

Statement for the Record
From the Society of Gynecologic Oncology
For the House Committee on Energy and Commerce
Subcommittee on Health
Examining the Medicare Physician Fee Schedule, MACRA, and Opportunities for
Payment Reform
May 20, 2026

On behalf of the Society of Gynecologic Oncology (SGO), thank you for the opportunity to submit this statement for the record for the Energy and Commerce Subcommittee on Health's ("the Subcommittee") hearing examining the Medicare Physician Fee Schedule (MPFS) and the Medicare Access and CHIP Reauthorization Act (MACRA). We appreciate the Subcommittee's leadership in evaluating reforms to ensure that Medicare beneficiaries, including those with gynecologic cancers, continue to have access to high-quality physician services.

The SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our more than 2,700 members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the SGO's foundation, the Foundation for Women's Cancer, to increase awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. Our mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers.

Gynecologic oncologists play a multifaceted role in caring for their patients. They diagnose cancer, develop individualized treatment plans, perform highly complex surgeries, oversee chemotherapy and other treatments, manage complications, and monitor patients over time for recurrence and survivorship. Yet despite the increasing complexity of care and growing demands placed on physician practices, Medicare physician reimbursement has not kept pace with inflation or the costs of delivering this complex care. This instability threatens patient access, particularly in specialty fields such as gynecologic oncology where workforce shortages already exist in many communities.

Stabilizing Physician Payment Through Predictable Updates

The current physician payment system is unsustainable. Unlike every other major Medicare payment system, the MPFS lacks a permanent inflationary update tied to the actual costs of delivering care. The first statutory update to the conversion factor since 2019 occurred on January 1, 2026 when the differential conversion factors for clinicians in the Merit-Based Incentive Payment System (MIPS) and advanced Alternative Payment Models (APMs) were implemented.

SGO strongly urges Congress to establish a stable, predictable annual update to the MPFS conversion factor tied to the Medicare Economic Index (MEI). Physician practices face rising costs associated with clinical staffing, rent, medical supplies, equipment, malpractice insurance, and technology infrastructure. Without a meaningful annual inflationary adjustment, physicians have been expected to absorb these increases while continuing to meet growing administrative and reporting requirements. This issue is particularly acute in gynecologic oncology, where

practices care for medically complex Medicare beneficiaries requiring complex care. Congress has appropriately recognized inflationary pressures in hospitals, skilled nursing facilities, and other provider settings; physicians should not remain the only providers within Medicare without a reliable annual update.

Reforming Budget Neutrality to Preserve Access to Care

The current statutory budget neutrality requirement under the MPFS creates instability and pits physician specialties against one another. When new services are recognized or existing services are revalued, physicians experience across-the-board payment reductions if estimated expenditures exceed an outdated statutory threshold of \$20 million, a figure that has never increased since the implementation of the MPFS. SGO urges Congress to raise the budget neutrality threshold and index it to inflation moving forward. The threshold no longer reflects the size and complexity of the Medicare program and results in unintended payment reductions that undermine the stability of physician practices.

Reject the Centers for Medicare & Medicaid Services' (CMS) Efficiency Adjustment

As Congress examines physician payment reform, SGO urges policymakers to reject CMS' arbitrary assumptions that physician services become perpetually more efficient over time. In the Calendar Year 2026 MPFS, CMS implemented an "efficiency adjustment" based on the assumption that physicians performing procedures become increasingly efficient due to technological improvements and procedural repetition. On January 1, the physician work relative value units (RVUs) and intraservice time for procedures was reduced by 2.5%, and CMS plans to implement further reductions every three years. This is the first time CMS incorporated an ongoing productivity adjustment to physician work RVUs and intraservice time. Applying such an adjustment without evidence that efficiencies continue indefinitely is methodologically unsound and risks systematically undervaluing physician services. Physicians' procedural work cannot be presumed to become perpetually more efficient without eroding the accuracy and fairness of the fee schedule.

In gynecologic oncology, patient complexity frequently increases the time and expertise required to safely deliver care. Medicare beneficiaries commonly present with obesity, diabetes, hypertension, frailty, and other chronic conditions that complicate surgery and extend operative times. These realities often offset any efficiencies that may arise through physician experience. Moreover, gynecologic oncologists do far more than perform technical surgical procedures. They lead complex multidisciplinary operating room teams, oversee operative planning, ensure diagnostic information and documentation are available, coordinate clinical staff, make critical intraoperative decisions, and manage complications when they arise. This work extends well beyond the technical act of surgery itself.

Real-world workforce challenges further complicate assumptions about efficiency. Many practices have shortages of experienced operating room staff and support personnel. In many settings, physicians must spend additional time coordinating with less specialized teams, further undermining assumptions that procedures inevitably become faster over time.

Efficiency, if it exists, should not convert into an automatic payment reduction. Payment policy should be grounded in real-world data and clinical evidence, not unsupported assumptions that

physician work naturally becomes less resource-intensive each year. SGO urges the Subcommittee to ensure that changes in payment policy be grounded in empirical evidence.

MACRA and the Need for Meaningful Participation Pathways

Meaningful improvements to MACRA and Medicare's quality payment programs cannot occur without first stabilizing the physician payment system. Only then can we move closer to realizing the goals of value-based care.

We encourage Congress to work with CMS to support the development of specialty-relevant alternative payment models (APMs) that reflect diverse patient populations and less common cancers, including gynecologic malignancies. While MACRA was designed to encourage participation in APMs, specialty physicians often lack realistic opportunities to participate. For gynecologic oncologists, there are limited physician-focused payment models relevant to the care they provide, despite the highly coordinated and longitudinal nature of oncology care. These models should be developed in partnership with physician stakeholders and should avoid imposing excessive administrative burden or financial risk that discourages participation.

Similarly, reforms to the Merit-based Incentive Payment System (MIPS) must ensure physicians can meaningfully report measures relevant to their practice. While CMS is transitioning toward MIPS Value Pathways (MVPs), many specialties, including gynecologic oncology, still lack meaningful participation pathways. Providers should not be measured on metrics disconnected from the care they deliver. Congress should encourage the development of specialty-specific measures and support the meaningful use of electronic health records and interoperability tools that reduce, not increase, administrative burden.

Furthermore, Congress should ensure that CMS provides actionable feedback on their performance in MIPS or advanced APMs regularly. Physicians do not receive meaningful feedback in a timely manner to allow them to remedy any deficiencies. This is a longstanding problem that must be addressed. Additionally, employed physicians typically are disconnected from their performance in these programs and do not know if they are participating and if their participation is satisfactory. To improve patient outcomes, participants must understand how they are being measured and how their performance impacts the health of their patients.

Conclusion

SGO appreciates the Subcommittee's examination of the MPFS and MACRA and its commitment to preserving beneficiary access to care. Congress has an important opportunity to modernize physician payment by stabilizing annual updates, reforming budget neutrality, improving value-based payment pathways, reducing administrative burden, and ensuring physician work is valued accurately. We urge you to do so on a bipartisan basis.

Without meaningful reform, continued payment instability will further strain physician practices and threaten access to specialty care for Medicare beneficiaries, including patients diagnosed with gynecologic cancers. We stand ready to work with the Subcommittee to advance reforms that support high-quality, patient-centered care and ensure Medicare remains strong for future generations.