

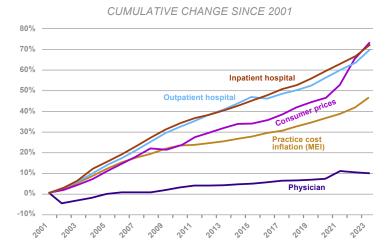
Support Physician Payment Reforms that Strengthen Independent Medicine and Protect Patient Access to High-Quality Care

FACT SHEET | SEPTEMBER 2024

BACKGROUND

Physicians are facing a 2.8% cut in pay under the proposed 2025 Medicare physician payment schedule. Physician reimbursement in Medicare has not kept pace with the rate of inflation for the past two decades, causing physician payments to decline by more than 30% in that time.

In February, a bipartisan Senate workgroup formed to begin developing long-term fixes to Medicare's physician payment structure and update MACRA. The U.S. Senate Finance Committee kicked off a bipartisan workstream to address physician payment reform with a hearing on the topic.



Sources: Federal Register, Medicare Trustee's Report, Bureau of Labor Statistics, Congressional Budget Office

Also in February, Senators Welch (D-VT) and Boozman (R-AR), and 30 of their colleagues, sent a letter to Senate Leaders Schumer and McConnell, calling on them to advance a legislative solution to support access to Medicare services by ensuring health care providers who treat Medicare patients are adequately compensated for the care they deliver.

More hearings are expected in the House and Senate throughout the year. Drafting of additional legislative language to reform the physician payment system is expected for possible consideration in a year-end healthcare package.

LEGISLATIVE SOLUTION

- The bipartisan Strengthening Medicare for Patients and Providers Act (H.R. 2474) introduced by Reps. Ruiz (D-CA), Bucshon (R-IN), Bera (D-CA), Miller-Meeks (R-IA) aims to block pending cuts to physician reimbursement and provides a permanent inflation-based update to the MPFS conversion factor based on the Medicare Economic Index.
- Terminate the burdensome and ineffective MIPS program.
- Require the Centers for Medicare & Medicaid Services (CMS) to initiate pilot tests of physician-focused alternative payment models.
- Address payment disparities between sites of care that are driving health care costs, hindering competition, and preventing independent practices from delivering value-based care.
- Increase affordable access to CMS claims data to better inform and develop APMs.

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