September 5, 2025

The Honorable Mehmet Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically via regulations.gov

Re: CMS-1832-P-Proposed Rule: Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2026

Dear Administrator Oz:

On behalf of the Association of Women in Rheumatology (AWIR), we are writing to convey our concerns regarding the Centers for Medicare & Medicaid Services' (CMS) proposed Medicare Physician Fee Schedule for 2026. As an organization dedicated to advocating for the advancement of women in rheumatology and the well-being of patients, we are keenly aware of the impacts these policies have on both practitioners and those in need of care.

The proposed 0.25% increase in the conversion factor for physician reimbursement is insufficient to address the significant and enduring financial pressures faced by rheumatologists. This marginal adjustment does not reflect the realities of cumulative reimbursement declines and rising operational costs. According to recent economic data, adjusted for inflation in practice costs, Medicare physician payments declined 33% from 2001 to 2025.[1] This shortfall in reimbursement adjustment threatens to exacerbate financial pressures on rheumatology practices, potentially resulting in reduced patient access to essential care.

We do recognize and appreciate the recent enactment of the One Big Beautiful Bill Act (OBBBA), which includes a 2.5% increase to the conversion factor for 2026. However, continued legislative last-minute fixes is just another band-aid in a long series of continued cuts to rheumatology practices over the last decade.

AWIR strongly supported legislative efforts to tie reimbursement to inflation, as sustainable financial models are crucial to maintaining access to quality care. We were disappointed by the lack of progress on inflation-adjusted reimbursement legislation last year and continue to urge Congress to consider long-term solutions that reflect economic realities and ensure the sustainability of specialist care.

One potential solution we supported was the passage of the Medicare Patient Access and Practice Stabilization Act, which would link yearly Medicare physician payment updates to the Medicare Economic

[1] https://www.ama-assn.org/system/files/2025-medicare-updates-inflation-chart.pdf

Index (MEI). If no corrective measures are taken, patient access, particularly for rural and underserved communities, remains at significant risk, threatening their ability to receive necessary care.

We do thank CMS for recognizing the concerns we outlined above by targeting enhancements to practice reimbursement, particularly the updates that distinguish between practice settings, as these are crucial for reflecting differences in work and costs across environment types.

However, the adjustments that increase payments for office-based practices highlight the need for real reform. The change, which is estimated at an overall 4% rise in Medicare's allowed charges for rheumatology, benefits primarily office-based rheumatologists, with an anticipated 6% increase, a move that values services provided in outpatient settings. Conversely, the planned reduction in reimbursements for facility-based rheumatologists, averaging around -12%, underscores ongoing challenges in balancing fair compensation by setting.

We also applaud the additional base payment increase of 0.75% for physicians participating in Alternative Payment Models (APMs) and 0.25% for those in MIPS, mandated under MACRA. This coupled with the proposed budget neutrality adjustment of +0.55%, derived largely from efficiency improvements, further contributes to incremental increases but does not fundamentally resolve the core issue.

Lastly, the proposed updates to the ASP calculation and the inclusion of maximum fair prices (MFPs) as outlined in the FY2026 Physician Fee Schedule pose significant concerns for rheumatology practices, particularly those specializing in biologic and biosimilar therapies. Currently, the widespread rebates between manufacturers and pharmacy benefit managers (PBMs) are artificially suppressing ASPs for certain biosimilars, leading many rheumatology providers to face procurement costs that exceed Medicare and private payer reimbursements. This financial imbalance increases the risk that practices will be unable to sustain the cost of biosimilar therapies, thereby restricting patient access to essential treatments and potentially compromising care quality and outcomes.

Moreover, the proposal to include MFPs, resulting from negotiations under the Inflation Reduction Act (IRA) into the ASP calculation, which could further depress reimbursement levels. Since MFPs are expected to be lower than current ASPs, incorporating these prices may cause a substantial reduction in provider reimbursements, especially affecting small and rural practices that are already operating on thin margins. Such financial pressures could lead to practice closures, consolidation, or a shift toward less effective treatment options, ultimately risking disruptions in patient care continuity. It is crucial that CMS considers these implications and explores strategies to counterbalance the financial challenges posed by these policy changes to ensure sustainable access to high-quality rheumatologic care.

In conclusion, the AWR strongly supports positive changes that provide adequate reimbursement to rheumatologists. However, we urge CMS to accelerate efforts towards establishing a sustainable, long-term solution, such as linking the conversion factor or practice expense updates to inflation, to ensure that rheumatology practices in all settings can continue providing essential care to patients amidst rising practice costs.

AWIR is dedicated to working collaboratively with CMS to refine these proposals and advance a healthcare system that supports both physician sustainability and exemplary patient care. We appreciate the opportunity to offer our input on this proposal and look forward to ongoing dialogue. Should you need to contact us directly, please email Dr. Gwenesta Melton at gwen.melton@awirgroup.org.

Thank you for considering our perspectives.

Respectfully,

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