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AMERICAN COLLEGE OF SURGEONS

Stabilize the Medicare Physician Payment System

Senate and House: Publically support urgent Congressional action to fix the broken Medicare physician payment system.

For more than 20 years, Medicare payments have been under pressure from Centers for Medicare & Medicaid Services (CMS) anti-inflationary payment policies. Since 2001, physicians have seen their Medicare payments decrease by 33 percent when adjusted for inflation, including the most recent cut on January 1, 2025. These cuts threaten patient access to vital health care services and undermine the stability of our nation's health care system.

The Medicare Physician Fee Schedule (MPFS) suffers from multiple shortcomings. It is unique in its lack of a meaningful mechanism to account for inflation and currently requires any positive updates to be directly legislated. CMS concluded in the Calendar Year 2025 MPFS Final Rule that the Medicare Economic Index (MEI), a cumulative measure of the individual costs of running a practice, will increase by 3.5 percent this year. With only a .25 percent statutory update on the horizon for 2026 for most clinicians, Medicare physician reimbursement is falling far behind. An annual update to the MPFS comparable to that in other payment programs is critical to help ensure that payments keep pace with medical cost inflation.

Furthermore, the system remains constrained by a budget-neutral financing system, which means even modest changes in spending can result in across the board cuts to all services. This trigger amount, which has remained at $20 million annually since its implementation in 1992, and must be increased and indexed to adjust for inflation moving forward.

Congressional Action

Congress failed to take action at the end of last year and in the most recent government funding bill, resulting in a 2.83 percent payment cut for 2025. Medicare reimbursement for physicians continues to fall year after year. These compounding cuts, combined with a broad lack of viable alternative payment models for surgeons, demonstrate that the Medicare payment system is broken. These systemic issues will continue to threaten patient access to care and hinder surgeons' ability to undertake important quality improvement initiatives or make investments needed to move toward value-based care.

Stakeholders and congressional leaders agree that these yearly cuts are not sustainable and must be addressed to ensure long-term stability of the Medicare system. Representatives Greg Murphy, MD (R-NC-03), Jimmy Panetta (D-CA-19), John Joyce, MD (R-PA-13), Kim Schrier, MD (D-WA-08), Mariannette Miller-Meeks, MD (R-IA-01), Raul Ruiz, MD (D-CA-25) have introduced the *Medicare Patient Access and Practice Stabilization Act* (H.R. 879). This bipartisan bill will prospectively stop the most recent 2.83 percent cut as well as provide a crucial 2 percent inflationary update, about half of the MEI estimate for 2025. This is a good first step, but falls of the short of critical long-term reforms. We urge Congress take action and fix the broken system.

CONGRESSIONAL ASK 33% ↓ in payments when accounting for inflation

Senate and House: Publically support urgent Congressional action to fix the broken Medicare physician payment system.

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Support the Surgical Workforce by Addressing Student Loan Debt

Senate and House: Co-sponsor the *Resident Education Deferred Interest (REDI) Act* (S. 942/H.R. 2028).

Surgery is an essential element in the care of a community or region. In areas with an insufficient surgical workforce, patients in need of care must travel to a place with surgical capabilities, leading to delays in care and potentially suboptimal outcomes. The high cost of medical education contributes to physician shortages. Physicians often accumulate immense student debt during their education and then must undertake several years of residency training with low pay, during which time their student loans accrue significant interest. This financial burden poses a barrier for students wishing to pursue certain specialties, practice in underserved areas, or even enter the health care profession at all.

Optimal quality, the centerpiece of the American College of Surgeons' mission, is not achievable without optimal access. It is essential that policymakers understand where surgical shortages exist and take steps to incentivize surgical practice in those areas to ensure all patients have access to the full spectrum of high-quality health care services.

Congressional Action

The *REDI Act* (S. 942/H.R. 2028), introduced by Senators Jacky Rosen (D-NV) and John Boozman, OD (R-AR) and Representatives Brian Babin, DDS (R-TX-36) and Chrissy Houlahan (D-PA-06), would allow borrowers in medical or dental internships or residency programs to defer student loan payments without interest until the completion of their programs. This legislation will alleviate some of the financial burden of medical education and help address ongoing health care provider shortages to ensure patients can access the care they need.

