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ASC Physician Brief

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Representative John Joyce, MD (R-PA), center, meets with National Advocacy Day attendees.

Michael Stuntz, MD, left, and other attendees with the staff of Representative Ami Bera (D-CA).

HEALTHCARE BUZZ: 2025 Q3

Individuals and organizations submitted more than **14,000 comments** in response to proposed 2026 updates to Medicare policies and rates for physicians. ASCA **submitted comments** opposing several policy changes, including a -2.5% efficiency adjustment for 8,960 codes and a substantial cut to indirect practice expense reimbursement for procedures performed in facility settings.

The Center for Medicare & Medicaid Innovation (CMMI) announced its new **Wasteful and Inappropriate Service Reduction (WISeR) Model** slated to begin on January 1, 2026, in six states (AZ, NJ, OH, OK, TX, WA). CMMI will select technology companies using artificial intelligence (AI) to speed up medical necessity determinations for certain low-value procedures.

ASCA + SAMBA CONFERENCE & EXPO

In 2026, **ASCA's annual conference** will feature the Society for Ambulatory Anesthesia (**SAMBA**), bringing together ASC clinical and operational leaders with experts in outpatient anesthesia. The conference will run May 13–16 in Washington, DC.

ASC ADVOCATES HIT THE HILL

Earlier this fall, ASCA members representing 30 states met with 122 members of Congress and their staff during **National Advocacy Day**. Participants connected with seven physician lawmakers—Ami Bera (D-CA), Bill Cassidy (R-LA), Herb Conaway (D-NJ), Maxine Dexter (D-OR), Neal Dunn (R-FL), John Joyce (R-PA) and Kim Schrier (D-WA)—to urge support for the ***Medicare Beneficiary Co-Pay Fairness Act***. After meeting with surgery center advocates, Representative Joyce joined the bill as a cosponsor. Thank you, Dr. Joyce, for supporting the ASC community!

The *Medicare Beneficiary Co-Pay Fairness Act* would cap patient coinsurance for Medicare procedures performed in surgery centers at the inpatient deductible, which is $1,676 in 2025. This cap already exists for procedures performed in hospitals, meaning Medicare patients actually pay more out of pocket for 183 procedures at ASCs compared to hospital outpatient departments.

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