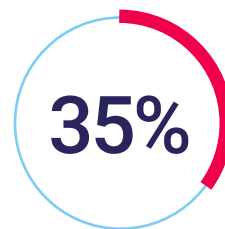


# These cuts hurt patients.

**Pending payment cuts threaten access to surgical care and stress our strained health care system.**

Now is not the time to make payment cuts to any health care provider.

**1 in 3 private practice surgeons are concerned they will have to shut down.**



of surgeons suffered negative financial consequences due to COVID-19 such as taking on debt and laying off or furloughing employees

**Payment cuts from the Centers for Medicare & Medicaid Services (CMS) will hurt Medicare patients seeking surgical services.**

- Medicare is the #1 source of funding for America's hospitals and our already strained healthcare system can't afford to lose additional funding.
- These significant cuts for most surgical procedures delivered to Medicare patients will exacerbate surgical workforce shortages and growing crisis of rural hospital closures.

## **HOW CONGRESS CAN HELP: STOP THE CUTS.**

Congress can and should waive Medicare's budget neutrality requirements for the finalized evaluation and management (E/M) code policies that go into effect on January 1, 2021.

Congress should also apply the increased E/M adjustment to 10- and 90-day global code values.

# The cuts explained.

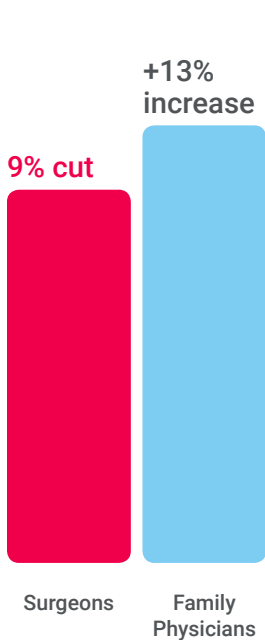
- In January 2021, the Centers for Medicare & Medicaid Services (CMS) will implement a new Calendar Year (CY) 2020 Medicare Physician Fee Schedule (PFS) that would pay surgeons less for their work.
- CMS will cut surgeons' payments to increase the payments for stand-alone office and outpatient visits for some physicians in 2021.
- CMS is picking winners and losers among physician specialties for the same work. These cuts not only threaten access to surgical care, but also stress an already fragile health care system that is under strain from COVID-19.
- On August 4th, CMS announced an increase to their initially planned payment cuts. The proposed PFS rule cuts payments for several surgical specialties, including 9% for cardiac surgery, 8% for thoracic surgery, 7% for vascular surgery, 7% for general surgery, 7% for neurosurgery, and 6% for ophthalmology.

For additional information visit: [surgicalcare.org](https://surgicalcare.org)

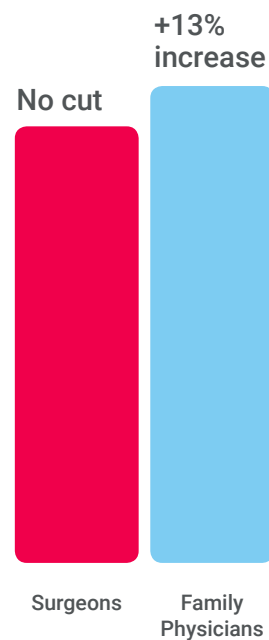
## The impact.

Rulemaking is zero sum—gains to one type of provider affect the others. Without intervention, CMS will reduce access to surgical care and prioritize some physicians over others.

### 2021 MEDICARE PAYMENT



### SCC PROPOSAL WAIVE BUDGET NEUTRALITY



## WHO WE ARE

150,000

surgeons represented

12

surgical associations

The Surgical Care Coalition advocates for access to quality surgical care for all Americans. The coalition represents the shared interests of 12 surgical professional associations across surgical specialties.

- American Academy of Ophthalmology
- American Association of Neurological Surgeons
- American College of Osteopathic Surgeons
- American College of Surgeons
- American Society for Surgery of the Hand
- American Society of Colon and Rectal Surgeons
- American Society of Plastic Surgeons
- Congress of Neurological Surgeons
- Society for Vascular Surgery
- Society of American Gastrointestinal and Endoscopic Surgeons
- The American Society of Breast Surgeons
- The Society of Thoracic Surgeons

[surgicalcare.org](https://surgicalcare.org) Surgical Care Coalition @SurgeonsCare

This survey was conducted by the independent public opinion research firm, Brunswick Insight, on behalf of the Surgical Care Coalition. The survey was conducted online among 5,244 surgeons between May 11 and 20th, 2020.