CONGRESSIONAL ASK

Senate and House: Co-sponsor the *REDI Act* (S. 942/H.R. 2028).

Reducing Administrative Burden: The Improving Seniors' Timely Access to Care Act

House and Senate: Cosponsor the Improving Seniors' Timely Access to Care Act upon reintroduction.

Surgical patients are encountering barriers to timely access to care due to onerous and unnecessary prior authorization (PA) requests from Medicare Advantage (MA) plans. The American College of Surgeons (ACS) is concerned about the growing administrative burdens and the delays in medically necessary care associated with excessive PA requirements. According to a 2024 study by the American Medical Association, 82 percent of physicians surveyed reported that patients had abandoned treatment due to prior authorization issues and 94 percent said poorer clinical outcomes were directly linked to prior authorization. Denials have risen over the last five years causing a decrease in access to care for patients and an increase in regulatory burden for physicians. On average, 13 hours of physician and staff time per week is required to handle these requests, therefore reducing the number of hours a physician has available for patient care.

Last Congress, the *Seniors'* Act had over 230 bipartisan cosponsors in the House and 60 in the Senate with more than 500 endorsing organizations.

Congressional Action

The *Improving Seniors' Timely Access to Care* Act would protect seniors from unnecessary delays and denials of medically necessary care by streamlining and standardizing prior authorization in Medicare Advantage by putting patients over paperwork. The *Seniors'* Act modernizes the prior authorization process in MA and provides transparency and additional oversight of the MA program by:

- Establishing e-PA for MA plans (electronic prior authorization)
- Increasing transparency around MA prior authorization requirements and their use
- Clarifying CMS' authority to establish timeframes for e-PA requests, including expedited determinations, real-time decisions for routinely approved items and services and any other PA request
- Expanding beneficiary protections to improve enrollee experiences and outcomes
- Requiring HHS and other agencies to report to Congress on program integrity efforts and other ways to further improve the e-PA process.

CONGRESSIONAL ASK:

House and Senate: Cosponsor the *Improving Seniors' Timely Access to Care* Act upon reintroduction.

25% surgeon workforce is over 65 years old

Surgeon Well-Being: Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 929/S. 266)

House and Senate: Cosponsor the Dr. Lorna Breen Health Care Provider Protection Reauthorization Act (H.R. 929/S. 266)

The *Lorna Breen Health Care Provider Protection Act (Lorna Breen Act)*, originally enacted on March 18, 2022, has supported more than 250,000 health workers across the country through 45 evidence-informed initiatives to strengthen health workers' mental health. It is the only federal law dedicated to preventing suicide and reducing occupational burnout, mental health conditions, and stress for health care professionals. Named in honor of the life, memory, and legacy of Dr. Lorna Breen, an emergency physician who died by suicide on April 26, 2020, the *Lorna Breen Act* has saved lives and protected livelihoods by increasing access to mental and behavioral health support and treatment for health care professionals.

Health care professionals still face higher and increasing rates of mental health and behavioral health conditions, occupational burnout, and suicide than other professions. These factors are only worsening existing shortages of health care professionals and negatively affecting patient care, as experienced surgeons and other health care professionals leave the workforce in greater numbers and recruitment and retention of future generations becomes more and more difficult. We must continue to prioritize the health and well-being of those who care for us, ensuring an environment where each and every health care professional always has access to the necessary mental health care services they need and deserve, without fear of loss of licensure, loss of income, or threat of other meaningful career setbacks associated with stigma.

