CHAMBER HILL

INSIGHTS

House Energy & Commerce Health Subcommittee Hearing on Medicare Provider Payment and Cybersecurity

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On September 15, the House Energy and Commerce Health Subcommittee held a hearing to examine legislative proposals to reform Medicare provider payment and bolster health care cybersecurity. Members expressed urgency on physician payment reform and signaled interest in moving the legislation discussed before the end of Congress. Democratic members also took the opportunity to highlight their disagreements with H.R. 1, otherwise known as the One Big Beautiful Bill Act. The member discussion section below is organized by bill. Bills for which there was not significant discussion include only the bill description.

OPENING STATEMENT

- Health Subcommittee Chairman Morgan Griffith (R-VA-9)
- Health Subcommittee Acting Ranking Member Lizzie Fletcher (D-TX-7)
- Full Committee Chairman Brett Guthrie (R-KY-2)
- Full Committee Ranking Member Frank Pallone (D-NJ-6)

WITNESS TESTIMONY

- Greg Garcia, Executive Director for Cybersecurity, Healthcare and Public Health Sector Coordinating Council (HSCC) - Testimony
- Anthony Pudlo, PharmD, MBA, MS, CEO, Tennessee Pharmacists Association (TPA) - Testimony
- Murad Alam, MD, MSCI, MBA, FAAD, President, American Academy of Dermatology Association (AADA) - Testimony
- Rebecca Andrews, MS, MD, MACP, Immediate Past Chair, Board of Regents (2026-2027), American College of Physicians (ACP) - Testimony
- Eilean Attwood, MD, MPH, Immediate Past Chair of the Committee on Health Economics and Coding, American College of Obstetricians and Gynecologists (ACOG) - Testimony
- Gabi Conecker, MPH, Co-Founder and Executive Director, Decoding Developmental Epilepsies - Testimony

MEMBER DISCUSSION

H.R. 9693, Patients First Act

This bill would provide a permanent annual inflation update to Medicare physician payments tied to the Medicare Economic Index (MEI) minus 1, raise the budget neutrality threshold, establish a 5-year hybrid payment pilot for independent primary care practices, and reform the Merit-based Incentive Payment System (MIPS) quality reporting program.

Full Committee Chairman Brett Guthrie (R-KY-2) and Reps. Troy Carter (D-LA-2), Greg Landsman (D-OH-1) and John Joyce (R-PA-13) asked Drs. Alam and Andrews how the bill's reforms would address challenges physicians face under the system created by the Medicare Access and CHIP Reauthorization Act (MACRA). Dr. Alam identified 3 compounding problems: the lack of an inflation update, the inequality inherent in budget neutrality requirements, and administrative burdens driving health care consolidation. Dr. Andrews highlighted the 5-year hybrid pilot as allowing primary care practices to be compensated for care coordination work that fee-for-service does not cover.

Health Subcommittee Vice Chair Diana Harshbarger (R-TN-1) asked Dr. Andrews whether Medicare's payment structure is contributing to the primary care workforce shortage. She said it is and pointed to the lack of an inflation adjustment since 2001 as a contributing factor. Rep. Erin Houchin (R-IN-9) followed up, asking what the reforms would mean for rural independent practices. Dr. Andrews called the bill "the first bit of hope I've had in a long time" and stated that payment stabilization would allow independent practices to maintain a viable business model.

Reps. Kim Schrier (D-WA-8) and Troy Balderson (R-OH-12) asked Dr. Alam about MIPS measures for dermatologists. He explained that current measures do not reflect actual quality, are rarely developed with specialist input, and cost physicians roughly 53 hours and $13,000 a year without improving care. He recommended building quality measurements across all specialties from existing clinical data registries.

Rep. Raul Ruiz (D-CA-25) pressed both Dr. Alam and Andrews on whether they would prefer full MEI reimbursement. Both said yes but called the Patients First Act a great first step at a time when change is needed.

H.R. 3164, Ensuring Community Access to Pharmacist Services (ECAPS) Act

This bill would create Medicare Part B coverage for pharmacist-provided testing and treatment of common respiratory illnesses, consistent with state scope-of-practice laws.

Health Subcommittee Chairman Moran Griffith (R-VA-9) and Rep. Troy Carter asked about the impact of allowing pharmacists to test and treat certain illnesses. Dr. Pudlo explained that pharmacists help triage

patients into the health care system when other providers are unavailable and that the bill would allow pharmacists to provide services in Medicare that they already provide under other coverage.

Full Committee Chairman Guthrie and Health Subcommittee Vice Chair Harshbarger asked Dr. Pudlo how this care could reduce costs. He explained that pharmacists prevent patients from going to more expensive settings like emergency departments, which reduces the costs Medicare must cover.

Rep. Nanette Barragan (D-CA-44) questioned how community pharmacists can help address vaccination disparities among Black and Latino seniors on Medicare. Dr. Pudlo stated that access alone does not reduce disparities, but trust built over years of patient relationships creates conditions for preventive conversations and education.

H.R. 1254, Rural Obstetrics Readiness Act

This legislation would create an obstetric readiness training program for rural facilities without dedicated labor and delivery units, fund federal equipment grants, and establish a pilot teleconsultation program connecting OB-GYNs with clinicians in rural facilities facing obstetrics emergencies.

