



### Key Takeaways:

- The Food and Drug Administration (FDA) focused on pelvic floor health for National Women's Health Week (NWHW).
- Congress has continued to focus on the reconciliation process, which may modify the Medicare physician fee schedule for 2026 and future years.
- The Department of Health and Human Services (HHS) announced a major restructuring of the agency, and President Trump issued his preliminary budget request asking Congress to cut spending for HHS.
- HHS issued a request for information seeking comment on regulations, guidance, paperwork requirements, and other regulatory obligations that should be repealed.
- NIH Director Jay Bhattacharya was confirmed by the Senate and sworn in in early April.
- The American Medical Association (AMA) held the May 2025 current procedural terminology (CPT) editorial panel meeting.
- Join McDermott+ for a webinar previewing the 2026 Medicare physician fee schedule.
- AUGS members should check their taxonomy code to ensure it lists urogynecology.

### FDA Focuses on Pelvic Floor Health for NWHW

**What this means for you:** The action could indicate an interest by the Trump Administration in pelvic floor health and urogynecologic disorders. AUGS sent the FDA our resources on pelvic floor disorders and highlighted the week on social media.

National Women's Health Week is May 11 – 17, 2025. The FDA Office of Women's Health (OWH) outreach initiative's [theme](#) for this year's NWHW was "Know Your Pelvic Floor." OWH highlighted the week on social media and posted resources for providers and the public, including a social media [toolkit](#). OWH also published an educational [blog post](#) about what women need to know about their pelvic floor.

### Congress Focuses on Budget Reconciliation, Including Medicare Physician Payment Modifications

**What this means for you:** The Medicare physician fee schedule (PFS) policy could change as lawmakers continue to debate and discuss the reconciliation package. We will keep you updated on any action alerts.

Republicans are focused on the budget reconciliation process, which is a partisan method of enacting legislation. They are aiming to cut trillions of dollars in federal spending to fund tax cuts from President Trump's first term that expire at the end of this year. In the healthcare arena, Republicans are mostly pursuing reforms to the Medicaid program to reach savings targets. Rep Murphy (R-NC), chair of the GOP Doctors Caucus, came to an agreement with House Republican leadership earlier this year to include a doc fix in reconciliation in exchange for his support for the package that funded the government in March.

The House Energy & Commerce Committee, which has jurisdiction over healthcare, is [considering](#) a reform to the Medicare PFS that would eliminate the two differing conversion factors for clinicians who are qualifying participants in Advanced Alternative Payment Models and other clinicians, and replace them with one uniform conversion factor set at 75% of the Medicare Economic Index (MEI) for 2026. The conversion factor would be set at 10% of the MEI for 2027 and subsequent years. If this provision were enacted, it could wind up resulting in lower Medicare payments for some physicians relative to current law in a given year – but the policy may be edited as the reconciliation process continues.

## **HHS Announces Restructuring and President Trump Releases “Skinny” Budget**

**What this means for you:** It is important to note that the budget request is not final policy but describes the President's priorities and guides Congress to kickstart the appropriations process on Capitol Hill.

In late March, HHS announced a major [restructuring](#) that would cut 10,000 employees and eliminate and consolidate agencies. A subsequent reduction in force led to the firings of 1,200 NIH employees, mostly procurement, grant management, and policy staff. Those functions will be centralized in the Office of the Director. Five NIH institute directors were fired, including Dr. Bianchi of NICHD. In early May, President Trump released his [“skinny” budget request](#) to Congress for fiscal year (FY) 2026. The request includes a high-level overview of how the Trump Administration would like Congress to fund the government for FY 2026, and it includes his administration's priorities. The budget request included a 26% cut to discretionary HHS funding, including a 40% cut to NIH funding, compared to FY 2025.

A complete request with more detail is expected later this month or in June, but a [leaked White House document](#) could provide some more detail to what the Trump Administration wants Congress to cut or enact to reach the funding levels outlined in the skinny budget request. The leaked document, while not the final, complete budget request, mirrors much of the March HHS restructuring. It also included a 15% cap on indirect costs for NIH grants, which NIH previously attempted and is being litigated. It also includes a restructuring of the NIH that would combine NICHD with the National Institute on Deafness and Other Communication Disorders. AUGS previously [offered comments](#) on the proposed restructure. Read more in a [blog post](#) from our McDermott+ consultants.

## **HHS Requests Information on Deregulation**

**What this means for you:** The action follows the deregulation theme of this administration. Reach out to AUGS if you have suggestions for an AUGS-wide comment letter or would like assistance in submitting individual comments.

HHS issued a request for information, entitled “[Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again](#),” seeking comment on regulations, guidance, paperwork requirements, and other regulatory obligations that should be repealed. HHS seeks ways to produce cost savings, increase efficiency, and catalyze health and economic innovation. In the [press release](#), Secretary Kennedy notes HHS aims to free up doctors to focus on chronic disease prevention. Potential areas of comment could include repealing regulations or requirements to improve Medicare physician payment accuracy and reimbursement, reducing reporting requirements in the Merit-based Incentive Payment System, improving the prior authorization process, or reducing document requirements associated with certain visits. Comments are due **July 14**.

