interoperable systems and how consent is managed across different care settings.

THE EMERGENCE OF SELF-SOVEREIGN IDENTITY (SSI)

In response to the limitations of centralized health systems, Self-Sovereign Identity (SSI) has emerged as a revolutionary model for data management. SSI shifts control from institutions to individuals, allowing patients to manage multiple credentials from different sources in a decentralized manner. This model utilizes blockchain and cryptographic tools to provide patients with full control over their digital identities, including the ability to granularly select what information to share and with whom.

A critical feature of the SSI model is the cryptographic "kill switch," which empowers patients to revoke access to their data at any time. This decentralization eliminates single points of failure, making healthcare data far more resilient to the ransomware attacks that plagued the industry in 2024 and 2025.

THE REGENMED CIRCLES PLATFORM

The RegenMed Circles platform represents a proactive structural response to the evolution of patient agency. By moving away from the "data brokerage" model—which often exploits silent de-identification clauses—Circles implements a Sovereign Ownership framework that aligns the interests of practices, patients, and researchers.

THE CLINICAL ARCHITECTURE OF CIRCLES

The platform is built on a "sequential hierarchy" designed to transform clinical practice into high-quality real-world evidence. This architecture ensures that data is not merely collected but is clinically relevant and statistically rigorous.

Clinical Hypothesis: The specific scientific or health equity objective originating from medical practice.

Observational Protocol: A standardized, prospective framework that translates hypotheses into longitudinal data capture systems.

The Case: The fundamental unit tracking a patient's journey from diagnosis through

standardized outcomes.

The Circle: A collaborative engine where physicians within and across institutional and national borders aggregate Cases to reach statistical significance.

The Circle Dataset: Verifiable datasets formatted for regulatory licensing.

SOVEREIGN ECONOMICS AND THE SPLIT-IP MODEL

The Circles platform inverts the traditional healthcare data economy through the Split-IP Model. Under this contractual framework, the provider and its patients own the source data, the platform owns the technical architecture, and the patient maintains data sovereignty.

This model enables the distribution of "data dividends," where patients are compensated for licensing their longitudinal data to researchers. To support this ecosystem, RegenMed is developing the Circle Health Coin, a digital asset that facilitates transactions within the Self-Sovereign Health Identity framework while maintaining compliance with 2026 financial and regulatory standards.

ADVANCED PRIVACY VIA EXPERT DETERMINATION 2026

The platform addresses the unique risks of genomic and "omics" data through the Expert Determination 2026 Standard. While the traditional HIPAA "Safe Harbor" method removes 18 specific identifiers to achieve compliance, it often renders data useless for advanced research or AI training. Expert Determination, by contrast, uses sophisticated statistical modeling to confirm that the risk of re-identification is "very small" while retaining critical granular data like month-level dates and sub-state locations.

This method is increasingly viewed as the "appropriate standard" for AI licensing transactions in 2026. A well-documented Expert Determination opinion serves as a powerful regulatory asset, providing a "risk transfer" mechanism that protects institutions during audits or litigation.

EDUCATING SPATIENT GROUPS ON CIRCLE DATASETS VALUE

To realize the potential of the Circles platform, specific patient cohorts must be educated on how the model directly benefits them and their peers. The messaging must be tailored to address the unique concerns of each group, from privacy fears to the desire for medical

breakthroughs.

Rare Disease Communities

Patients with rare diseases are often highly motivated to share data to accelerate the development of therapies. However, they are also highly vulnerable to re-identification due to the unique nature of their conditions.

Value Proposition: Circles provides a way for small populations to reach "statistical significance" by aggregating data across multiple sites using standardized protocols.

Messaging Focus: Highlight the Expert Determination standard as a way to protect their identity without stripping away the genomic data that is essential for research.

Peer Benefit: Emphasize that by contributing their data to a Circle, they are providing the "substantial evidence" needed for the FDA to approve life-saving treatments more quickly.

Chronic Condition Management

For patients managing long-term conditions like autoimmune disorders or diabetes, the primary concern is often the burden of participation and the desire for personalized care.

