**Medicare’s Broken System Is Fueling** [STATE’S] **Doctor Shortage**

Millions of Americans rely on Medicare to cover their healthcare needs. However, our aging population grows, facing even more complex and chronic conditions, the healthcare system is struggling to keep pace with the demand for care. Our state in particular is facing a doctor shortage, which will only get worse unless significant changes are made.

Part of the problem is Medicare’s outdated reimbursement system for physicians, which has remained largely unchanged for the last 25 years. Even accounting for inflation, the American Medical Association estimates Medicare payments have dropped by 33% since 2001, while costs have risen across the board. Now, doctors are weighing difficult decisions, including whether to stop seeing Medicare patients or close their doors altogether. Neither would be good for [STATE] seniors.

After many years of cuts, Congress recently passed a modest bump in reimbursement for the care physicians provide to Medicare beneficiaries. While this is a step in the right direction, it does not come close to solving the fundamental flaws of Medicare’s current payment model. To do this, long-term reform such as tying annual updates to inflation will be key. By more accurately reflecting the costs of running a practice and treating patients, Congress should seize the opportunity to make Medicare more sustainable and chip away at the doctor shortage so more [STATEs] can get care close to home.

**Temporary Patches to Medicare Are Not Enough to Fix Doctor Shortage**

Since 2001, physicians have seen their Medicare payment rate drop by a third – and that’s even accounting for inflation over the last 24 years. And while Medicare has been reimbursing them less, doctors have been asked to do more than ever before – navigating administrative burdens, managing a healthcare workforce shortage, providing life-saving care, and helping patients manage chronic diseases. As rewarding as it is to serve patients, it’s concerning that Medicare cuts in recent years have made it extremely difficult to keep the lights on, especially in [STATE’s] most rural communities.

Keeping private practices afloat is vital for protecting patients’ access to care. That’s why long-term reform to the Medicare Physician Fee Schedule, the highly technical system used to set reimbursement rates, is critical. Congress recently passed a small, one-time increase to physician payment for 2026, a welcome relief after many years of cuts. But as a doctor myself, I fear temporary fixes like this are not enough to stem the tide. Tying the Medicare Physician Fee Schedule to inflation is the only way to ensure smaller practices can remain financially viable, incentivize physicians to continue accepting new Medicare patients, and slow the aggressive growth of healthcare consolidation that reduces patient choice and drives up costs for everyone.

**Inflation Is Hitting Healthcare Extra Hard**

It comes as no surprise that chronic diseases are on the rise. Adults living in [STATE] are disproportionately impacted by complex conditions like heart disease, stroke, asthma, kidney disease, and arthritis. To help doctors address chronic disease and better help people prevent them from developing in the first place, long-term reform is needed to increase patients’ access to care.

[STATE] is experiencing a shortage of physicians, making it harder for patients to get appointments closer to home in a timely manner. While there are many reasons for this, one of the primary causes is Medicare’s continual slashing of reimbursement rates for local, independent physicians. Under Medicare, this rate has fallen a troubling 33% over the last 24 years, according to the AMA. And that’s even after adjusting for inflation. Meanwhile, reimbursement continues to rise for hospitals, fueling consolidation and the loss of community practices.

This disconnect poses a threat to the viability of private practice in America. Further, unlike hospitals or large systems that can absorb financial shocks, small and solo practices like the ones found in rural parts of the state are disproportionately impacted because their Medicare reimbursement rates don’t account for ever-rising inflation.

Congress recently passed legislation that provides physicians with a small pay bump next year. However, this marginal increase will not solve the larger issue at hand. Tying the Medicare Physician Fee Schedule to inflation will ensure that [PEOPLE FROM STATE] will have access to community-based doctors for years to come.

**Long-Term Medicare Update Would Support Community Doctors**

An ounce of prevention is worth a pound of cure. But across the country, chronic disease is on the rise, leading to lower quality of life and premature death for too many Americans.

To address this problem, we need more doctors, primary healthcare providers, and specialists who are close by, not hours away by car. Increasing their numbers – and preventing them from leaving the workforce early – will mitigate the impact that diabetes, hypertension, obesity, and other serious chronic diseases have on [STATE].

Unfortunately, there’s a major shortage of physicians driven by retirements, burnout, rising costs, and an aging population. But another major reason for the dwindling number of physicians is lagging Medicare reimbursement despite years of rampant inflation. In fact, Medicare has instituted cuts for the last five years, and Medicare physician payments have [fallen 33%](https://www.ama-assn.org/system/files/2025-medicare-updates-inflation-chart.pdf) since the turn of the century, even when adjusting for inflation.

That’s why now, more than ever, lawmakers must pass long-term reform to ensure physicians can keep their doors open. The recent pay increase to the Medicare Physician Fee Schedule is a much needed, albeit temporary, step towards stability. Unfortunately, the modest top-up is not permanent, meaning doctors will once again be at the mercy of rising costs, limiting investments in upgrades, and disincentivizing more doctors to open their doors in the area. Tying the Medicare Physician Fee Schedule to inflation will provide doctors with steady, predictable rates that enable them to stay independent and do what they do best: serve their patients. If we want to save [PEOPLE FROM STATE] from losing their local doctors and being forced to travel further to find care at a higher cost, we must ensure that local physicians are treated fairly by Medicare.

**When Medicare Underpays Doctors Year After Year, Community Care Gets Left Behind**

Across [STATE] and nationwide, timely medical care is harder to come by. America’s aging population has higher demand for health services to treat a growing number of chronic conditions. At the same time, there are fewer physicians at independent practices, which has historically been the cornerstone of care in small towns. With a broken Medicare system that underfunds providers, it’s no surprise more doctors are leaving private practice or retiring early after facing cuts to physician payments over the past two decades.

Although Congress approved a slight 2.5% increase in the Medicare Physician Fee Schedule for 2026, this is only a first step toward fixing a payment system that needs fixing. It cannot make up for decades of cuts and skyrocketing costs, nor does a temporary fix give physicians the assurance and stability they need to decide the future of their practices.

We need long-term reform to protect access to care everywhere and link Medicare payments to the Medical Economic Index (MEI), a measure of healthcare inflation, ensuring providers are paid based on actual care costs. It’s as simple as that.

Unless the Medicare system is put on stable footing, [STATE] patients will pay the ultimate price. I fret that local health options could soon become inaccessible because physicians are struggling to figure out how to continue providing care that keeps our communities healthy and strong. We need reforms that reflect economic realities, support independent practices, and keep care local. Let’s protect the system built to keep seniors healthy and to ensure they receive the high-quality care they’ve earned.