Congressional Action

The *Dr. Lorna Breen Health Care Provider Protection Reauthorization Act,* led by Representatives Debbie Dingell (D-MI-06), Jen Kiggans (R-VA-02), Jennifer McClellan (D-VA-04), Mariannette Miller-Meeks, MD (R-IA-01), Raja Krishnamoorthi (D-IL-08), and Brian Fitzpatrick (R-PA-01), and Senators Tim Kaine (D-VA), Todd Young (R-IN), Jack Reed (D-RI), and Roger Marshall, MD (R-KS), would reauthorize funding for these programs through 2030. This legislation will help ensure that hospitals, health systems, and other health care organizations can continue, expand, and build on the successes of the underlying law. Additionally, the reauthorization language would expand grants and contracts eligibility to include entities that have "a focus on the reduction of administrative burden on health care workers." This will enable health care organizations to address system-level risk factors that lead to occupational burnout, contribute to mental health conditions, and cause intensive stress and strain. Supporting the well-being of surgeons is critical to ensuring they are able to continue to provide high quality care to the individuals, families, and communities they serve.

CONGRESSIONAL ASK:

House and Senate: Co-sponsor the *Dr. Lorna Breen Health Care Provider Protection Reauthorization Act* (H.R. 929/S. 266).

Support $10 Million for Neglected Surgical Conditions

Senate and House: Include $10 million for Neglected Surgical Conditions within the National Security, Department of State, and Related Programs (House)/State, Foreign Operations and Related Programs (Senate) bill for Fiscal Year (FY) 2026.

Each year, global deaths from conditions requiring surgical care far exceed those from HIV/AIDS, tuberculosis, and malaria – combined. However, the burden of conditions requiring surgical intervention continues to be neglected as a public health strategy. By directing $10 million through the State Department, the U.S. can lead the effort to transform health systems in low- and middle-income countries (LMICs), which has the potential to save 17 million lives per year and avert $12.3 trillion in lost gross domestic product in LMICs over the next 15 years. The investment in surgical systems also supports pandemic preparedness plans as the increased capacity can be repurposed for treatment capacity during pandemics.

The World Bank identified essential surgical care as one of the most cost-effective health interventions available and a health priority that is within reach for countries around the world. Additionally, World Health Assembly adopted a resolution in 2015, co-sponsored by the U.S., that acknowledged surgery and anesthesia as key components to strengthening health systems. As a result, all 16 member countries of the Southern African Development Community and all 26 countries of the Pacific Community are moving ahead to strengthen surgical systems and are developing national strategic plans. In 2020, all 37 countries of the World Health Organization Western Pacific Region unanimously adopted a framework for action for safe and affordable surgery in the region. These LMICs are determined to fill the currently unmet surgical gap of 143 million additional operations by the end of the decade, and the U.S. has an opportunity to lead this global surgery movement.

Congressional Action

Language recognizing the importance of strengthening capacity to address neglected surgical conditions was included in the FY2021, FY2022, FY2023, and FY2024 State, Foreign Operations, and Related Programs (SFOPs) Reports. Including the proposed language in the FY2026 SFOPs/National Security, Department of State, and Related Programs (NSRP) Report would signify a strong commitment and investment in global surgical care.

CONGRESSIONAL ASK

Senate and House: Include the following language in the FY2026 SFOPs/NSRP Report:
Neglected Surgical Conditions *– The agreement includes* ***$10,000,000*** *to strengthen surgical health capacity to address such health issues as cleft lip and cleft palate, club foot, cataracts, hernias, fistulas, and untreated traumatic injuries in underserved areas in developing countries, including in contexts without water or electricity. Strengthening surgical health systems includes the training of local surgical teams to provide safe, sustainable, and timely surgical care, and assisting ministries of health to develop and implement national surgical, obstetric, trauma, and anesthesia plans.*

Improving Cancer Care and Access for Patients

Senate and House: Cosponsor the *Find It Early* Act and fully fund cancer research across agencies

The American College of Surgeons (ACS) is dedicated to improving the survival and quality of life for patients with cancer by providing standards, tools, resources, and data that encourage prevention and early detection, as well as enable cancer programs to deliver comprehensive, high-quality, multidisciplinary, evidence-based, patient-centered care. Central to this mission is robust access to cancer screenings and federal investment in cancer research.