Value Proposition: Circles focuses on longitudinal data, which is significantly more valuable than fragmented records. A 12-month Case can reveal treatment patterns that lead to better outcomes for everyone in the cohort.

Messaging Focus: Use lay summaries to explain how their participation helps researchers understand the "total picture" of a disease, leading to more accurate clinical decision support tools.

Financial Incentive: Introduce the concept of data dividends and the Circle Health Coin as a way to receive tangible value for their consistent participation in Circles.

Genomic and "Omics" Research Participants

Participants in high-level genomic research are increasingly aware of the "combinatorial risk" where their DNA, combined with social determinants of health data, can be easily re-identified.

Value Proposition: The Sovereign Identity model and the "kill switch" ensure that the patient is the ultimate gatekeeper of their biological blueprints.

Messaging Focus: Position the platform to prevent the "erasure" of communities from clinical research while maintaining absolute control over how their genetic legacy is used.

Ethical Standard: Frame participation as a "social contract" where transparency and reciprocity replace the extractive models of the past.

THE REGULATORY AND LEGISLATIVE LANDSCAPE

Implementing a sovereign data ecosystem requires a deep understanding of the regulatory stack that governs healthcare, finance, and artificial intelligence in 2026.

FEDERAL PRIVACY AND INTEROPERABILITY MANDATES

HIPAA NPP 2026 Updates: By February 16, 2026, healthcare providers must update their Notices of Privacy Practices to reflect new protections for substance use disorder (SUD) records under 42 CFR Part 2. These notices must move beyond legal boilerplate to provide "plain-language" explanations of how data flows through interoperable systems.

21st Century Cures Act / Information Blocking: Enforcement of the information blocking rule is now active, with civil monetary penalties of up to $1 million for certain actors who knowingly interfere with the access, exchange, or use of electronic health information (EHI).

USCDI v3: As of January 1, 2026, compliance with USCDI v3 is mandatory for certified health IT, ensuring a standardized set of data classes for nationwide exchange.

FINANCIAL AND DIGITAL ASSET REGULATIONS

SEC Interpretive Release (March 17, 2026): The SEC has clarified that "Digital Tools" that perform practical functions within a system are generally not securities, provided they do not generate passive yield or rights to future profits. This is critical for the classification of the Circle Health Coin.

IRS Form 1099-DA: Brokers must report digital asset transactions to the IRS beginning with the 2025 tax year. Patients receiving data dividends must be informed of these reporting requirements to avoid tax liabilities.

EMERGING STATE AND INTERNATIONAL AI LAWS

Texas TRAIGA (January 1, 2026): This law prohibits the use of AI for behavioral manipulation or discrimination in healthcare and requires providers to disclose the use of AI in clinical interactions.

California AB 2013: Effective January 1, 2026, AI developers must publicly disclose the sources of their training data, adding a layer of transparency to diagnostic algorithms.

EU AI Act (August 2, 2026): The full high-risk AI compliance framework takes effect, covering healthcare AI that analyzes patient-specific information. The law's extraterritorial reach means that any global research using AI on EU data must comply with these rigorous standards.

Regulatory Framework	Effective Date	Strategic Relevance for Circles Platform
HIPAA 42 CFR Part 2	Feb 16, 2026	Mandates precise consent management for sensitive SUD data.
SEC Token Taxonomy	Mar 17, 2026	Confirms the legal status of utility-based health coins.
USCDI v3 Baseline	Jan 1, 2026	Defines the standardized data set for clinical hypotheses.
Texas TRAIGA	Jan 1, 2026	Requires transparency and disclosure for AI-driven diagnosis.
EU AI Act	Aug 2, 2026	Necessitates global conformity for AI-enabled medical products.

CONCLUSION AND STRATEGIC FORECAST

The transition from a "data extraction" model to a "sovereign participation" model in healthcare is irreversible. By 2026, the influence of patients on clinical decisions and product development is no longer a peripheral trend but the central organizing principle of the industry. This shift is driven by a mature advocacy landscape that acts as a strategic partner to both pharma and regulators, a digital town square that empowers individuals through experiential expertise, and a legal system that enforces accountability for data misuse.

