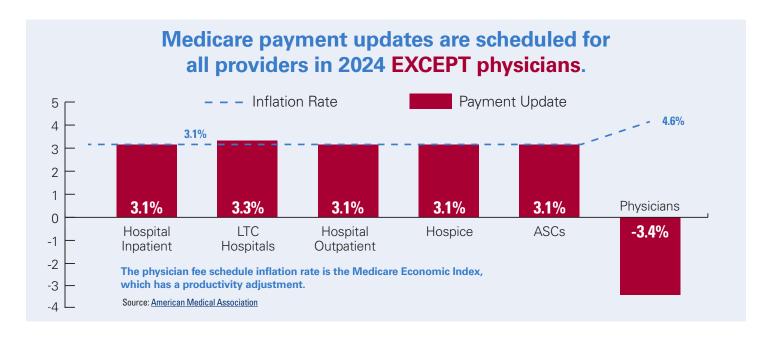
Protect Medicare Patients' Access to Care



We must protect Medicare patients' ability to receive physicians' care by reversing the 2024 cuts to physicians' Medicare payments and enacting a sensible, stable payment system.

Cuts to physicians' Medicare payments – like the 3.37% cut that took effect on Jan. 1, 2024, and other payment reductions physicians have endured over the last two decades – harm Medicare patients. The cuts are forcing physicians to reduce how many new Medicare patients they can see, retire early, or leave their medical practice altogether. As a result, these impacts reduce access to care for all types of patients.

Physicians' inflation-adjusted Medicare payments have fallen 30% between 2001 and 2024. Meanwhile, all other Medicare providers like hospitals and skilled nursing facilities received positive payment updates, and the consumer price index for physician services in U.S. cities increased by 65% through 2023. The 2024 Medicare payment structure does the same, cutting physicians' pay while raising the pay of all other Medicare providers.

Medicare patients and their physicians deserve comprehensive Medicare reform to ensure patients can obtain physicians' care when they need it.

TMA's Legislative Recommendations

- Congress must act now and pass two bipartisan bills to: 1) stop and reverse the latest physician payment cut; and 2) reform Medicare's physician payment system to ensure physicians receive inflationary updates.
- Cosponsor and enact the bipartisan Preserving Seniors' Access to Physicians Act of 2023, House Resolution 6683, to reverse the 3.37% cut that took effect on Jan. 1, 2024.
- Cosponsor and enact the bipartisan Strengthening Medicare for Patients and Providers Act, House Resolution 2474. The bill fundamentally reforms Medicare's physician payment system by:
 - Ensuring physicians receive inflationary updates tied to the Medicare Economic Index (follows MedPAC recommendations);
 - Establishing permanent, sensible Medicare physician payment system solutions that eliminate budget neutrality requirements;
 - Incentivizing value-based care that suits various practice settings; and
 - Supporting physician efforts to reduce health disparities.

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