



STOP IMPLEMENTATION OF THE -2.5% EFFICIENCY ADJUSTMENT PHONE AND EMAIL SCRIPTS

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.

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.

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.

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.

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.

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.