April 14, 2026

The Honorable Suzan DelBene
2311 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Kelly
1707 Longworth House Office Building
Washington, DC 20515

Dear Representatives DelBene and Kelly,

We, the undersigned organizations, strongly endorse the Chronic Care Management Improvement Act of 2026 to ensure that more chronically ill Medicare patients receive access to high-quality care. By removing the patient cost-sharing obligations from the Chronic Care Management (CCM) code, millions of chronically ill Medicare beneficiaries stand to benefit from the care coordination and care management services the code supports.

Because CCM is vital to coordinated care, Medicare began reimbursing clinicians for primarily non-face-to-face CCM services under a separate code in the 2015 Medicare Physician Fee Schedule. CCM services include structured recording of patient health information, maintaining comprehensive electronic care plans, managing care transitions and other care management services, as well as coordinating and sharing patient health information promptly within and outside the practice.[i] These services allow care teams to address more aspects of a patients' health, thus increasing the chance of more positive outcomes. Providers and care managers report many positive outcomes for beneficiaries who receive CCM services, including greater patient satisfaction and adherence to recommended therapies, improved clinician productivity, and reduced hospitalizations and emergency department visits.

However, instituting a separate billable code created a beneficiary cost-sharing obligation for CCM services. Under current policy, Medicare beneficiaries are required to pay a 20% coinsurance to receive care management services. This cost-sharing requirement creates a barrier to care, as beneficiaries are being billed for services that do not always include interfacing with their provider, thus creating confusion for patients. Also, many of these beneficiaries consider any additional out-of-pocket expense for healthcare services untenable. The latest data reveals that only 4% of Medicare beneficiaries potentially eligible for CCM received these services, approximately 882,000 of a potential pool of 22.5 million eligible CCM beneficiaries.[ii] To further illustrate the impact, a study was commissioned by the Centers for Medicare & Medicaid Services that analyzed the cost of CCM patients compared to non-CCM patients to the Medicare program found that over an 18-month period, Medicare spent $95 less per patient per month for CCM patients.[iii]

We support your legislation to waive the beneficiary coinsurance for managing chronic care conditions and improving patients' health more effectively, and we appreciate your leadership on this issue. Please let us know how we can be a resource to help repeal the coinsurance requirement so more Medicare beneficiaries can benefit from coordinated care.

Sincerely,

Alzheimer's Association and the Alzheimer's Impact Movement
American Academy of Family Physicians
American Association of Nurse Practitioners
American Association of Psychiatric Pharmacists
AARP
American College of Clinical Pharmacy
American College of Lifestyle Medicine
American College of Osteopathic Family Physicians
American College of Physicians
American College of Rheumatology
American Diabetes Association
American Geriatrics Society
American Hospital Association
American Medical Association
American Medical Group Association
American Osteopathic Association
American Psychiatric Association
American Society of Health-System Pharmacists
America's Essential Hospitals
America's Physician Groups
Association of American Medical Colleges
Connected Health Initiative (CHI)
Association for Competitive Technology (ACT)
Cadence
Healthcare Leadership Council
Health Care Transformation Task Force
Mental Health America
Medical Group Management Association
National Alliance on Mental Illness
National Association of ACOs
National Kidney Foundation
National Patient Advocate Foundation
National Rural Health Association
Partnership to Fight Chronic Disease
Premier Inc.
Primary Care Collaborative
Primary Care Development Corporation
Remote Monitoring Leadership Council
TapestryHealth
The Alliance for Connected Care

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[i] Office of the Assistant Secretary for Planning and Evaluation. (2022, March 1). *Analysis of 2019 Medicare fee-for-service claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) services* [PDF]. U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf

[ii] McDowell, A., Colligan, E., Clark Stearns, S., Sen, N., Hu, W., Waldo, D., Moiduddin, A., & Russell, M. (2022, March 1). *Analysis of 2019 Medicare fee-for-service claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) services* (ASPE Descriptive Analysis) [PDF]. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf

[iii] Schurrer, J., O'Malley, A., Wilson, C., McCall, N., & Jain, N. (2017, November 2). *Evaluation of the diffusion and impact of the Chronic Care Management (CCM) services: Final report* (Final report). Centers for Medicare & Medicaid Services. https://www.cms.gov/priorities/innovation/files/reports/chronic-care-mngmt-finalevalrpt.pdf