



End Medicare Payment Cuts: Cosponsor H.R. 879, the Medicare Patient Access and Practice Stabilization Act

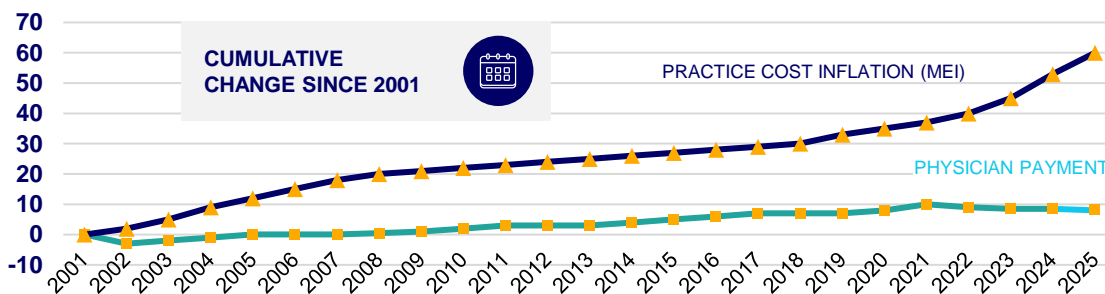
BACKGROUND

While the cost of practicing medicine has risen dramatically in recent years, Medicare physician payment has declined. According to the Medicare Trustee's Report, physician payment dropped by 33% from 2001-2025 when adjusted for inflation.

For 2025, the Centers for Medicare and Medicaid Services (CMS) estimate that the Medicare Economic Index (MEI) which measures the average annual price change of physician practices, will increase by 3.5% while physician payment decreased by more than 2.8%. Rising costs associated with staff wages, equipment, infrastructure, and inflation, compounded by challenges associated with recovering from the pandemic, are hampering physicians' ability to deliver care to patients.

PROBLEM

Osteopathic physicians across the nation, including many in rural and underserved communities, are struggling to keep their practices open due to increasing expenses and insufficient, unstable payment rates. Analysis of Medicare Trustees data found that inflation-adjusted Medicare payments to clinicians have decreased by 33% from 2001-2025, and a further 2.8% cut went into effect on January 1, 2025.



SOLUTION

Congress must act to protect patients' access to care by cosponsoring **H.R. 879, the Medicare Patient Access and Practice Stabilization Act**, to reverse harmful cuts to physician payment, and protect patients' access to care.



Support Physician Training in Rural and Underserved Areas through the Teaching Health Center Graduate Medical Education (THCGME) Program



BACKGROUND

The Teaching Health Center Graduate Medical Education (THCGME) program is a successful training program that fills critical primary care gaps where they are most needed, especially in rural and underserved communities.

There are 81 Teaching Health Center programs in nearly 30 states with nearly 1,200 medical residents handling more than an estimated one million patient visits annually. 82% of THC graduates remain in primary care practice, compared to 23% of traditional GME graduates. Additionally, 55% of THC graduates practice in underserved communities, compared to 26% of traditional GME graduates.



PROBLEM



Funding for the THCGME program will expire on September 30, 2025, unless Congress enacts legislation to reauthorize funding for the program.

Short-term funding for the THCGME program jeopardizes the program, recruitment of medical students to train in rural communities, and access to care. Several THCGME programs have opted not to fill all residency positions for the academic year beginning Fall 2025 due to uncertainty in funding.

SOLUTION



The THCGME program needs robust, long-term-funding in order to continue its vital training of physicians in rural and underserved areas.

Support any legislation that would provide this stability in a multi-year reauthorization of the THCGME Program.



Protect Patients' Access to Care: Extend Telehealth Flexibilities and Support Medicaid

BACKGROUND

Millions of Americans, particularly in rural and underserved communities, rely on Medicaid coverage to ensure access to critical health care services. Medicaid and the Children's Health Insurance Program (CHIP) cover around two in five children in the U.S. including 2.3 million children with disabilities, as well as more than 40% of all births.

More than 7 million seniors are enrolled in Medicaid, and it pays for services for two in three nursing home residents. Also, more than 12 million people with Medicare are dually eligible for Medicaid, which helps cover out-of-pocket costs. Enhanced Medicare telehealth flexibilities have also robustly benefited those communities, as well as seniors nationwide, who might face barriers to accessing in-person care, such as transportation challenges, geographic distance, or weakened immune systems.



PROBLEM



Medicaid reform in the coming budget resolution could jeopardize access to care for the most vulnerable of our patients.

In addition, current Medicare telehealth flexibilities are due to expire on September 30, 2025. Absent Congressional action would leave many patients unable to continue their current treatment plans or access the care they need.

SOLUTION



We ask Congress to continue its history of bipartisan support for telehealth by extending Medicare telehealth flexibilities. While we support a permanent extension of vital telehealth services, we urge your support of at least a two-year extension of Medicare telehealth flexibilities that were extended in the Consolidated Appropriations Act of 2023.



In addition, as the majority of DOs practice in primary care and often serve in rural and underserved communities, we ask that you protect access to Medicaid for the most vulnerable of our patients.



Protect Patients' Access to Care by Extending Telehealth Flexibilities Support Medicaid