## NIH Director Bhattacharya Sworn In

**What this means for you:** Dr. Bhattacharya’s first actions as director could impact research grants and contracts. AUGS will continue to monitor developments and assess implications.

Bhattacharya was confirmed by the Senate in a party line vote, 53 – 47 on March 25, and he was sworn in on April 1. In his first weeks leading the agency, he issued a [statement](#) indicating the agency will promote academic freedom and will [speed up implementation](#) of a research transparency policy. The NIH also released a “Notice of Civil Rights Term and Condition of Award” [update](#). Per the notice, by accepting NIH grant funding, recipients certify that they are not in violation of Federal anti-discrimination laws (now including the operation of diversity and equity programs and engaging in “discriminatory equity ideology”) and that they do not participate in any prohibited boycott of businesses associated with Israel. The NIH can terminate financial assistance and recover funds from recipients that engage in prohibited conduct. This update applies to domestic recipients of new, renewal, supplement, or continuation awards.

## AMA Holds May 2025 CPT Editorial Panel Meeting

**What this means for you:** Engagement in the CPT process is critical because CPT codes directly determine how physicians report what they do – and how they get paid. The May meeting included discussion on applications for neurostimulator services.

The May 2025 CPT Editorial Panel Meeting took place on May 1 – 3 in Brooklyn, New York and virtually. The [Public Agenda](#) included two code applications for neurostimulator services – these applications were discussed in more detail in our [March newsletter](#). The Summary of Panel Actions (a document prepared after each meeting) for the May 2025 meeting will be published on the [AMA website](#) on May 30, 2025.

The CPT coding system is the foundation for reporting medical services and procedures across both public and private health insurance programs. It not only drives how physician services are described (and ultimately, reimbursed), but also supports critical administrative functions like claims processing and medical care review. The CPT Editorial Panel – an independent body convened by the AMA – meets three times a year to keep the code set aligned with modern medical practice. The Panel reviews proposals for new codes, revisions to existing codes, and deletions, relying on input from practicing physicians, specialty societies, and other key stakeholders.

By participating, physicians help ensure that codes accurately reflect the care they provide, the time they invest, and the resources they incur. As the foremost experts on how care is delivered, physicians play a critical role in shaping the code set. Broader engagement from the physician community ensures that clinical practice is accurately and comprehensively reflected across the code set – particularly as new technologies and services come to market. When physicians, including urogynecologists, are not involved, important perspectives that affect practice and payment may be overlooked.

Want to learn more about the CPT process? The AMA has a [library of resources](#) to get you started. You can also sign up to attend a CPT Editorial Panel Meeting– either in person or virtually. Meetings are open to the public, and anyone is welcome to register and observe the discussions. The next scheduled CPT meetings are as follows and registration will be available [here](#):

Sept. 18-20, 2025 (Chicago, IL)

- Submission of code application due date: June 11, 2025
- Meeting agenda posted to AMA website: July 11, 2025

Feb. 5-7, 2026 (Palm Springs, CA)

- Submission of code application due date: June 11, 2025
- Meeting agenda posted to AMA website: July 11, 2025

## 2026 Medicare Physician Payment Rule Preview Webinar

**What this means for you:** The calendar year 2026 Medicare Physician Fee Schedule (PFS) proposed rule will likely be released in early-mid July and will propose policies that could impact your practice in the coming year.

Join our McDermott+ consultants for a [timely webinar](#) previewing potential policies expected in the calendar year 2026 Medicare Physician Fee Schedule (PFS) proposed rule. Topics will include anticipated updates to the conversion factor, telehealth policy, coding and payment changes, and quality reporting requirements. This is a great way to stay informed and engaged on broader efforts to advocate for meaningful physician payment reform. [Register here](#)—even if you can't attend live. All registrants will receive a follow-up email with a copy of the presentation and a link to the full webinar recording.

## Quick Update, Big Impact: Check Your Taxonomy Code

**What this means for you:** We suspect under-reporting of the Urogynecology Taxonomy ID is holding us back—let's fix that together.

Did you know your Taxonomy ID helps shape how urogynecology is recognized across the healthcare system? If you haven't checked it in a while, now's a great time to log into NPPES and change your Taxonomy ID to indicate that you are a Urogynecologist. It only takes a few minutes—and it makes a big impact on how our subspecialty shows up in national data and policy conversations. Here's how to do it:

1. Access your NPPES profile at <http://nppes.cms.hhs.gov>.

2. Once you've logged in, you can click on the pencil next to your name and then click on "Taxonomy" (either from the navigation panel or top progressive bar) and select next.
3. To change your Primary Taxonomy ID to Urogynecology and Reconstructive Pelvic Surgery (URPS) you will search for **207VF0040X** or **2088F0040X**—the Taxonomy IDs for Obstetrics & Gynecology URPS and Urology URPS, respectively.
4. After selecting this designation, you will also add your license number and state and then press submit.

## 2025 AUGS CODING WEBINAR RECORDING AVAILABLE

American Urogynecologic Society  
9466 Georgia Avenue PMB 2064  
Silver Spring, MD 20910  
(301) 273-0570



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