Patients missed an estimated 9.4 million cancer screening tests across the U.S. in 2020 alone, and the National Cancer Institute (NCI) projects that there may be 10,000 additional cancer deaths from breast and colorectal cancers due to screening that were missed or canceled during the COVID-19 pandemic. Research evaluating data from the ACS National Cancer Database found a 15-20 percent decrease in newly diagnosed breast cancer cases reported to ACS Commission on Cancer sites in 2020 compared to 2019, likely due to screening restrictions that occurred in the early months of the pandemic as well as the fear of exposure that may have caused some patients to delay care for breast cancer symptoms. Early detection of cancer can significantly improve patient outcomes, and immediate and continual attention to screening access is critical to make up this lost ground.

Additionally, robust investment in cancer research is critical to developing lifesaving technologies and therapeutics for cancer patients. There are several federally funded agencies and programs that have this goal in mind, including the National Cancer Institute, Center for Disease Control and Prevention Cancer Prevention Program, and the Advanced Research Project Agency for Health.

Congressional Action

Improving Access to Breast Cancer Screening

The *Find it Early Act,* championed by Senators Amy Klobuchar (D-MN) and Roger Marshall (R-KS), and Representatives Rosa DeLauro (D-CT-03) and Brian Fitzpatrick (R-PA-01), would require health insurance plans to cover screening and diagnostic breast imaging, including mammograms, ultrasounds and breast ultrasounds, and MRIs with no cost-sharing for patients. While most public and private insurance plans cover mammograms, many do not offer coverage for additional types of screening that may be needed for patients with dense breasts, certain family histories of disease, or other reasons. The result is that many patients may forgo these tests and risk later stage diagnosis. A delay can have serious consequences. Breast cancer found at an early stage has a 5-year survival rate of 99 percent, whereas breast cancer found at a later stage has a 5-year survival rate of less than 30 percent. The *Find it Early Act* will help increase access to breast cancer screening and reduce preventable deaths.

Cancer Research Funding

The *Centers for Disease Control and Prevention* (CDC) *Cancer Research Programs*: Nearly half of newly diagnosed cancers in the U.S. are potentially preventable and the CDC cancer research programs support evidence-based strategies to assist in reducing the substantial costs of treating advanced disease. CDC funding for CDC cancer programs has fallen short for many years. The FY2010-FY2023 increase for CDC cancer research programs was just $25.4 million or 7 percent. That's more than $150 million less than if these programs had merely kept up with inflation. We encourage Congress to direct robust funding to the CDC cancer research programs in order to find ways to prevent disease progression.

The *National Cancer Institute* (NCI): The NCI is experiencing a demand for research funding that is far beyond that of any other Institute or Center (IC). Between FY2013 and FY2022, the number of unique grant applicants to NCI rose by 45 percent, compared to 20 percent at all other ICs. This demand for NCI funding reflects the extraordinary progress that is being made in many areas of cancer research and the potential for new breakthroughs. At its current funding level, NCI cannot keep up with that demand. Currently, around 5 out of 6 potentially promising research projects go unfunded. NCI needs predictable and robust funding to be able to fund the groundbreaking ideas researchers are proposing and prevent losing a generation of young investigators.

The *Advanced Research Projects Agency for Health* (ARPA-H): ARPA-H's unique focus on "high potential, high impact" research is critical for transformative breakthroughs in cancer and other diseases. Continued funding at the same levels is essential to achieving this outcome. Importantly, funding for the agency should be supplemental to NCI and NIH programs.

CONGRESSIONAL ASK

Senate and House: Co-sponsor the *Find it Early Act* and support ACS cancer research funding priorities in your appropriations requests:

Program	FY25	**FY26 Proposed**
CDC Cancer Research Programs	$409.6 million	**$492.4 million**
National Institutes of Health (NIH)	$47.54 billion	**$51.3 billion**
National Cancer Institute (NCI)	$7.2 billion	**$7.934 billion**
Advanced Research Projects Agency for Health (ARPA-H)	$1.5 billion	**$1.5 billion**

Authorize and Fund Critical Trauma Programs

Senate: Reauthorize the *Pandemic All-Hazards Preparedness Act* and fully fund the MISSION ZERO grant program and CDC Injury Center.

