



April 7, 2026

The Honorable Greg Murphy, MD  
407 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Tom Suozzi  
203 Cannon House Office Building  
Washington, D.C. 20515

Dear Representatives Murphy and Suozzi:

On behalf of the American Podiatric Medical Association (APMA) and the more than 15,000 licensed podiatrists, also known as doctors of podiatric medicine (DPMs) or podiatric physicians and surgeons, in the United States that we represent, I am writing to thank you for introducing H.R. 8163, the *Provider Reimbursement Stability Act*, which would modernize Medicare budget neutrality requirements to better support podiatric physicians and their patients' access to care.

Despite rising health-care costs and medical inflation that exacerbate financial pressures for podiatry practices, Medicare physician reimbursement has failed to keep pace. Adjusted for inflation, Medicare physician payment has declined by 33 percent from 2001 to 2025.<sup>1</sup> For podiatrists, reductions in reimbursement are not abstract budgetary adjustments; they translate directly into strain on physician practices that are already operating under rising overhead costs, workforce shortages, and increasing demand for care.

Declining reimbursement disproportionately impacts practices in underserved areas, where lower patient volumes and higher rates of chronic conditions make long-term financial sustainability more difficult. APMA found that since 2018, the number of podiatrists with independent practices has fallen from 66 percent to 17 percent, as many have shifted to larger health systems and group practices. As reimbursement pressures force practice closures and shifts in the workforce, patients will endure higher costs and longer wait times for medically necessary care.

Finally, the bill would yield long-term benefits that strengthen access to care for vulnerable patients and bolster care affordability. By increasing the budget neutrality threshold from \$20 million to \$54.3 million and indexing it to the Medicare Economic Index (MEI), the legislation would prevent marginal cost increases from triggering across-the-board Medicare payment cuts that hinder patient access. Its provision that caps yearly fluctuations in the Medicare Physician Fee Schedule (MPFS) conversion factor at 2.5 percent would provide strengthened reimbursement predictability for podiatric practices, promoting their ability to plan long-term.

Thank you for your leadership and for introducing H.R. 8163, the *Provider Reimbursement Stability Act*. APMA is ready to work with you in advancing policies that strengthen the podiatric

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<sup>1</sup> "Medicare Physician Payment Continues to Fall Further behind Practice Cost Inflation." Medicare Physician Pa2024-Medicare-Updates-Inflation-Chart-Cumulativelyment Continues to Fall Further behind Practice Cost Inflation, American Medical Association, Jan. 2025, [www.ama-assn.org/system/files/2024-medicare-updates-inflation-chart-cumulative.pdf](http://www.ama-assn.org/system/files/2024-medicare-updates-inflation-chart-cumulative.pdf).

workforce and to ensure patient access to care. If I can be of any assistance, please contact Ben Melano, Director of Government Affairs, at [bmelano@apma.org](mailto:bmelano@apma.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Patrick DeHeer', with a long horizontal stroke extending to the right.

Patrick DeHeer, DPM  
President