



June 16, 2026

The Honorable Neal Dunn  
466 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Nanette Barragán  
2312 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Claudia Tenney  
2230 Rayburn House Office Building  
Washington, D.C. 20515

Dear Representatives Dunn, Barragán, and Tenney:

On behalf of the American Podiatric Medical Association (APMA) and the more than 15,000 practicing 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.8500, the *Timely Access to Coverage Decisions Act of 2026*, which would strengthen transparency, stakeholder engagement, and consistency within the Medicare local coverage determination (LCD) process.

Podiatric physicians routinely care for Medicare beneficiaries with chronic wounds, diabetic foot complications, peripheral neuropathy, vascular disease, musculoskeletal conditions, and other complex lower extremity concerns. Because local coverage determinations can directly affect patient access to medically necessary services, it is important that the LCD development process includes opportunities for meaningful clinical and stakeholder input.

As Medicare Administrative Contractor (MAC) jurisdictions have expanded through contractor consolidation, stakeholders may have fewer opportunities for direct engagement with contractor medical directors and other decision-makers involved in local coverage policy development. Although CMS previously revised portions of the LCD process through updates to the Medicare Program Integrity Manual, podiatric physicians and other providers continue to experience variability in how draft LCDs, associated coding and billing articles, and public meetings are announced and administered across jurisdictions. These inconsistencies can make meaningful participation in the coverage development process more difficult for medical societies and other stakeholders seeking to provide feedback on proposed policies. APMA believes the bill's enhanced transparency, publication, and public comment requirements would help improve consistency, accountability, and stakeholder engagement across jurisdictions.

APMA particularly appreciates the bill's provisions establishing clearer timelines for LCD and reconsideration requests, strengthening transparency and procedural requirements for specified LCD development, and enhancing stakeholder participation through public meetings, expert input, and public comment opportunities related to draft LCDs and associated coding and billing articles. These reforms

would help promote a more transparent, consistent, and stakeholder-driven coverage development process.

For example, APMA has previously raised concerns regarding multi-jurisdictional evidentiary hearings involving services routinely performed by podiatric physicians, where they were not included among participating subject matter experts. This occurred most recently during consideration of a draft LCD addressing peripheral nerve blocks.<sup>1</sup> Physicians who routinely furnish and manage the services under review can provide important clinical perspectives regarding patient populations, standards of care, utilization patterns, and practical implementation concerns that may not otherwise be fully reflected during LCD development. APMA has also observed variation in notification practices, meeting procedures, and access to evidence considered during draft coverage policy development. Greater transparency and consistency in these processes would help support informed stakeholder participation during LCD development.

APMA therefore supports provisions within H.R. 8500 requiring publication of draft LCDs and associated coding and billing articles, opportunities for public comment on those materials, inclusion of physicians and Contractor Advisory Committee representation on expert panels, publication of supporting rationales and evidence considered during policy development, and establishment of an agency review pathway for reconsideration decisions. APMA also appreciates the bill's "logical outgrowth" requirement, which would help ensure stakeholders receive adequate notice and a meaningful opportunity to comment on proposed coverage policies before they are finalized.

Importantly, these reforms would help improve transparency and accountability within the LCD process while supporting patient access to medically necessary care. Medicare beneficiaries deserve coverage policies developed through a fair, evidence-based, and transparent process that incorporates appropriate stakeholder input.

Thank you for your leadership on this important issue and for introducing H.R. 8500. APMA looks forward to working with you to advance policies that strengthen transparency, consistency, and stakeholder engagement within the Medicare coverage determination process. If we can be of any assistance, please contact Ben Melano, Director of Government Affairs, at [bmelano@apma.org](mailto:bmelano@apma.org).

Sincerely,



Patrick DeHeer, DPM  
President

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<sup>1</sup> Centers for Medicare & Medicaid Services, "Peripheral Nerve Blocks and Procedures for Chronic Pain," Proposed Local Coverage Determination DL40267, Medicare Coverage Database, accessed May 29, 2026, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=40264>