

Protect patients and save lives by stopping cuts to surgical care.

Investment in surgical care is in jeopardy.

A nearly 9% cut to surgical care will take place in January 2022 if Congress takes no further action by the end of the year.

Surgical care faces 4 different cuts.

1 **3.75% cut in the Medicare Physician Fee Schedule**

The Centers for Medicare & Medicaid Services (CMS) will reinstate a 3.75% cut to surgical care that Congress prevented last year. This continues an unsustainable cycle that threatens access to care for patients year after year.

2 **2% cut due to sequestration**

The Coronavirus Aid, Relief, and Economic Security (CARES) Act extended the annual 2% payment cut to Medicare providers mandated by the Budget Control Act of 2011, through 2030. Congress temporarily suspended these cuts from May 2020 through December 2021, but they will resume in 2022.

3 **4% cut due to PAYGO**

This occurs when mandatory spending and revenue legislation increase the federal budget deficit over a 5- or 10-year period. When Congress passed the American Rescue Plan earlier this year, it triggered the Statutory Pay-As-You-Go Act of 2010, necessitating an additional 4% PAYGO sequestration cut to Medicare

4 **Cuts to global surgical codes**

The proposed 2022 Medicare Physician Fee Schedule rule continues to pay some physicians more for an office visit – evaluation and management (E/M) – than others, systematically devaluing surgical care. Medicare law requires CMS to pay all physician specialties equally for the same E/M service, whether it is performed as part of a standard office visit or within the 10- or 90-day global surgical package – known as a global code.

These Cuts Threaten Patient Care

Medicare cuts have a systemic impact and affect access to care for all patients.



Medicare Physician Fee Schedule Sets Industry-Wide Precedent.

The Medicare Physician Fee Schedule is used by most insurers, such as TRICARE, state Medicaid plans and private health plans, to set their annual rates for physician services.



Patients should not have to worry about future access to surgical care. **By the end of the pandemic, there will be at least a 3-month backlog of needed surgeries, equating to nearly 5 million surgical cases.**



With the recent increase in physician practices acquired by hospitals and other corporate entities such as private equity firms, these cuts could accelerate this consolidation, further pressuring surgeons to sell their practices, increasing overall health care costs. **There was a 2% increase in corporate-owned practices in 2020.**

How Congress & the Administration Can Help:

- + Delay the 3.75% cut for at least two years.
- + Suspend the 2% Medicare payment sequester and waive PAYGO to prevent the 4% cut.
- + Apply the increased E/M adjustments to 10- and 90-day global code values.
- + Set forth a process and timeline to work with the surgical community to find a sustainable long-term solution that does not threaten access to care year after year.