The RegenMed Circles platform offers the necessary structural answer to this evolution. By implementing a Split-IP model and utilizing the Expert Determination 2026 Standard, the platform provides a mechanism for ethical data monetization and statistically rigorous research. For medical practices, this means a new revenue stream and a return to clinical autonomy. For patients, it represents the realization of true data sovereignty—where they are not just sources of information, but active stakeholders who own their health narratives and share in the value they create.

To succeed in this environment, healthcare leaders must look beyond simple compliance and embrace a "Sovereign First" strategy. This involves educating patient groups on the inherent value of their longitudinal data, adopting decentralized identity frameworks to protect against cyber threats, and navigating the complex "Regulatory Stack" with transparency and integrity. The organizations that prioritize the patient as a sovereign partner will be the ones that drive the next century of medical innovation.

REFERENCES

Patient Advocacy Organizations as Influencers for Efficient Drug and https://www.iqvia.com/locations/united-states/blogs/2024/10/patient-advocacy-organizations-as-influencers

Amplifying Patient Voices: The Impact of Advocacy Groups in Clinical Trials. https://premier-research.com/perspectives/amplifying-patient-voices-the-impact-of-advocacy-groups-in-clinical-trials/

Interactions Between Pharmaceutical Companies and Patient Advocacy Groups in Japan: A Qualitative and Quantitative Interview Study - Dove Medical Press. https://www.dovepress.com/interactions-between-pharmaceutical-companies-and-patient-advocacy-gro-peer-reviewed-fulltext-article-RMHP

Tips to Elevate Patient Engagement in Rare Disease Trials - Premier Research. https://premier-research.com/perspectives/elevating-patient-engagement-in-rare-disease-trials-practical-strategies-that-work/

From Patients to Partners: The Rising Power of Advocacy in Drug Development - Pharma's Almanac. https://www.pharmasalmanac.com/articles/from-patients-to-partners-the-rising-power-of-advocacy-in-drug-development

Effect of social and digital media mental health messaging on https://pmc.ncbi.nlm.nih.gov/articles/PMC12974885/

The Impact of Social Media on Health Behaviors, a Systematic Review - PMC - NIH. https://pmc.ncbi.nlm.nih.gov/articles/PMC12608964/

"We are ambassadors, we are advocates": rare disease patient advocacy groups as knowledge brokers across health and social systems—a qualitative study from Poland - Frontiers. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1743598/full

The Impact of Social Media on Public Health and Education: Mechanisms, Vulnerabilities, and Policy Implications - MDPI. https://www.mdpi.com/2254-9625/16/3/43

The Impact Of Strategic Social Media Guidelines In Healthcare Communication - MavMatrix. https://mavmatrix.uta.edu/cgi/viewcontent.cgi?article=1016&context=honors_fall2025

Why We Need To Support Clinical Trial Sites In 2026 - MRN - Medical Research Network. https://themrn.io/newsroom/why-we-need-to-support-clinical-trial-sites-in-2026/

Key Health Care Enforcement Trends Under the Trump Administration: FCA, Data

Analytics, and Emerging Risk Areas | Foley & Lardner. https://www.foley.com/insights/publications/2026/04/key-health-care-enforcement-trends-under-the-trump-administration-fca-data-analytics-and-emerging-risk-areas/

Health Care Privacy Law Takeaways for a Compliant 2026: Pay Attention to Patient Concerns | Hall Render. https://hallrender.com/2026/03/18/health-care-privacy-law-takeaways-for-a-compliant-2026-pay-attention-to-patient-concerns/

Healthcare Data Privacy and Security: Avoiding Costly Mistakes in 2026. https://www.compliance.com/resources/healthcare-data-privacy-security/

Major Health Privacy Violations & HIPAA Penalties (2026): Real Cases & Settlements | HealthConsent. https://myhealthconsent.org/privacy-guide/violation-cases

Why Data Management in Healthcare Must Evolve in 2026. https://www.americandatanetwork.com/healthcare-analytics/why-data-management-in-healthcare-must-evolve-2026/

Healthcare Data Security in 2026: Protecting Sensitive Medical Information. https://www.eccu.edu/blog/healthcare-data-security-in-2026/

