



**January 16, 2026**

The Honorable Gregory F. Murphy, M.D.  
Co-Chair, GOP Doc Caucus  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Kim Schrier, M.D.  
Chair, Democratic Doc Caucus  
U.S. House of Representatives  
Washington, DC 20515

The Honorable John Joyce, M.D.  
Co-Chair, GOP Doc Caucus  
U.S. House of Representatives  
Washington, DC 20515

**RE: MACRA Modernization Request for Information**

Dear Co-Chair Murphy, Co-Chair Joyce, and Chair Schrier:

United States of Care (USofCare) is pleased to share these comments in response to your request for information related to Medicare Access and CHIP Reauthorization Act (MACRA) modernization.

USofCare is a nonpartisan, nonprofit organization working to ensure that everyone has access to quality, affordable health care regardless of health status, social need, or income. Importantly, we are committed to improving the health of everyday people and are eager to engage in solutions that do just that. We advocate for [new solutions](#) to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives. Through our [work in states](#) and [listening to people's experiences](#) with the health care system, we are able to identify unique insights from patients on the ground to amplify for uptake at the federal level.

Our response to this request for information centers on people's perspectives identified through our years of [listening work](#), which has shown that people desire the high-quality care that can be achieved through what we call "[patient first care](#)" (a.k.a. value-based care) that prioritizes personalized, high-quality, coordinated health care, focusing on the needs of the individual person with the goal of enhancing both the experience and health outcomes for the patient. Fee-for-service-based payment tends to prioritize often-unnecessary high-cost, low-value care that may not lead to better health outcomes. At the same time, it often undervalues other forms of care, such as primary care, that have been associated with [improved health outcomes](#) and [lower costs](#).

A health care delivery system that puts people first not only improves health outcomes and lowers costs — it's what people want. Since early 2019, USofCare has engaged in listening research with people across the country to understand their health care needs, including a focus on patient-first care. [We found that](#), by a 4:1 margin, people favor a patient-first care model that ties provider payment to improved patient care and health outcomes instead of the current fragmented, disjointed system that prioritizes quantity over quality.



While MACRA has made some strides in helping Medicare shift away from a fee-for-service chassis towards one that prioritizes quality and outcomes, there is still work to be done to ensure that all Medicare beneficiaries reap the benefits of a “patient-first care” approach.

**What legislative reforms are most needed to ensure future CMMI models deliver real improvements in cost and quality, while also ensuring successful scaling of innovations?**

The CMS Innovation Center plays a critical role in the development and advancement of patient-first care models. Any legislative changes to the CMS Innovation Center or its operation should incorporate people’s values and lived experiences into model development, implementation, and evaluation; help provide predictability for beneficiaries and providers; and not unduly restrict the Innovation Center’s ability to test models that have the potential to transform care delivery.

Despite people’s desire for [personalized](#) care, the volume-based system rarely takes into account people’s life experiences when providing services. As a result, it is critical that beneficiary and caregiver perspectives be fully incorporated alongside the voices of providers and others during the development, implementation, and evaluation of all models through patient and community advisory councils or other means. Outreach should incorporate the perspectives of underserved populations to ensure that these models also prioritize the needs of people who have historically not benefited from the health care system. Additionally, we know people [want](#) to be active partners with their providers in determining their care plan and that it often leads to [improved patient outcomes](#). To this end, Innovation Center models should focus on giving providers the time and flexibility necessary to create shared decision-making opportunities with their patients in order to fully address their unique needs.

Additionally, while we understand that there can be reasons that the Innovation Center decides to terminate or substantially change a model that is in progress, it is important that this is approached thoughtfully. Major design changes and model terminations can have a negative impact on beneficiaries and providers, so establishing transition requirements could be helpful in creating predictability and minimizing disruptions. However, any new requirements should ensure the Innovation Center has the flexibility it needs to terminate models or make design changes if there are concerns about beneficiary harm.

**If MIPS were to be reformed or replaced entirely, what would a new physician-led quality program look like? How can we ensure a new program reduces administrative burdens and is applicable to all types of clinicians in all settings, while focusing meaningfully on real outcomes.**

While well-intentioned, the Merit-Based Incentive Payment System (MIPS) has failed to generate the improvements in patient outcomes that were envisioned, nor does its design allow for consistent measurement of the types of metrics that we know from our [listening work](#) truly matter to people. Congress should instead promote and incentivize provider participation in advanced alternative payment models (APMs). In particular, providing higher payments to clinicians participating in advanced APMs than those who remain in fee-for-service and requiring that bonuses are paid in the APM performance year as opposed to two years later could be helpful in driving additional participation.



With respect to quality measures, it is important that they assess clinicians' effectiveness in delivering quality patient care, facilitate meaningful comparisons across providers, and drive provider payment. Unfortunately, many quality metrics may have little connection to the patient experience. We believe there should be a focus on adopting a core set of patient-reported quality measures that center both patient-reported outcomes and patient-reported experiences to fully capture the patient's perspective.

Thank you for the opportunity to respond to this request for information. Please reach out to Alyssa Penna, Director of Federal Policy, at [apenna@usofcare.org](mailto:apenna@usofcare.org) with any questions or if you would like to discuss further.

Sincerely,

A handwritten signature in black ink that reads "Lisa Hunter". The signature is stylized, with the first letters of the first and last names being prominent.

Lisa Hunter  
Senior Director for Federal Policy & Advocacy  
United States of Care