

February 12, 2026

The Honorable Ron Estes
United States House of Representatives
2234 Rayburn House Office Building
Washington, DC 20515

The Honorable Thomas Suozzi
United States House of Representatives
203 Cannon House Office Building
Washington, DC 20515

Dear Congressmen Estes and Suozzi,

On behalf of the thirty-eight undersigned organizations, we would like to express our strong support for the *Efficiency Adjustment Delay Act*. This legislation is critical in ensuring patient access to medical care by delaying the flawed “efficiency adjustment” finalized in the Calendar Year 2026 Medicare Physician Fee Schedule until 2030. **This “efficiency adjustment” in the form of an across-the-board 2.5% reduction to work Relative Value Units (RVUs) will cause further decreases in reimbursement for physician services and have wide-ranging consequences, including significant financial pressures that could limit patient access to necessary medical services, particularly for the most vulnerable populations.**

This “efficiency adjustment” applies to all non-time-based codes in 2026 with additional reductions every three years indefinitely and 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 eleven 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

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.

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.

This 2.5% reduction to work RVUs went into effect on January 1, 2026, and must be delayed until CMS is able to produce empirical evidence that an across-the-board reduction is appropriate. Your legislation requires CMS to produce this data within two years of implementation, and if the data comes back that this cut is necessary, it only allows CMS to implement the reduction one time to codes that have not otherwise been reviewed or revalued in the last 10 years.

Finally, the 2.5% reduction in the CMS policy was calculated using only the productivity component of the Medicare Economic 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. **We appreciate that your legislation would require any future adjustment to be calculated without relying on a factor that is used for determining productivity relative to inflation unless the yearly update to the non-qualifying APM conversion factor is at least as large as the percentage increase in the Consumer Price Index (CPI) for the previous year.**

We appreciate that this legislation preserves the conversion factor, allowing for procedural codes to be valued appropriately and adequately without application of an overly broad, non-evidence-based reduction. Thank you for your leadership on this urgent issue, and we look forward to collaborating with you on efforts to better stabilize Medicare reimbursement. If you have any further questions, please feel free to contact Hallie Koch at the American College of Surgeons at hkoch@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 College of Osteopathic Internists

American Gastroenterological Association
American Orthopaedic Foot & Ankle Society
American Podiatric Medical Association
American Society for Gastrointestinal Endoscopy
American Society for Metabolic and Bariatric Surgery
American Society for Radiation Oncology
American Society for Surgery of the Hand Professional Organization
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Colon & Rectal Surgeons
American Society of Echocardiography
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Society for Cardiovascular Magnetic Resonance
Society for Vascular Surgery
Society of American Gastrointestinal and Endoscopic Surgeons
Society of Gynecologic Oncology
The Heart Rhythm Society
The Society of Thoracic Surgeons