Healthcare AI Bubble Bursting: 2026 Risks. https://www.healthcare.digital/single-post/healthcare-ai-bubble-bursting-2026-risks

Predictions for U.S. Healthcare Through 2026 - memphismedce.bondwaresite.com. https://memphismedicalnews.com/article/1601/predictions-for-us-healthcare-through-2026

Healthcare fraud enforcement in 2025: A year of aggressive action https://www.whitecase.com/insight-our-thinking/healthcare-fraud-enforcement-2025-year-aggressive-action-expanding-risk

When the Rules Changed: The Top 2025 Privacy and Security Issues Still Shaping Healthcare. https://www.healthcarelawinsights.com/2026/02/when-the-rules-changed-the-top-2025-privacy-and-security-issues-still-shaping-healthcare/

Privacy Interoperability and Trust in 2026 - American Institute of Healthcare Compliance. https://aihc-assn.org/privacy-interoperability-and-trust-in-2026/

21st Century Cures Act EHR Requirements: 2026 Integration Guide - A&I Solutions. https://www.anisolutions.com/2026/04/02/how-the-21st-century-cures-act-changes-your-ehr-integration-requirements/

Complete FHIR Solution for the ONC Cures Act Final Rule - Firely. https://fire.ly/regulations/onc-health-it-certification-program/

Self-Sovereignty Identity Management Model for Smart Healthcare System - PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC9269346/

The Case for Self-Sovereign Identity - New America. https://www.newamerica.org/insights/nail-finds-hammer/the-case-for-self-sovereign-identity/

Self-Sovereign Identity: Unlocking the Future of Trust | Softtek Whitepaper. https://www.softtek.com/hubfs/insights/white-papers/Softtek_Self-Sovereign_Identity_unlocking_the_future_of_trust_EN.pdf?hsLang=en

Empower Healthcare through a Self-Sovereign Identity Infrastructure for Secure Electronic Health Data Access - arXiv. https://arxiv.org/html/2501.12229v1

HIPAA Safe Harbor vs. Expert Determination | Censinet, Inc.. https://censinet.com/perspectives/hipaa-safe-harbor-vs-expert-determination

HIPAA De-Identification Guide: Safe Harbor vs Expert Determination with Examples. https://www.accountablehq.com/post/hipaa-de-identification-guide-safe-harbor-vs-expert-determination-with-examples

Health Law Weekly - Arnold & Porter. https://www.arnoldporter.com/-/media/files/perspectives/publications/2026/04/weekly_4_3.pdf?rev=a6ba6d7c97c84631a83ffe2deccc0a66&hash=24150C30554A8D191030EE1A4D3E7064

Rare Disease Day 2026 - Alpha-1 Foundation. https://alpha1.org/rare-disease-day-2026/

Public Health Data Strategy Milestones for 2025 and 2026 | The PHDS - CDC. https://www.cdc.gov/public-health-data-strategy/php/about/phds-milestones-2025-and-2026.html

Data Is Care: Defending Visibility, Equity, and Integrity in Health Professions Education. https://socialmission.org/data-is-care/

Information Blocking - ONC - Office of the National Coordinator for Health Information Technology - HealthIT.gov. https://healthit.gov/information-blocking/

SEC Releases Landmark Interpretation on Application of U.S. Securities Laws to Crypto Assets, in Coordination With CFTC | Insights | Sidley Austin LLP. https://www.sidley.com/en/insights/newsupdates/2026/03/sec-releases-landmark-interpretation-on-application-of-us-securities-laws-to-crypto-assets

SEC Clarifies the Application of the Securities Laws to Cryptoassets. https://www.fintechanddigitalassets.com/2026/04/sec-clarifies-the-application-of-the-securities-laws-to-cryptoassets/

Reminders for taxpayers about digital assets | Internal Revenue Service. https://www.irs.gov/newsroom/reminders-for-taxpayers-about-digital-assets

Treasury, IRS issue proposed regulations to make it easier for digital asset brokers to provide 1099-DA statements electronically | Internal Revenue Service. https://www.irs.gov/newsroom/treasury-irs-issue-proposed-regulations-to-make-it-easier-for-digital-asset-brokers-to-provide-1099-da-statements-electronically