



AMERICAN ASSOCIATION OF
ORTHOPAEDIC SURGEONS

**American Association of Orthopaedic Surgeons
Statement for the Record
U.S. Senate Special Committee on Aging
“The Doctor is Out: How Washington’s Rules Drove Physicians Out of Medicine”
February 11, 2026**

On behalf of its 39,000 orthopaedic surgeon members, the American Association of Orthopaedic Surgeons (AAOS) is pleased to submit this statement for the record of the February 11, 2026 hearing titled, “The Doctor is Out: How Washington’s Rules Drove Physicians Out of Medicine”. We share the committee’s goal of addressing the core drivers working to drive physicians out of the workforce and impact patients’ access to care.

Administrative burdens imposed by payers hinder physicians’ ability to provide patient care

Prior Authorization (PA) requirements are put in place by Medicare Advantage (MA) plans to help ensure high-quality, cost-effective care while preventing unnecessary utilization. The current prior authorization system, however, imposes excessive administrative burdens on medical practices through complex requirements and electronic health record maintenance, reducing physicians' time with patients and increasing operational costs. It also regularly delays or completely prevents patients from receiving necessary care and negatively interferes with the all-important doctor-patient relationship.

The Improving Seniors' Timely Access to Care Act (H.R. 3514) would prioritize patient care over paperwork by modernizing and streamlining the prior authorization process in Medicare Advantage.

This legislation would mandate electronic prior authorization for MA plans, standardize transactions and clinical documentation requirements, and increase transparency around MA prior authorization practices. Additionally, it would empower CMS to establish clear timeframes for prior authorization decisions and require regular congressional reporting on program integrity efforts from HHS and other agencies.

The Improving Seniors' Timely Access to Care Act codifies several key provisions of CMS’s January 2024 final Interoperability and Prior Authorization rule (CMS-0057-F). Accordingly, the Congressional Budget Office gave the legislation a score of zero dollars. While this regulatory action represents progress, congressional action is still needed.

Inadequate Medicare reimbursement creates financial barriers for the surgical workforce

The recently finalized rule published by the Centers for Medicare & Medicaid Services (CMS) on October 31st (90 Fed. Reg. 32352 et seq.), reduces the work Relative Value Units (RVUs) and intra-service time for most non-time-based codes by 2.5 percent in 2026, with additional reductions expected every 3 years indefinitely. This “efficiency adjustment” causes further decreases in

reimbursement for physician services and have wide-ranging consequences, including significant financial pressures that could limit patient access to medical care, particularly for the most vulnerable populations. This “efficiency adjustment” 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 11 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

The policy from CMS assumes longitudinal efficiency for an individual physician and proposes the adjustment be applied in a cross-sectional manner to all non-time-based codes, including those that have been revalued within the past five years and are currently under review. Adding to the flawed implementation of this policy, the 2.5 percent reduction 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 advances in medical technology and treatment protocols allow more patients to survive severe illnesses, these same patients often later require complex, high-risk procedural intervention. Highly experienced physicians may improve time efficiency, but undertake the most challenging cases, whereas newly trained or teaching physicians may treat less complicated patients but typically require more time. Valuation is based on time and complexity/ intensity—not just time alone. 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. **AAOS urges Congress to take action to delay the implementation of this “efficiency adjustment” and to direct CMS to study a more targeted and thoughtful approach to physician work across specialties and nationwide.**

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.



AMERICAN ASSOCIATION OF
ORTHOPAEDIC SURGEONS

Conclusion

The American Association of Orthopaedic Surgeons urges Congress to take immediate action to address the growing challenges facing physicians in the U.S. healthcare system. By removing administrative and financial burdens, and putting patient access as top priority, Congress can help to reverse the trend of consolidation and preserve patient access to affordable care. We stand ready to work with the Committee and other stakeholders to advance these critical priorities and ensure that our nation's healthcare system remains robust, innovative, and patient-centered for years to come. Thank you for the opportunity to submit this statement for the record, and we look forward to continuing to engage with the Committee on these critical issues.