

# **Support the Provider Reimbursement Stability Act of 2026 (H.R. 8163) and the Chronic Care Management Improvement Act of 2026 (H.R. 8261).**

**H.R. 8163.** Aims to modernize the Medicare Physician Fee Schedule to address decades of declining physician reimbursement. The bill was introduced on March 30, 2026, by Representative Greg Murphy, M.D., (R-NC), who brought a similar measure in the prior Congress without success. It comes as most physicians faced a 2.9% pay cut in 2025, and are scheduled for another 2.2% decline in 2027. Physician groups say these cuts lag rising costs, and contribute to retirements and consolidation.

If passed, the legislation would raise the budget neutrality threshold from \$20 million to \$54.3 million, index it to inflation every five years, limit year-to-year variance in the conversion factor to 2.5%, and require updates to practice expense calculations at least every five years.

According to the AMA, Medicare reimbursement for physician services has declined 33%, from 2001 to 2026, when adjusted for inflation, with some fee schedule provisions unchanged since 1992.

**H.R. 8261.** Aims to waive the beneficiary cost-sharing requirements for Chronic Care Management services under Medicare, which will improve care coordination for the more than 22.5 million Medicare beneficiaries with chronic disease.

The bill was introduced on April 16th, 2026, by Representatives Suzan DelBene (D-WA) and Mike Kelly (R-PA). If passed, will improve care coordination, and consequently result in better health outcomes for millions of senior citizens, and lower costs to taxpayers. Removing the cost-sharing requirement will dramatically increase participation, and encourage patients and providers to engage in the care coordination necessary to manage complex health conditions, in the most appropriate setting for the patient.

Many associations and foundations, including the **AMA, AHA, ADA, NKF, AMGA**, and the **AARP**, as well as healthcare provider organizations of all sizes, are supporting the bills. So, the chances are better than average that at least one of these bills will pass both houses, and go to the President. And if signed, go into effect on January 1, 2027.

**Advocacy by the entire healthcare industry and patients are required now.**

All health systems, medical groups, hospitals, clinics, and their providers need to add their names to the list of supporters of these two bills. In addition, all healthcare executives, physicians, care givers, and their Medicare beneficiary patients, along with their families, should contact their congressional representatives and senators, and the House of Representatives switchboard in Washington D.C., and tell them to vote in favor of H.R. 8163 and H.R. 8261.

Both H.R. 8163 and H.R. 8261 are timely solutions, that will help your organization and providers improve care, capture additional reimbursement, and maximize financial performance.

So, **please contact your representatives - right now.** And help spread the word about these two bills, and their needed support. They will be a game changer for the healthcare industry, and a tremendous benefit for patients, and their families.

**The contact information for congressional district representatives, senators representing each state, and the House of Representatives switchboard, can easily be found on search engines, or you can track these bills and find your representatives contact information on the [govtrack.us](https://www.govtrack.us) website by [Clicking Here](#) for H.R. 8261, and [Clicking Here](#) for H.R. 8163.**