Health Subcommittee Chairman Guthrie asked Dr. Attwood how to build the maternal health workforce pipeline in rural communities beyond payment reform. She described the benefits of cross-specialty obstetric emergency training programs that this bill would formalize and scale nationally.

Health Subcommittee Acting Ranking Member Lizzie Fletcher (D-TX-7) questioned how maternity ward closures impact patient access to care and maternal mortality outcomes. Dr. Attwood said closures mean longer distances, delayed care, and compounding safety risks, noting that more than 50 maternity wards have closed or announced closure plans since passage of the reconciliation bill. Rep. Mike Kelly (R-PA-16) followed up asking how training and equipment can bridge the gap caused by closures. Dr. Attwood explained that working directly with trainees is the first step, but it is equally important to ensure they have the tools they need to keep the mom and baby safe.

Rep. Cliff Bentz (R-OR-2) pressed Dr. Attwood on liability as a barrier for clinicians managing obstetric emergencies without dedicated OB staff and for teleconsultation. She acknowledged the financial pressures and stated that stabilizing Medicare physician payment rates, which inform Medicaid rates covering about 40% of births nationwide, would be one necessary piece. Dr. Attwood further explained that teleconsultation models already exist in other specialties, which she argued demonstrates they can function effectively with the right relationships and training programs in place.

H.R. 6130, Alzheimer's Screening and Prevention (ASAP) Act

This bill would create a Medicare coverage pathway for FDA-approved blood-based biomarker tests for early detection of Alzheimer's disease and related dementias.

Health Subcommittee Chairman Griffith and Rep. Balderson asked how the bill would improve care and how it would provide cost savings. Dr. Andrews stressed the importance of early diagnosis in both improving care and reducing costs.

Rep. Paul Tonko (D-NY-20) asked Dr. Andrews about the challenges physicians face in diagnosing and managing Alzheimer's and whether blood-based biomarker tests would help in earlier diagnoses. She explained that these tests produce probabilities rather than definitive answers, and that walking a patient's family through those results takes time currently not covered by fee-for-service. She noted the hybrid payment pilot in the Patients First Act would help address that gap.

H.R. XXXX, Healthcare Cybersecurity and Resiliency Act of 2026

This legislation, which is a discussion draft, would expand cybersecurity resources across the health care system and require providers and plans to disclose the number of individuals affected when notifying them of a data breach.

Full Committee Chairman Guthrie and Rep. Balderson asked Mr. Garcia how to enhance cybersecurity capacity without creating duplication or excess burden. He explained that more regulation of the health care sector itself is not the answer, but that the focus needs to be on third-party technology vendors that supply hospitals and systems and are not held to the same standards. He added that funding for workforce development and technology, combined with mutual assistance across rural communities, would be most impactful.

H.R. 9908, Rural Hospital Cybersecurity Enhancement Act

This bill would direct the Department of Health Human Services (HHS) to develop a comprehensive rural hospital cybersecurity workforce strategy and expand training resources for rural providers.

Rep. Houchin asked how the bill would improve coordination between HHS, the Department of Homeland Security (DHS), and the health care sector and what gaps in the current federal response it would address. Mr. Garcia pointed to ongoing private-sector work in mutual assistance and partnership.

H.R. 1521, Dental Optometric Care (DOC) Access Act

This legislation would prohibit private insurance companies from setting rates for certain dental and vision services for which the plan does not pay a substantial amount.

Rep. Buddy Carter (R-GA-1) asked about the consequences of independent practice consolidation on patient care, using vision management as an example. Dr. Alam explained that rural practices close first, resulting in longer wait times and advanced disease at diagnosis.

H.R. 8163, Provider Reimbursement Stability Act

This legislation would update the underlying structure of the Physician Fee Schedule to improve predictability for physician payments.

H.R. 1189, National Plan for Epilepsy Act

This bill would create a national coordinated plan for epilepsy research, care, and data collection across federal agencies.

H.R. 1616, Promoting Access to Diabetic Shoes Act

This legislation would remove administrative barriers for seniors accessing therapeutic diabetic shoes when their care is managed by a nurse practitioner or physician assistant.

H.R. 5737, Radiology Outpatient Ordering Transmission (ROOT) Act

This bill would fix the paused Appropriate Use Criteria program to support appropriate imaging utilization at the point of care.

H.R. 8622, Medicare Physician Data-Driven Performance System Act

This legislation would create a new outcomes-based Medicare physician payment model focused on value over volume.

H.R. 7863, Promoting Fairness for Medicare Providers Act

This bill would align Medicare reimbursement for a narrow group of procedures involving high-cost medical supplies, paying physician offices at 90% of what Medicare would pay an ambulatory surgical center for the same service.

H.R. 4331, Access to Claims Data Act

This legislation would require HHS to establish a process allowing qualified clinical data registries to access Medicare claims data to support research and quality improvement.

H.R. 7905, Diabetes Foot Health Access and Modernization Act

This bill would recognize podiatric physicians under Medicaid and clarify Medicare documentation requirements for therapeutic shoes for people with diabetes.

H.R. 6214, Kidney Care Access Protection Act

This legislation would protect Medicare beneficiaries with kidney disease from losing coverage for dialysis and other treatments under employer-sponsored health plans.

H.R. 8319, KIDNEY Remote Monitoring Act

This bill would expand Medicare coverage of remote monitoring services for patients with kidney disease to improve year-round access to care.

We trust you found this summary useful. Please reach out to us with any questions.