

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 211  
(A-22)

Introduced by: American Academy of Neurology, American Academy of Orthopaedic Surgeons, American Academy of Otolaryngology-Head and Neck Surgery, American Academy of Physical Medicine and Rehabilitation, American Association of Neurological Surgeons, American College of Cardiology, American College of Emergency Physicians, American College of Physicians, American College of Surgeons, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy, American Society for Surgery of the Hand, American Society of Echocardiography, American Society of Nuclear Cardiology, American Urological Association, California, Congress of Neurological Surgeons, North American Spine Society, Society for Cardiovascular Angiography & Interventions, Society of Cardiovascular Computed Tomography, Washington

Subject: Repeal or Modification of the Medicare Appropriate Use Criteria (AUC) Program

Referred to: Reference Committee B

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1 Whereas, In 2014, Congress passed the Protecting Access to Medicare Act (PAMA) [Public  
2 Law 113-93], establishing the Medicare Appropriate Use Criteria (AUC) Program for advanced  
3 diagnostic imaging; and  
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5 Whereas, Eight years after PAMA's enactment, the Centers for Medicare & Medicaid Services  
6 (CMS) continues to face challenges in completing the rulemaking and implementation of the  
7 AUC program, fueling existing concerns about the complexity of the law, associated costs, and  
8 regulatory burden sustained by physicians and other health care providers to meet the program  
9 requirements; and  
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11 Whereas, The AUC program, if ever fully implemented, would impact a substantial number of  
12 clinicians, as it would apply to every clinician who orders or furnishes an advanced diagnostic  
13 imaging test, unless a statutory or hardship exemption applies; and  
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15 Whereas, Practitioners whose ordering patterns are considered outliers will be subject to prior  
16 authorization--at a time when physicians are working to advance policies that reduce the  
17 administrative burdens associated with prior authorization; and  
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19 Whereas, The program will be a financial burden for many practices, as it is estimated to cost  
20 \$75,000 or more for a practice to implement a Clinical Decision Support Mechanism (CDSM)  
21 that complies with the AUC Program rules<sup>1</sup>; and  
22

23 Whereas, The law is prescriptive, requiring clinicians to use only CDSMs qualified by CMS and  
24 only AUC developed by certain qualified entities--preventing the use of other clinical decision  
25 support tools and evidenced-based guidelines for advanced diagnostic imaging developed by  
26 medical societies and other health care institutions; and

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<sup>1</sup> