

E&C Health Panel To Discuss Bipartisan MACRA Reform Package, Other Medicare Pay Reform Bills

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When lawmakers return to Washington next week, the House Energy & Commerce health subcommittee will hold a legislative hearing on several health care bills, the most notable of which is a package from the House Republican and Democratic doctors caucuses to reform the Medicare Access and CHIP Reauthorization Act of 2015.

Alongside the closely-watched Patients First Act of 2026 (H.R. 9693) -- led by GOP Doctors Caucus co-chairs Reps. John Joyce (R-PA) and Greg Murphy (R-NC) and Democratic Doctors Caucus Chair Kim Schrier (D-WA) -- the subcommittee will be considering a handful of other Medicare pay bills next Tuesday (Sept. 15).

Those include the Provider Reimbursement Stability Act of 2026 (H.R. 8163) from Murphy and Rep. Brad Schneider (D-IL); the Medicare Physician Data-driven Performance Payment System Act of 2026 (H.R. 8622) from Reps. Mariannette Miller-Meeks (R-IA) and Herb Conaway (D-NJ); and the Promoting Fairness for Medicare Providers Act of 2026 (H.R. 7863) from Reps. Gus Bilirakis (R-FL) and Raul Ruiz (D-CA).

"Next week's hearing will build on previous Subcommittee work to identify meaningful, long-term solutions to address persistent challenges related to Medicare physician payments," Energy & Commerce Chair Brett Guthrie (R-KY) and health subcommittee Chair Morgan Griffith (R-VA) said in a statement Tuesday (Sept. 8). "As we continue working to improve health care affordability and expand seniors' access to care, we are seeking ways to reform our payment systems so patients can have additional options when it comes to making informed health care decisions."

Physician groups and other stakeholders have long urged Congress to create a more sustainable system that gives doctors predictable payment increases that actually reflect the rising cost of running a medical practice. That said, the path to meaningful reform has been long and winding, and so stakeholders see the bipartisan MACRA reform package as one of their strongest opportunities yet to move substantial payment changes through Congress.

The widely supported Patients First Act would tie annual Medicare physician payment increases more closely to inflation, provide larger increases for clinicians participating in advanced alternative payment models, overhaul the unpopular Merit-based Incentive Payment System (MIPS), and create a new primary care payment model.

But because of how expensive the bill is expected to be, the bipartisan Doctors Caucuses recently asked stakeholders for ideas on how Congress could pay for it.

Accountable for Health, a value-based-care advocacy group, urged lawmakers to help finance the legislation by expanding Medicare accountable care programs.

At the same time, the National Association of Accountable Care Organizations (NAACOS) has been urging lawmakers to change a provision in the bill governing which practices could participate in the bill's new hybrid primary care payment model.

The bill would exclude practices controlled by hospitals, insurers, private-equity firms or other non-clinician entities, but both groups warn [\[/node/157542/\]](#) that its definition of “de facto control” could also unintentionally disqualify independent practices that receive administrative, data or contracting support from an accountable care organization.

The legislative hearing gives lawmakers an opportunity to consider those and other changes before the lame-duck session, when health care groups will be pushing Congress to include their priorities in any year-end health package. The hearing could also give the bill some momentum heading into those year-end negotiations.

That said, lobbyists have privately expressed doubt about the chances of Congress passing such a sweeping physician payment overhaul this year.

The subcommittee will also discuss several bills outside of the broader physician pay debate, including legislation dealing with health care cybersecurity, pharmacists' services, Alzheimer's screening, rural obstetric care and treatment for diabetes and kidney disease. -- *Jalen Brown* (jbrown@iwpnews.com)