House: Reauthorize the *Pandemic All-Hazards Preparedness Act,* co-sponsor H.R. 2414, and fully fund the MISSION ZERO grant program and CDC Injury Center.

As a leader in setting standards for trauma care, the American College of Surgeons (ACS) knows that trauma systems are not only responsible for day-to-day emergency and trauma care but also serve as critical infrastructure in response to public health emergencies, natural disasters, and other mass population events. Given this critical function, the ACS strongly supports reauthorization of the *Pandemic All-Hazards Preparedness Act* (PAHPA) and the Military and Civilian Partnership for Trauma Readiness Grant Program (MISSION ZERO), along with robust funding for MISSION ZERO and the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (Injury Center).

Congressional Action

Reauthorize PAHPA

PAHPA was enacted in 2019 to improve the nation's response to public health and medical emergencies. PAHPA has been instrumental in coordinating federal efforts to enhance our ability to respond effectively to public health emergencies, ensuring that we are adequately prepared to protect the health and safety of our citizens. The important programs included in PAHPA expired on September 30, 2023. The ACS was pleased to see bipartisan, bicameral language to reauthorize PAHPA proposed in December 2024. Unfortunately, that agreement was not enacted. We urge Congress to swiftly pass PAHPA reauthorization, as agreed to in December, with the following key priorities included:

- **Improving Medical Readiness and Response Capabilities:** The December 2024 agreement **reauthorizes the Hospital Preparedness Program (HPP)** and improves coordination and surge capacity of regional medical operations within and among health care coalitions. The language also requires eligible entities to establish and maintain or leverage existing capabilities to enable coordination of regional medical operations within a coalition and between multiple coalitions in close geographic proximity. Maintaining this language is critical because it sets a framework for stronger coordination of regional response in an emergency by driving the HPP from solely planning for catastrophic events to having an active role in managing the day-to-day coordination for the care of patients. **Because this language does not authorize additional funding to carry out this work, Congress can greatly strengthen coordination and improve access to timely care for patients without spending any additional money.**

- **Military and Civilian Partnership for Trauma Readiness:** The *MISSION ZERO Act* was enacted as part of PAHPA in 2019, establishing the MISSION ZERO grant program to offset the administrative costs of embedding military trauma professionals in civilian trauma centers. These military-civilian partnerships allow military trauma care teams to gain exposure to treating critically injured patients and increase readiness for when these units are deployed, further advancing trauma care and providing greater patient access. **The ACS urges reauthorization of this important program at the previously-enacted level of $11.5 million.** This provision was included in the December 2024 language to reauthorize PAHPA and was also introduced in the House of Representatives as standalone legislation (H.R. 2414) by Representatives Kathy Castor (D-FL-14) and Richard Hudson (R-NC-09).

Fully Fund MISSION ZERO and the CDC Injury Center
The MISSION ZERO grant program supports critical military-civilian partnerships that benefit both patients undergoing care in civilian settings and patients who military surgeons may later treat in armed conflict zones. **The ACS urges Congress to fully fund MISSION ZERO at the previously-authorized level of $11.5 million for fiscal year (FY) 2026.**

Additionally, the ACS strongly supports robust funding for the CDC Injury Center. The Injury Center provides critical injury prevention programming, research, and evaluation and is a key part of our public health infrastructure. Programs supported by the Injury Center include but are not limited to: firearm injury and mortality prevention research; drug overdose prevention; suicide prevention; traumatic brain injury prevention; drowning prevention; elder fall prevention; and domestic and sexual violence prevention. **The ACS urges Congress to fund the Injury Center at the current level of $761 million for FY 2026.**

CONGRESSIONAL ASK

Senate: Reauthorize the *Pandemic All-Hazards Preparedness Act* and fully fund the MISSION ZERO grant program and CDC Injury Center.

House: Reauthorize the *Pandemic All-Hazards Preparedness Act,* co-sponsor H.R. 2414, and fully fund the MISSION ZERO grant program and CDC Injury Center.