November 3, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Room S-230, The Capitol
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Room S-221, The Capitol
Washington, DC 20510

The Honorable Mike Johnson
Speaker
Room H-232, The Capitol
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
Room H-204, The Capitol
Washington, DC 20515

Dear Leader Thune, Leader Schumer, Speaker Johnson, and Leader Jeffries,

The 34 undersigned organizations write to urge swift Congressional action to **stop a portion of the recently finalized rule published by the Centers for Medicare & Medicaid Services (CMS) on October 31st (*90 Fed. Reg. 32352 et seq.)*, that reduces the work Relative Value Units (RVUs) and intra-service time for all non-time-based codes by 2.5 percent in 2026, with additional reductions expected every 3 years indefinitely.** This "efficiency adjustment" will cause further decreases in reimbursement for physician services and have wide-ranging consequences, including significant financial pressures that could limit patient access to medical care, particularly for the most vulnerable populations.

This "efficiency adjustment" is intended to address an incorrect assumption that non-time-based services become more efficient as the services become "more common, professionals gain more experience, technology is improved, and other operational improvements are implemented"[1]. In direct contradiction to this claim, a recent peer reviewed study published in the *Journal of the American College of Surgeons* (JACS) analyzing more than 1.7 million operations, spanning 249 CPT codes and 11 surgical specialties**, found that 90 percent of CPT codes had the same or longer operative times in 2023 compared to 2019**. Operative times have increased overall by 3.1 percent.[2]

The policy from CMS assumes longitudinal efficiency for an individual physician and proposes the adjustment be applied in a cross-sectional manner to *all* non-time-based codes, including those that have been revalued within the past five years, are currently under review, and are newly proposed for CY2026. Adding to the flawed implementation of this policy, the 2.5 percent reduction was calculated using only the productivity component of the Medicare Economic

[1] 90 FR 32352
[2] Childers CP, Foe LM, Mujumdar V, et al. Longitudinal Trends in Efficiency and Complexity of Surgical Procedures: Analysis of 1.7 Million Operations Between 2019 and 2023. *J Am Coll Surg*. 2025.

Index (MEI), which is not a valid measurement of physician-specific productivity, given that the MEI is based on changes in economy-wide productivity and does not reflect physician work. While the MEI could be useful in accounting for the rising cost of care delivery, unfortunately, there is no automatic inflationary adjustment to account for these increased costs, based on MEI or otherwise, included in the Medicare Physician Fee Schedule and the productivity component of the MEI on its own is meaningless.

This policy is based on the premise that services will continue to become more efficient indefinitely, and that all physicians experience the same rate of efficiency, which we believe to be flawed. While advances in medical technology and treatment protocols allow more patients to survive severe illnesses, these same patients often later require complex, high-risk procedural intervention. Highly experienced physicians may improve time efficiency, but undertake the most challenging cases, whereas newly trained or teaching physicians may treat less complicated patients but typically require more time. **Valuation is based on time and complexity/ intensity—not just time alone.**

Further, a recurring reduction in work RVUs every three years will have severe consequences for physician compensation, even beyond direct reimbursement from the Medicare Physician Fee Schedule. Many physician employment contracts are based on work RVUs or total RVUs, meaning that reductions in these values will decrease physician compensation despite no reduction in actual work performed. The inability to anticipate the magnitude of RVU reductions introduces ongoing uncertainty, making it increasingly difficult to structure fair and sustainable employment agreements, while extending another layer of financial unpredictability for private practice and solo practitioners. The likely response to this instability may be further consolidation.

The CMS assumption that all non-time-based codes have decreased in time is inherently flawed, and it is not appropriate to impose an across-the-board work RVU reduction, especially given the lack of empirical evidence for this assumption. **We urge you to stop the implementation of this proposal before it begins on January 1, 2026, by using all legislative tools at your disposal.** If you have any further questions, please feel free to contact Carrie Zlatos, Chief of Legislative and Political Affairs at the American College of Surgeons at czlatos@facs.org.

Sincerely,

American College of Surgeons

Alliance of Specialty Medicine

American Academy of Dermatology Association

American Academy of Facial Plastic and Reconstructive Surgery

American Academy of Hospice and Palliative Medicine

American Academy of Ophthalmology

American Academy of Otolaryngology – Head and Neck Surgery

American Academy of Physical Medicine and Rehabilitation

American Association of Neurological Surgeons

American Association of Orthopaedic Surgeons

American College of Cardiology

American College of Emergency Physicians

American College of Mohs Surgery

American College of Obstetricians and Gynecologists

American Gastroenterological Association

American Orthopaedic Foot & Ankle Society

American Podiatric Medical Association

American Society for Dermatologic Surgery Association

American Society for Metabolic and Bariatric Surgery

American Society for Radiation Oncology

American Society for Surgery of the Hand Professional Organization

American Society of Cataract and Refractive Surgery

American Society of Colon & Rectal Surgeons

American Society of Plastic Surgeons

American Society of Retina Specialists

American Urological Association

College of American Pathologists

Congress of Neurological Surgeons

Society for Vascular Surgery

Society of American Gastrointestinal and Endoscopic Surgeons

Society of Gynecologic Oncology

Society of Interventional Radiology

The American Society of Breast Surgeons

The Society of Thoracic Surgeons