



This newsletter provides updates on AUGS advocacy efforts, health policy news, and payment updates. The newsletter format has been redesigned to better meet the needs of our members.

Key Takeaways:

- The Senate held Jay Bhattacharya's NIH Director nomination hearing on March 5.
- Federal litigation continues in response to NIH guidance capping indirect costs.
- The Trump Administration and 119th Congress have continued to shape their health policy priorities, but a Medicare physician payment bump may not be considered until later this year.
- NIH announced plans to centralize peer review efforts for all applications for grants, cooperative agreements, and research and development contracts within the Center for Scientific Review (CSR).
- NIDDK postponed K awardees workshop to November 2025.
- AMA released the May 2025 CPT Editorial Panel proposed agenda.

Senate Holds NIH Director Nominee Hearing for Bhattacharya

What this means for you: Dr. Bhattacharya is likely to receive the required votes in the Senate to be confirmed. If confirmed, his leadership would likely bring in changes to the structure and priorities of the NIH.

The Senate Health, Education, Labor, and Pensions (HELP) Committee held Dr. Jay Bhattacharya's nomination [hearing](#) on Wednesday March 5. Multiple Senators expressed concern with recent firings and the guidance capping indirect costs for NIH grants. Dr. Bhattacharya noted he was not involved in those decisions and, if confirmed, he would follow the law. Dr. Bhattacharya emphasized the importance of transparency of NIH research, including for indirect costs, and the role of the NIH in regaining the trust of Americans since the COVID-19 pandemic. He indicated an interest in prioritizing chronic disease research. Dr. Bhattacharya has previously supported reforming and restructuring the NIH. AUGS has [expressed concern](#) over previous proposals. AUGS, along with the Women's First Research Coalition, reached out to targeted member offices to request specific questions on women's health and pelvic floor disorders be asked during the hearing. Unfortunately, they were not addressed. Dr. Bhattacharya's nomination advanced out of the Senate HELP Committee on March 13 and now moves to the full Senate. AUGS will continue to look for ways to highlight our policy priorities with Congress.

Federal Judge Issues Preliminary Injunction Against NIH Guidance Capping Indirect Costs

What this means for you: While the indirect cost cap guidance is paused, Congress could pursue legislation to cap indirect costs, either at 15% or another rate. AUGS will continue advocacy on this topic, so please reach out with suggestions for an alternative indirect cost cap percentage that would be sufficient.

On February 7, the NIH issued [guidance](#) capping indirect cost rates at 15% for all research grants, both new and existing. Federal lawsuits were filed by twenty-two states, the Association of American Medical Colleges, the Association of American Universities, and other plaintiffs. The litigation has been ongoing, and the NIH is currently blocked from enforcing the guidance nationwide while the judge hears arguments. You can read more on the lawsuits [here](#). AUGS is actively tracking this issue and sent a [letter](#), along with 40 medical organizations, to the NIH expressing concern about capping indirect costs. As there is Congressional interest in cutting federal spending, lawmakers could consider passing legislation to cap indirect costs. To inform our advocacy efforts, please reach out if there is an indirect cost rate that would be sufficient for you or your organization.

President Trump and Congress Continue to Shape Health Policy Agenda, With Action on Physician Payment Postponed

What this means for you: The Medicare physician payment cut of 2.83% remains in effect for 2025. A fix is extremely unlikely to be included in the government funding package, but could be included in legislation later this year.

Lawmakers are currently debating government funding, which expires on March 14. Regardless of the outcome of the debate, it is highly unlikely that a Medicare physician “doc fix” will be included in the government funding package. Rep. Murphy (R-NC), chair of the GOP Doctors Caucus, reached an agreement with House Republicans to include a doc fix in a reconciliation package later this year, in exchange for his support of the government funding package. [Click here](#) to reach out to your Members of Congress to urge for a doc fix to be included in the government funding package, instead of postponing it to later this year. Once the government is funded, attention will turn back to the reconciliation process, which is separate from government funding. Read more about other policies up for consideration in a reconciliation package [here](#).

