



Congress of the United States
House of Representatives

Washington, DC 20515

June 30, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Oz:

I am reaching out to respectfully encourage the Centers for Medicare and Medicaid Services (CMS) to advance an Ophthalmic Emergency Activation (OEA) payment policy in the calendar year (CY) 2027 Outpatient Prospective Payment System (OPPS)/ASC Payment System and Physician Fee Schedule proposed rules to ensure timely access to vision-saving care for Medicare beneficiaries facing ophthalmic emergencies. I am aware that Medicare previously implemented a Trauma Activation payment policy¹ which provides a promising payment policy model for ophthalmic emergencies.

I have heard directly from my constituents that Medicare payments to hospital outpatient departments (HOPDs) and ambulatory surgical centers (ASCs) do not adequately cover the standby resources required to respond to ophthalmic emergencies such as retinal detachment, open globe injuries, intraocular foreign bodies, and endophthalmitis, creating access challenges for beneficiaries whose vision is acutely threatened.

At a minimum, I hope that CMS will release a request for information to solicit stakeholder input and timely action on this important challenge to patient access during such emergency medical needs.

Evidence shows that current Medicare payment falls materially below the cost of providing these services, with hospital outpatient departments experiencing losses of approximately \$800 to \$2,700 per case² and ambulatory surgical centers facing estimated losses of approximately \$1,200 per case.³

When these emergencies arise, ophthalmic surgeons must identify a willing facility, secure operating room time, and reschedule existing patients to provide urgent surgical care. Due to inadequate reimbursement, many community hospitals have closed their ophthalmology departments, and ASCs are often unwilling to accommodate these cases. Patients are therefore frequently forced to travel to tertiary hospitals and Academic Medical Centers (AMCs), increasing the risk of delays that can lead to irreversible blindness and higher Medicare costs.⁴ A 2025 American Society of Retina Specialists (ASRS) Preferences and Trends Survey

¹ <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf>

² <https://journals.sagepub.com/doi/10.1177/24741264241309125#bibr2-24741264241309125>

³ Reflects the approximate difference between Medicare OPPS geometric mean costs and APC payment rates for CPT codes 67108 and 67113 in CYs 2025 and 2026

⁴ <https://www.sciencedirect.com/science/article/abs/pii/S0161642006012061>

(PATs) found that approximately 71% of retina specialists report difficulty obtaining sufficient operating room time, particularly for emergent cases.

To address this gap, an Ophthalmic Emergency Activation (OEA) policy would preserve operating room access for vision-threatening ophthalmic emergencies. Modelling on Medicare's trauma activation the OEA could be implemented through new coding and payment adjustments (e.g., a facility HCPCS G-code and physician modifier) to support time-sensitive, unscheduled surgical care. The policy would be limited to defined ophthalmic emergencies and include clear clinical criteria to ensure appropriate use.

I appreciate your attention to this matter, and we welcome the opportunity to work with CMS and other stakeholders moving forward.

Sincerely,

A handwritten signature in black ink that reads "Mariannette J. Miller-Meeks". The signature is written in a cursive, flowing style.

Mariannette J. Miller-Meeks, M.D.
Member of Congress