AAFP

AMERICAN ACADEMY of FAMILY PHYSICIANS

December 10, 2025

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable John Thune
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Chuck Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Speaker Johnson and Leaders Jeffries, Thune, and Schumer:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 128,300 family physicians and medical students across the country, I write to share our strong support for the efficiency adjustment policy finalized by the Centers for Medicare and Medicaid Services (CMS) in the Calendar Year 2026 Medicare Physician Fee Schedule (MPFS). We ask that you and your colleagues in Congress allow CMS to proceed with implementation of the policy beginning January 1, 2026.

The efficiency adjustment will be a 2.5% reduction to the estimate of intra-service time for a Current Procedural Terminology (CPT) code, which is used to inform the physician work relative value unit (RVU). The goal of this policy is to more accurately estimate the time physicians currently spend providing the core of a service, accounting for efficiencies gained over time.

For background, many CPT codes have not been revalued in years. Some codes have never been revalued since the inception of the MPFS, leading to CMS estimating an average of 25.49 years between code revaluation. Excluding the codes that have never been reviewed, CMS estimates the average is 17.69 years. Per the American Medical Association, 10,000 individual codes comprise more than 95% of Medicare physician payment spending annually and those codes have been reviewed, on average, once every 13 years. CMS is only applying the adjustment based on the last five years of productivity data in the Medicare Economic Index – even though most of these codes have not been revalued in a decade and some haven't been revalued in more than 20 years.

Each CPT code includes three RVUs: physician work, practice expense, and malpractice liability. Within the physician work component, estimates are made for how long it takes to perform the pre-service, intra-service, and post-service work. The efficiency adjustment reduces the estimated time for the intra-service work. It does not impact the pre- or post-service estimates, or the other two RVUs. In simpler terms: CMS is implementing a modest 2.5% reduction to the time assumed to be spent directly on providing the core of the service to account for efficiencies gained over time.

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To put this into real-world terms, the code for a basic colonoscopy (CPT 45378) has not been revalued in almost a decade. This proposal reduces the total time the physician is assumed to spend on the service by less than 40 seconds. Another way to look at the adjustment is that the work RVU will decrease 0.08, which is less than $2.

Empirical evidence has consistently shown that MPFS intra-service time estimates are higher than the actual time taken. In one study analyzing time estimates for 60 codes, the empirical time values were more than 10% lower than the MPFS time for 42 services.[i] Research has shown that surgical procedures in particular have MPFS operative times that are significantly higher on average than times recorded in operative logs, direct observations, hospital records, electronic medical record time stamps, and surgical time estimates based on Medicare anesthesia claims.[ii] For example, a 2022 analysis of 1,349 surgical codes with linked anesthesia claims showed that observed procedure times were 27% lower on average than MPFS time estimates.[iii]

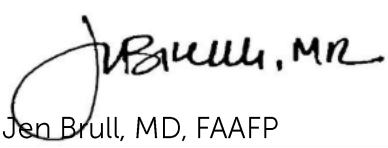
This adjustment does not mean physicians have to perform procedures faster. It adjusts payment and time estimates to better reflect the actual resources currently put into delivering a service. It acknowledges the productivity efficiencies that naturally occur over time as technology improves and physicians become more familiar with the service.

Because of the budget-neutral, resource-limited nature of the MPFS, pervasive distortions and inequities have contributed to the undervaluation of and payment for primary care. One of the sources of these distortions is the infrequency with which codes have been revalued using empiric data.

Foundational reforms to budget neutrality requirements are essential to address the broader problems with Medicare payment, but the Academy also believes that it is important to ensure the accuracy of RVUs with more empiric data. We agree with CMS that many of the codes paid under the MPFS have associated times that do not accurately reflect the time spent providing the service. We therefore support Medicare's attempts to correct this problem and seek more empirical data to inform its valuations.

This policy is a small but important step towards correcting longstanding distortions that have undervalued the work of specialties like family medicine. We urge you to support the important signals CMS is sending by allowing this policy to be implemented on January 1, 2026. Thank you for your attention to this issue. The AAFP looks forward to continuing to partner with you all to invest in our nation's primary care system. Should you have any additional questions, please contact Natalie Williams, Senior Manager of Legislative Affairs, at nwilliams2@aafp.org.

Sincerely,



Jen Brull, MD, FAAFP
American Academy of Family Physicians, Board Chair

[i] Centers for Medicare & Medicaid Services. (2021). *Collecting empirical physician time data: Urban report*. U.S. Department of Health & Human Services. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Collecting-Empirical-Physician-Time-Data-Urban-Report.pdf.
[ii] RAND Corporation. (2023). *Assessing the impact of Medicare physician payment reform: Findings from the empirical physician time data study* (Report No. RRA3470-1). RAND Corporation. https://www.rand.org/content/dam/rand/pubs/research_reports/RRA3400/RRA3470-1/RAND_RRA3470-1.pdf.
[iii] Crespin, Daniel J., Teague Ruder, Andrew W. Mulcahy, and Ateev Mehrotra, "Variation in Estimated Surgical Procedure Times Across Patient Characteristics and Surgeon Specialty," *JAMA Surgery*, Vol. 157, No. 5, May 2022.