

Congress inches closer to Medicare physician pay fix

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Lawmakers from both sides of the aisle rallied around adjustments to the way Medicare sets physician pay during a hearing Tuesday as Congress faces a dwindling number of days to pass health care legislation before the end of the year.

The hearing of the House Energy and Commerce Committee Health Subcommittee focused on a slate of bills that seek to alter the mechanism Medicare uses for doctor pay, known as the physician fee schedule. Many groups have become concerned that the fees have become outdated, undermining doctors that rely on Medicare for business as health care costs have outstripped regular inflation.

The hearing is the subcommittee's last before the midterms in November as both parties aim to prove their track records on health care affordability.

"It is important that we continue to build on those efforts because we often hear of the challenges providers face due to payment uncertainty and regulatory complexity, which can divert time and resources away from patient care," Rep. [Morgan Griffith](#), R-Va., chair of the Health subcommittee, said. "These pressures can be particularly difficult for independent and rural practices with limited resources, and frequent changes to payment policies can make it even harder to provide care."

The panel considered several bills that seek to address budget neutrality requirements within the fee schedule that restrict the ability to provide doctors with increased funding. Under federal law, any change that results in more than \$20 million in new spending in a year must be offset by cuts elsewhere.

A bill ([HR 8163](#)) sponsored by Rep. [Greg Murphy](#), R-N.C., would increase that threshold to \$54.3 million. The House Ways and Means Committee approved the bill 44-0 in May.

A broader bipartisan bill ([HR 9693](#)), sponsored by Rep. [John Joyce](#), R-Pa., would increase that threshold to \$57.6 million. Like the Murphy bill, it would also establish automatic inflation-based updates to the schedule, which is currently not required. The Joyce bill aims to lessen administrative burdens on doctor offices, thereby reducing the risk to those that treat Medicare patients.

Timing

Any health legislation that gets through before the end of the year would likely have to be attached to a larger must-pass package. Rep. [Brett Guthrie](#), R-Ky., chair of the full committee, said after the hearing he's eyeing vehicles to get the bills over the finish line in the coming months.

“We’re recessing at the end of the week, waiting on the Senate to pass some things,” he said. “There’s important things that need to be done, and [we’re] trying to get the process in place so we can do something by the end of the year.”

Rebecca Andrews, past chair American College of Physicians board of regents, who testified at the hearing, welcomed Joyce's bill, saying it would target the underlying issues with the fee schedule that make primary care a less attractive option for new physicians.

“A permanent inflationary update would ensure physician payment never ends up three decades without an increase,” she said.

Rep. [Raul Ruiz](#), D-Calif., who could be a contender for the top Democrat on the Health subcommittee with Rep. [Diana DeGette](#), D-Colo., leaving Congress, said that the proposals are a start but don’t go far enough. He said physicians should be reimbursed the full Medicare Economic Index, which takes into account economy-wide labor productivity.

“I’m a little worried that we’re shortchanging physicians,” Ruiz said.

The panel also considered a pair of bills focused on strengthening cybersecurity in health systems. One ([HR 9908](#)) sponsored by Rep. [Erin Houchin](#), R-Ind., would direct the Health and Human Services Department to develop a strategy for strengthening cybersecurity.

A [draftbill](#) known as the Health Care Cybersecurity and Resiliency Act of 2026 would increase cybersecurity standards for private health care and bolster oversight within HHS. Sen. [Bill Cassidy](#), R-La., sponsors companion legislation ([S 3315](#)) that was approved by the Senate Health, Education, Labor and Pensions Committee in February.

The subcommittee also discussed a bill ([HR 3164](#)) that would restore pandemic-era Medicare coverage to include pharmacy-offered services for COVID-19; respiratory syncytial virus, known as RSV; and flu. The bill was approved by the Ways and Means Committee in May.

While the legislation considered during the hearing were largely bipartisan, Democrats used the opportunity to tout their health priorities as they seek to win back the House majority.

Rep. [Lizzie Fletcher](#), D-Texas, who on Tuesday stood in as ranking member for outgoing DeGette, drew attention to the policies from Republican in this Congress. She pointed to the Medicaid provisions included in the 2025 GOP reconciliation law ([PL 119-21](#)) and the expiration of the Affordable Care Act’s enhanced premium tax credits.

House Minority Leader [Hakeem Jeffries](#), D-N.Y., has indicated that addressing health care is a top priority for Democrats should they win back the House.

“While I hope that today we're able to discuss some thoughtful recommendations and ideas, I once again caution everyone that these are not normal times,” Fletcher said in her opening remarks. “And you cannot have a hearing on the legislation aimed at reforming our health care system without discussing the ways that this administration and this Congress are actively harming providers and patients with the policies that this Congress has enacted over the last two years.”