

THE PHYSICIAN INFLATION UPDATE CLAUSE (PIUC)

A Legislative Framework for Sustainable Medicare Reimbursement in Urology

Chelsea Okoli, SUNY Downstate College of Medicine, chelsea.reginaldokoli@downstate.edu

THE ACCESS CRISIS

Only 38% of U.S. counties have a practicing urologist
46% shortage projected by 2035 even with current training rates
40% of urologists will reach retirement age in the next decade

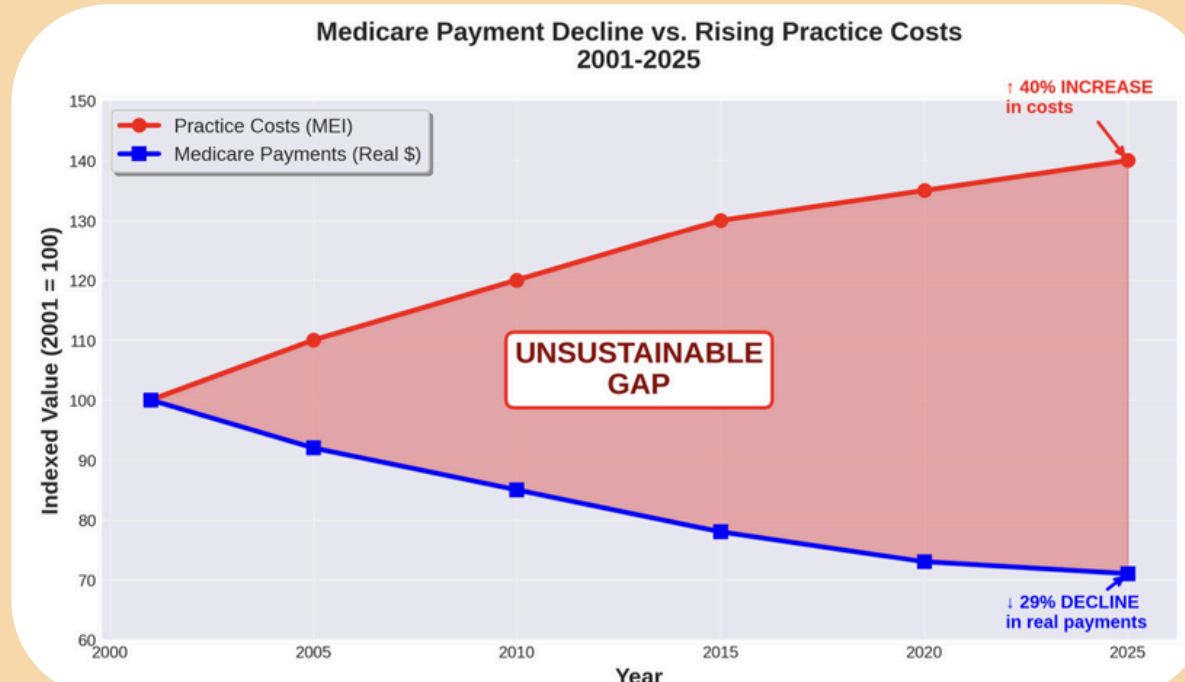
Rural America hardest hit:

Only 10% of urologists serve rural areas (20% of population)
By 2036: urologists will only meet 38% of rural demand

Rural urologist burden:

46% take call 10+ days/month
49% experience burnout monthly

THE ROOT CAUSE



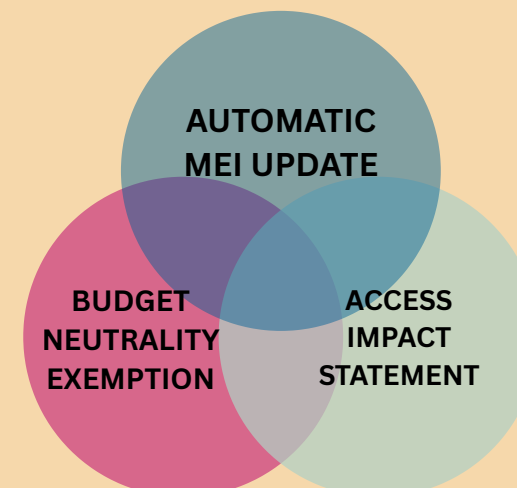
Unlike hospitals (Market Basket Index) and surgery centers (CPI-U), physicians receive no automatic inflation adjustment.

WHY CURRENT FIXES FAIL

COMPARISON OF APPROACHES			
	Current Law	H.R. 2474	PIUC
Annual MEI Update	✗	✓	✓
Budget Neutrality Exemption	✗	✗	✓
Access Impact Statement	✗	✗	✓

H.R. 2474 (Strengthening Medicare for Patients and Providers Act) proposes MEI-based updates but still allows budget neutrality to negate increases. PIUC closes these gaps.

