



January 15, 2026

The Honorable Gregory F. Murphy
United States House of Representatives
407 Cannon House Office Building
Washington, DC 20515

The Honorable John Joyce
United States House of Representatives
2102 Rayburn House Office Building
Washington, DC 20515

The Honorable Kim Schrier
United States House of Representatives
1110 Longworth House Office Building
Washington, DC 20515

Dear Representatives Murphy, Joyce, and Schrier:

The American Parkinson Disease Association (APDA) is a nationwide grassroots organization that represents the one million people living with Parkinson's Disease (PD) in the United States (US). APDA provides information and referrals, education and support, and health and wellness activities to people with PD to optimize their quality of life. We applaud bipartisan efforts to modernize the Medicare Access and CHIP Reauthorization Act (MACRA). We appreciate the opportunity to provide a response to the Republican and Democratic Doctors Caucuses' request on opportunities to reform the Merit-Based Incentive Payment System (MIPS) to promote a physician-led quality program and approaches to ensure Centers for Medicare and Medicaid Innovation (CMMI) models deliver improvements in cost and quality.

APDA supports modernization efforts to reduce the administrative burden and complexity associated with participation in MIPS and CMMI alternative payment models (APMs). As a grassroots patient organization, we are acutely aware of the frustrations of provider burden and reduced patient-provider interaction time to support required quality reporting that may ultimately have an insignificant or adverse impact on the quality of PD patient care. We urge the Republican and Democratic Doctors Caucuses to consider modifying the current Quality Payment Program to incorporate physician-led community-based quality measures

that refer people with PD to community-based programming that improves quality of life and patient outcomes. We believe the integration of community-based care for neurological disorders such as Parkinson's will ultimately reduce costs and optimize patient outcomes, given exercise and community engagement are integral to PD care.

Physician-Led Quality Program

Participation in CMS MIPS requires reporting of standardized quality measures for physicians to be eligible for incentive payments. However, not all standardized quality measures currently used in the Quality Payment Program (QPP) are applicable to the PD community, and some may even adversely impact the quality of care delivered to the PD population. Legislative reforms which aim to modernize MACRA should promote integration of disease-specific measures. For example, the American Academy of Neurology 2020 Parkinson's Disease quality measure set was developed to address the challenges associated with the standardized measures within the QPP for PD care. The AAN measure set was developed with an expert panel comprised of movement disorder specialists, gerontologists, and other providers responsible for PD care. Those measures include the following:

- Annual Parkinson's Disease Diagnosis Review
- Contraindicated Dopamine-blocking Medications
- Assessment of Parkinson's Disease Medication-related Motor Complications
- Parkinson's Disease Rehabilitative Therapy Referral
- Exercise or Physical Activity Counseling
- Assessment of Mood Disorders and Psychosis
- Assessment of Impulse Control Disorders for Patients Prescribed PD Medications
- Assessment of Sleep Disturbances
- Assessment of Cognitive Impairment or Dysfunction
- Assessment of Autonomic Dysfunction

Reform efforts should also support development, testing, and validation of quality measures relevant to caregiver engagement and quality of life identified by the AAN expert panel.¹ To complement the work of the AAN, APDA supports integration of quality measures into the QPP that support referral to community-based services, in addition to community service providers that address health related social needs, to alleviate burden on physicians and support cost-effective prevention and health maintenance efforts. For example, community-based programs can include nutrition and exercise programs, support groups,

¹ [Microsoft Word - 2020-10 Parkinson Disease measurement set for approval](#)

home modification programs, and caregiver and care partner support, which improve the quality of life of people with PD.

Reduce Cost and Improve Quality

MARCA modernization efforts should also support adoption of appropriate technology to assist providers in delivering evidence-based information and care referrals to patients. Appropriate adoption of technology may alleviate physician burden and improve efficiency in connecting patients to critical information and care. For example, coverage of digital health technology, such as wearable digital health devices, can support early screening, diagnosis, intervention, and inform patient and provider decision-making, which can reduce costs and improve quality.

Legislative reforms should also incentivize evidence-based prevention strategies to improve healthcare costs and quality. Current CMMI models frequently involve procedural services such as joint replacement or cardiac intervention. However, it can be even more cost-effective to invest in care models that intervene prior to significant adverse health events that result in procedural service. Many patients with PD are at risk for falls and subsequently require hospitalization and joint replacement. These hospital stays are longer and associated with higher mortality than for those without PD.² Costly ED visits and admissions could be avoided via intensive inpatient rehabilitation programs, which have demonstrated successful patient outcomes.³ However, these programs have lengthy wait lists due to capacity constraints and are not widely available across the country. These types of programs should be scaled to reach more people with PD. Access to intensive therapeutic services, in the care setting of the patient's choice, can improve quality and reduce costs through improved function and prevention of avoidable hospital admissions.

In the US, there are approximately 90,000 new PD cases each year, representing a new PD diagnosis every 6 minutes. As the PD population continues to increase in the US, the APDA remains ready to partner with the Republican and Democratic Doctors Caucuses to address the unique healthcare cost and quality considerations of the PD community. Again, we appreciate the opportunity to provide comments. If you have any questions or require additional information please contact Emma Plourde, APDA Director of Health Policy, at eplourde@apdaparkinson.org or 202-763-6801.

² <https://www.medrxiv.org/content/10.1101/2025.08.05.25332959v2.full>

³ <https://www.apdaparkinson.org/wp-content/uploads/2023/04/Newsday-March-31-2023-Glen-Cove-Hospital-Program.pdf>

Sincerely,

A handwritten signature in black ink that reads "Leslie M. Chambers". The signature is written in a cursive, flowing style.

Leslie Chambers
President and CEO
American Parkinson Disease Association

Cc: Catherine Hayes, Amy Zhou, Matt Tucker, Mclean Piner