



October 2, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives

The Honorable John Thune
Majority Leader
U.S. Senate

The Honorable Chuck Schumer
Minority Leader
U.S. Senate

Re: Urgent Action Needed to Restore Expired Healthcare Policies

Dear Speaker Johnson, Majority Leader Thune, Minority Leader Jeffries, and Minority Leader Schumer:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) appreciates your enduring leadership in supporting medical group practices' ability to provide high-quality, cost-effective care. We write to you today to highlight the urgent need for legislative action to address the expiration of telehealth flexibilities and the 1.0 work Geographic Practice Cost Index (GPCI) floor that occurred on September 30, 2025.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical group practices ranging from small private medical practices to large national health systems, representing more than 350,000 physicians. MGMA's diverse membership uniquely situates us to offer the following legislative recommendations.

The Full-Year Continuing Appropriations and Extensions Act, 2025 (H.R. 1968) extended federal government funding alongside policies important to medical group operations, such as the 1.0 work GPCI floor and telehealth flexibilities, until September 30, 2025. These healthcare policies unfortunately expired as the federal government entered a partial shutdown, throwing medical group operations into turmoil.

The telehealth flexibilities provided by Congress during the COVID-19 public health emergency (PHE) and extended through 2025 not only aided with the pandemic response, but expanded access to quality care, particularly to individuals with limited access to services, vulnerable patient populations, and elderly patients who have difficulty traveling. Physician practices have embraced telehealth changes and made investments in necessary tools, workforce training, and modifications to clinical and operational workflows. Congress' continued commitment over the past five years to telehealth flexibilities, such as the removal of geographic and originating site restrictions and the expansion of providers who can offer telehealth services, significantly bolstered the growth and quality of telehealth services for senior patients across the country. Failing to reinstate these flexibilities not only undermines these investments but disrupts Medicare beneficiaries' access to care.

We thank the Administration for their timely release of the Medicare Learning Network (MLN) special edition that provides guidance on Medicare operations during the shutdown.¹ While CMS' directive to Medicare Administrative Contractors (MACs) to hold telehealth claims for 10 days can alleviate potential administrative burdens related to billing and reprocessing of claims should Congress reinstate expired policies, there is still the possibility that medical groups that provide telehealth services are not reimbursed if legislation does not retroactively restore these telehealth waivers.

This lapse of telehealth waivers is sowing significant confusion and forcing medical groups to make difficult decisions about rescheduling appointments, transitioning from telehealth to in-patient care, or potentially providing telehealth treatment to Medicare beneficiaries during this lapse in funding even though it may not be reimbursed. We continue to hear firsthand from medical group members about their frustrations with short-term fixes despite broad agreement on the value of telehealth for Medicare beneficiaries. **Congress should retroactively reinstate these telehealth flexibilities to the date of their expiration as soon as possible, and work towards a permanent solution that guarantees continuity of telehealth care and prevents needless uncertainty for practice operations.**

Further, Congress must extend the 1.0 work GPCI floor that expired at the end of September. The extension of this floor is vital for medical groups in primarily rural areas to avoid untenable and unnecessary additional payment reductions that result in substantial operational challenges and undermine their financial viability. These medical groups are critical to their communities and are already facing dire circumstances due to inadequate reimbursement, increasing regulatory burdens, and staffing challenges. **The 1.0 work GPCI floor needs to be retroactively reinstated to September 30 to adequately support rural practices.**

MGMA sincerely appreciates your continued support of medical groups. It is critical that any government funding legislation include a retroactive extension of the telehealth waivers and 1.0 work GPCI floor to reinforce group practices' ability to effectively treat their communities. If you have any questions, please contact James Haynes, Associate Director of Government Affairs, at jhaynes@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders M. Gilberg
Senior Vice President, Government Affairs

¹ CMS, Update on Medicare Operations: Telehealth, Claims Process, and Medicare Administrative Contractors Status During the Shutdown, Medicare Learning Network Special Edition, Oct. 1, 2025, <https://www.cms.gov/medicare/payment/fee-for-service-providers>.