



American Society of Echocardiography

STOP IMPLEMENTATION OF THE -2.5% EFFICIENCY ADJUSTMENT TOOLKIT

Request: Support the Efficiency Adjustment Delay Act (H.R. 7520) to stop the efficiency adjustment.

CONTEXT

The Medicare efficiency adjustment is a new policy finalized in the CY 2026 Medicare Physician Fee Schedule that applies an across-the-board 2.5% reduction to work RVUs for non-time-based services, with additional reductions scheduled every three years. It assumes that as services become more common, clinicians gain experience and technology improves; these services inherently require less physician work over time. This theoretical gain in efficiency is then translated into automatic cuts, rather than being grounded in specialty-specific or procedure-specific data.

ASE and other medical societies argue that this approach is not adequately supported by empirical evidence and does not reflect real-world clinical practice. Many services, including complex procedures and diagnostic tests, have not become easier or less time-intensive; in some cases, complexity and documentation requirements have increased. Because the adjustment targets all non-time-based services, it can disproportionately affect areas like imaging and procedural care where work RVUs play a central role in valuing physician effort.

Beyond direct Medicare payment, the policy has broader implications because many physician employment contracts and compensation models are tied to work RVUs or total RVUs. Repeated across-the-board reductions can lower physician compensation even when actual clinical workload is unchanged, create ongoing financial uncertainty for practices, and complicate efforts to structure fair, sustainable contracts. This instability may encourage further consolidation and pose particular challenges for independent, rural, and small specialty practices.

For echocardiography, the efficiency adjustment raises specific concerns because key echocardiography codes (such as TTE, TEE, stress, and interventional) are non-time-based. Cuts to these codes may strain practices that provide essential diagnostic services, potentially affecting access to timely cardiac imaging. These

broader access and workforce implications are central to ongoing discussions about delaying, modifying, or replacing the policy with a more evidence-based approach.

PHONE SCRIPT

To find your Representative or Senator,
Call the U.S. Capitol switchboard at 202-224-3121
OR
Visit [Congress.gov](https://www.congress.gov) and enter your home address

STEP 1: INTRODUCTION

- Hello, my name is [Your Name], and I am a [echocardiographer/ physician/ sonographer] at [Institution] in [City, State].
- I'm a constituent of [Senator/Representative Last Name].
- May I speak with the staffer handling health or Labor-HHS appropriations?
 - *If they are not available, ask if you can leave a message.*

STEP 2: CLEAR FUNDING ASK

- I am calling to urge [Senator/Representative Last Name] to support the Efficiency Adjustment Delay Act (H.R. 7520) which would stop implementation of the Medicare efficiency adjustment until 2030.
- This policy imposes an across-the-board 2.5% cut to work RVUs for non-time-based services which went into effect on January 1, with further cuts every three years, which will reduce reimbursement and threaten patient access to care.

STEP 3: PROVIDE 'THE WHY'

Pick one or two and expand with your personal experience.

1. Flawed Policy, not Evidence-Based

- The efficiency adjustment assumes that non-time-based services automatically become more efficient over time, so RVUs should be cut.
- A large peer reviewed study of more than 1.7 million operations found that 90% of CPT codes had the same or longer operative times in 2023 vs 2019, directly contradicting this assumption.-reviewed study of more than 1.7 million operations found that 90% of CPT codes had the same or longer operative times in 2023 vs 2019, directly contradicting this assumption.

2. Patient Access and Practice Stability

- Recurring RVU cuts will reduce physician compensation and strain practices, especially those caring for Medicare and vulnerable populations.

- This instability may push more consolidation and make it harder for independent and rural practices to survive, putting access to cardiovascular care and echocardiography at risk.
- 3. Uncertainty and Contract Disruption**
- Many physician contracts are tied to work RVUs, so repeated cuts every three years introduce ongoing uncertainty, even when actual physician work has not changed.
 - It becomes harder to recruit and retain clinicians and to plan for long-term investments in high-quality imaging and equipment.
- 4. Echocardiography and Imaging Impact**
- Echocardiography codes (TTE, TEE, stress, interventional) are all non-time-based and are directly hit by the 2.5% work RVU cut.
 - This undermines access to essential cardiac imaging, especially in hospitals and clinics serving older and high-risk patients.-risk patients.

STEP 4: CLOSE WITH A DIRECT ASK

- Please support the Efficiency Adjustment Delay Act (H.R. 7520) and work to stop the efficiency adjustment until CMS can provide real data showing that broad cuts are warranted.
- I would be happy to serve as a resource to your office on echocardiography and cardiovascular patient care.
- Thank you for your time and for your work on behalf of patients and physicians.

EMAIL TEMPLATE

To find your Representative or Senator,
Visit [Congress.gov](https://www.congress.gov) and enter your home address

SUBJECT:

Support H.R. 7520 to Stop the Medicare "Efficiency Adjustment"

EMAIL BODY:

Dear [Senator/Representative Last Name],

My name is [Your Name], and I am a [echocardiographer/ physician/ sonographer] at [Institution] in [City, State]. As your constituent, I urge you to support the Efficiency Adjustment Delay Act (H.R. 7520) to stop the Medicare efficiency adjustment.

Beginning on January 1, 2026, this policy applies an across-the-board 2.5% cut to work RVUs for all non-time-based services, with additional cuts every three years. This will reduce reimbursement, destabilize physician practices, and threaten access to care for Medicare patients, especially in vulnerable and rural communities.

The efficiency adjustment assumes that non-time-based services automatically become more efficient over time. However, recent data show that operative times have not decreased for most services, contradicting the rationale for these cuts. At the same time, many physician contracts are tied to work RVUs, so repeated reductions will lower compensation even when the actual work has not changed.

Echocardiography services, including transthoracic, transesophageal, stress, and interventional echo, are all non-time-based and are directly affected. These tests are essential for diagnosing and managing heart disease in older and high-risk patients, and additional cuts make it harder to sustain access to high-quality cardiac imaging in our community.

H.R. 7520 would delay the efficiency adjustment until 2030, require CMS to produce empirical evidence before imposing broad-based cuts, and limit any future reduction to a one-time change for codes that have not been reviewed in the last ten years.

I respectfully ask that you support and cosponsor H.R. 7520 and work with your colleagues to ensure that Medicare payment policy remains stable, evidence-based, and protective of patient access to care.

Thank you for your consideration and for your service.

Sincerely,

SAMPLE TWEETS

- Medicare's new efficiency adjustment is a 2.5% across-the-board cut to work RVUs for non-time-based services, with more cuts every 3 years, hurting access to care and destabilizing practices. I urge Congress to support H.R. 7520 to delay this policy and protect patients.
- 90% of CPT codes had the same or longer operative times in 2023 vs 2019, yet CMS is cutting work RVUs based on assumed efficiency gains. We need evidence-based policy. Congress should pass H.R. 7520 to stop the efficiency adjustment based policy.
- Echocardiography codes are being cut by 2.5% due to the new Medicare efficiency adjustment, threatening access to essential cardiac imaging for

patients. I'm asking my members of Congress to support H.R. 7520 and protect patient care.-risk patients. I'm asking my members of Congress to support H.R. 7520 and protect patient care.