THE PIUC SOLUTION



AUTOMATIC MEI-BASED UPDATE

Mechanism: Amend §1848 of the Social Security Act to automatically adjust conversion factor annually by Medicare Economic Index (MEI)

Why: MEI tracks actual physician practice costs (staffing, rent, supplies, malpractice)

Impact: Eliminates yearly "doc fix" crises; predictable, permanent updates

BUDGET NEUTRALITY EXEMPTION

Mechanism: Exempt inflationary adjustments from budget neutrality calculations
Why: Current rules force CMS to cut elsewhere when increasing payments, negating inflation updates

Impact: Updates reflect real economic change, not redistribution between specialties

ANNUAL ACCESS IMPACT STATEMENT

Mechanism: Require CMS to publish yearly report tracking:

- Physician Medicare participation rates by specialty
- Average wait times for new patient appointments
- Rural and regional access gaps

Why: Creates transparency and accountability

Impact: Policymakers can track whether payment changes preserve or harm patient access

IMPLEMENTATION ROADMAP

PHASE 1: LEGISLATIVE (2026)

Timeline: 6-12 months

Action:

- PIUC drafted as amendment to §1848
- Attached to MACRA reauthorization or Medicare extenders bill

Coalition Building: AUA + AMA + ACP + ACS

Milestone: Bill passage

PHASE 2: REGULATORY (2027)

Timeline: 12 months

Action:

- CMS incorporates PIUC into annual Physician Fee Schedule rulemaking
- First MEI-based update applied to 2027 conversion factor
- CMS develops Access Impact Statement template using existing data

Milestone: First automatic update takes effect

PHASE 3: TRANSPARENCY (2028)

Timeline: Ongoing

Action:

- First Access Impact Statement published with CMS final rule
- Establish baseline metrics for evaluation
- Annual publication cycle begins
- Milestone: Public accountability established

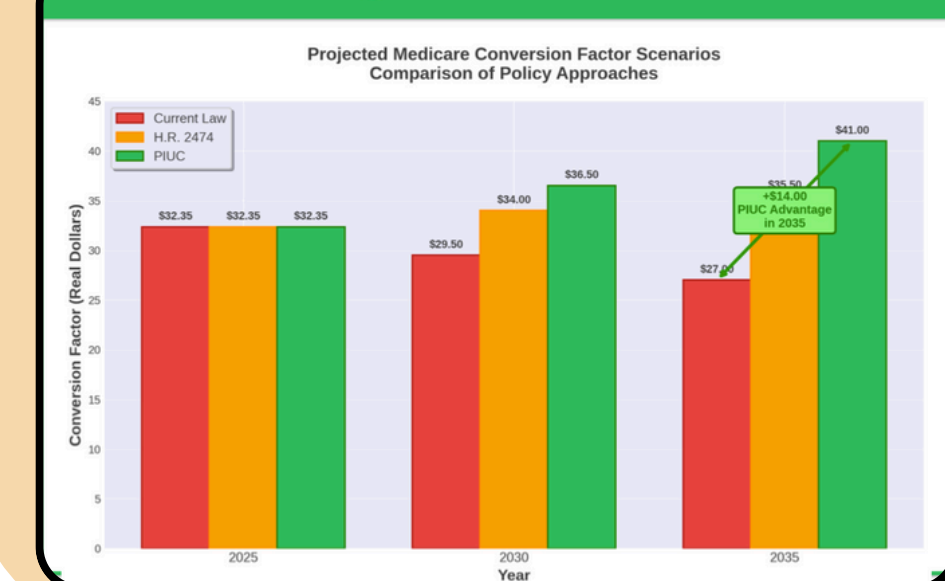
PHASE 4: EVALUATION (2029+)

Timeline: Ongoing

Success Metrics:

- ✓ Payment Stability Index (CF tracks within 1% of MEI)
- ✓ Physician Participation Rate (% accepting new Medicare patients)
- ✓ Median Wait Time (days to first urology appointment)
- ✓ Rural Access (urologists per 100K in rural counties)

PROJECTED IMPACT



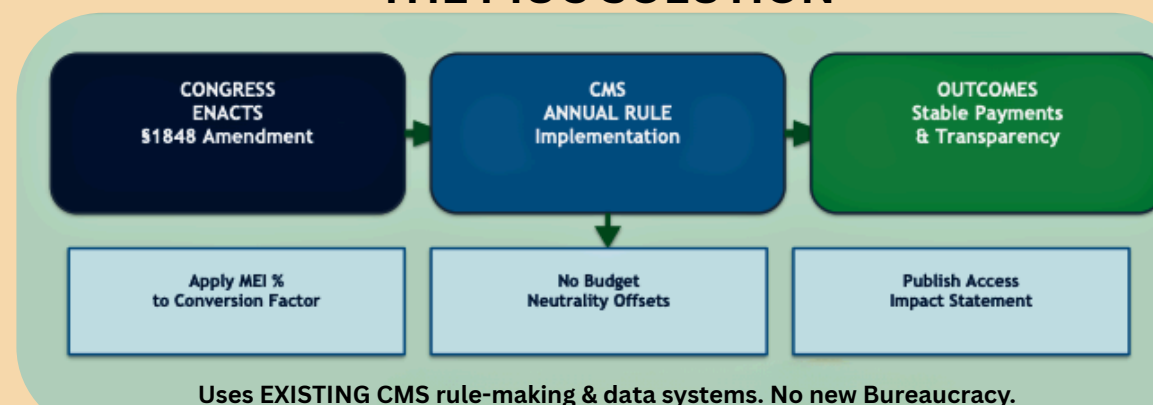
IMPACT

Rural practices: 25-30% improved financial stability over 5 years

Workforce retention: Slows retirement exodus

Patient access: Reduced wait times for urological cancer care

THE PIUC SOLUTION



POLICY ASK

Congress should enact the Physician Inflation Update Clause by amending §1848 of the Social Security Act to:
Link annual conversion factor updates to the Medicare Economic Index (MEI)
Exempt inflationary adjustments from budget neutrality offsets
Mandate CMS publication of an Annual Access Impact Statement tracking physician participation and patient access