# 12 National Physician Societies Unite In Support Of Bipartisan Legislation To Stop Medicare Payment Crisis

*Coalition Urges Congress to Pass H.R. 7863, Which Would Preserve Access to Lower-Cost, Community-Based Care for Millions of Medicare Patients*

WASHINGTON, DC, UNITED STATES, June 9, 2026 /EINPresswire.com/ -- A coalition of 12 national physician specialty societies today announced their strong, unified support for H.R. 7863, the Promoting Fairness for Medicare Providers Act, bipartisan legislation introduced in the 119th Congress by Representatives Gus Bilirakis (R-FL), Raul Ruiz, M.D. (D-CA), Greg Murphy, M.D. (R-NC), and Danny K. Davis (D-IL). The bill would correct a structural flaw in Medicare's payment system that is forcing independent physician practices across the country to close their doors — eliminating lower-cost care options for patients and accelerating costly consolidation into hospital systems.

Read the letter here.

The coalition — representing physicians in interventional cardiology, vascular surgery, interventional radiology, radiation oncology, urology, nephrology, pain management, and venous medicine — sent a formal letter of support to the bill's sponsors, citing an urgent and worsening payment crisis for office-based procedural care.

A Payment System Built for a Different Era

Medicare's Physician Fee Schedule (PFS) was designed to reimburse physicians for their professional work — not to cover the high-cost supplies and specialized equipment now routinely used in modern office-based procedures. The result is a deepening reimbursement crisis that has been building for nearly two decades.

The numbers tell a stark story:

- In 2025, Medicare reimbursement fell below the direct cost of care for more than 300 common office-based CPT codes — before accounting for overhead, malpractice, or physician work.
- Office-based reimbursement for these procedures has fallen 22% since 2019, while hospital outpatient rates for the same services rose 22% — a 44-point swing driving consolidation.
- Hospital outpatient departments are paid an average of 124% more than independent offices

for the same 300 underpaid procedures.

When independent practices close, patients are funneled into hospitals and hospital outpatient departments — where the identical procedure often costs Medicare two to three times more. Rural and underserved communities bear the greatest burden, as office-based practices are frequently the only nearby source of interventional care.

H.R. 7863: A Structural Fix, Not a Temporary Patch

The Promoting Fairness for Medicare Providers Act addresses the root cause of the payment crisis by removing high-cost supplies from the flawed PFS methodology and establishing a rational, sustainable payment pathway:

- Creates a new "Office-Based Facility" payment category for surgical procedures with supply costs over $500, paying at 90% of Ambulatory Surgery Center (ASC) rates using annually updated, auditable cost data.
- Removes high-cost medical supplies from the antiquated PFS practice expense methodology, which relies on flawed survey data from 2008 and cuts actual practice expense costs by up to 58% before reimbursement is calculated.
- Preserves patient access to office-based care, particularly in rural and underserved communities where hospitals and ASCs are often not available.
- Maintains the office-based setting as Medicare’s lowest-cost site of service, saving taxpayer dollars and protecting Medicare’s fiscal sustainability.

Voices From the Field

“Every year, we absorb more and more of the cost of caring for our Medicare patients out of our own pockets. We are not asking for a windfall — we are asking to be paid what it actually costs to provide the care. H.R. 7863 gives independent physicians a fighting chance to keep their doors open and keep patients out of hospitals for procedures that can safely and more affordably be done in our offices.”
—Dr. Bob Tahara, OBFA Board Member

“"One of the great success stories in modern healthcare is that patients can now receive many complex procedures in independent physician offices that once required a hospital visit. These community-based settings deliver high-quality outcomes at substantially lower cost and greater convenience for patients. Unfortunately, Medicare's payment policies have not kept pace with modern medicine. Instead, they favor higher-cost hospital outpatient departments, even when the same service can be provided safely and effectively in a medical office or ambulatory surgery center. H.R. 7863 helps correct that imbalance by protecting access to lower-cost care, preserving patient choice, and making Medicare's finances more sustainable in the long term. I thank Representatives Bilirakis, Ruiz, Murphy, and Davis for their bipartisan leadership in advancing this important legislation."

—Dr. Rick Snyder, Cardiologist, Texas

Supporting Organizations
H.R. 7863 is supported by the following national physician specialty societies:

- American Association of Clinical Urology
- American College of Radiation Oncology
- American Society of Diagnostic and Interventional Nephrology
- American Society of Pain & Neuroscience
- American Society of Nephrology
- American Vein & Lymphatic Society
- American Venous Forum
- Outpatient Endovascular and Interventional Society
- Society for Cardiovascular Angiography and Interventions
- Society for Vascular Surgery
- Society of Interventional Radiology
- Renal Physicians Association

Grant Herring
Office-Based Facility Association
+1 732-754-4473
email us here
Visit us on social media:
LinkedIn
X