President Trump, meanwhile, has signed numerous Executive Orders (EOs) indicating the potential direction of his administration, including EOs establishing a Make America Healthy Again Commission to investigate childhood chronic diseases, directing how agencies will define women and men, and calling for an end of diversity, equity, and inclusion (DEI) government programs. Federal funding that did not comply with some Trump EOs was initially paused, but litigation has ordered agencies to continue the funding. New NIH grants may be assessed for compliance with Trump Administration priorities, including how they define women and if they are DEI related. HHS also released a policy statement that “matters relating to agency management or personnel or to public property, loans, grants, benefits, or contracts” will be exempt from public notice and comment rulemaking. Much is still unknown about how this will be implemented, but it could affect

how the public is informed about NIH decisions. The Trump Administration conducted layoffs of some probationary employees across agencies, including CMS and NIH. A subsequent memo directed agencies to begin reductions in force to further shrink their workforce.

NIH Proposes Centralizing Peer Review of Grant Funding at CSR

What this means for you: There are a lack of gynecologists and urogynecologists at CSR, which makes it challenging for CSR to review women's health research proposals. AUGS has urged for additional gynecologists and urogynecologists at CSR for grant review and will continue this push if the policy is implemented.

On March 6, the NIH announced that they planned to centralize peer review of all applications for grants, cooperative agreements and research, and development contracts within CSR. This would eliminate institute and center (IC) based study section peer review, so that CSR conducts all first-level review. NIH notes that over 75% of grants have peer review already conducted by CSR. The [news release](#) notes that the proposed change is expected to save more than \$65 million annually and is intended to improve the quality, consistency, and integrity of review, and maximize competition of similar science across the agency." The proposal is under review with other federal agencies, and the NIH will provide Congress a 15-day notification period and issue a public document on the change.

NIDDK K Awardees Workshop to be Held November 2025

What this means for you: Register [here](#) by November 17 to attend the in-person workshop.

The purpose of the workshop, held November 20 – 21 in Rockville, MD, is to offer NIDDK career development awardees an in-depth view of the NIH and NIDDK. The workshop will provide an opportunity to become familiar with the roles of various NIH staff, the types of grant support and resources available, and navigating the NIH grant process. In addition, investigators from the NIDDK research community will share strategies and career advice for achieving success as a research or physician scientist. The workshop format will encourage networking among participants, and NIDDK program staff will be available for discussion of individual research projects and grant applications.

AMA Releases May 2025 CPT Editorial Panel Proposed Agenda

What this means for you: There are two tabs of interest to AUGS: integrated neurostimulators and integrated neurostimulation services for bladder dysfunction. The next Panel meeting will be held in Brooklyn, New York, from May 1 to 3, 2025. Members of the public can [register to attend in-person or virtually](#).

The [Proposed Panel Agenda](#) for the May 2025 CPT Editorial Panel meeting has been released and includes two tabs that may be of interest to AUGS members. At the February 2023 meeting, the Panel accepted the addition of four new Category III codes (codes 0816T, 0817T, 0818T, 0819T) to report integrated neurostimulator services for bladder dysfunction; and revision of the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System/Neurostimulators (Peripheral Nerve) guidelines. These new codes became effective in CPT on January 1, 2024. Tab

9 is a request to convert these four Category III codes to Category I status. At the May 2025 meeting, a request to revise guidelines for neurostimulator services to differentiate reporting for traditional versus integrated neurostimulators was withdrawn. Tab 26 is a request to revise the extracranial nerves, peripheral nerves, and autonomic nervous system neurostimulators guidelines, and other neurostimulator services codes to differentiate reporting for traditional neurostimulators versus integrated neurostimulators.

The CPT Editorial Panel is responsible for maintaining the CPT code set. The panel meets three times each year—typically in February, May and September—to review requests for changes to the code set, such as adding or deleting a code or modifying existing nomenclature. In general, changes approved at the May 2025 meeting will become effective in the 2027 CPT code book and will be considered by Medicare as part of the 2027 rulemaking cycle for payment system updates like the Physician Fee Schedule or Hospital Outpatient Prospective and Ambulatory Surgical Center Payment Systems. According to the AMA [website](#), the Summary of Panel Actions (a document prepared after each meeting) for the May 2025 meeting will be posted on May 30, 2025.

2025 AUGS CODING WEBINAR RECORDING AVAILABLE

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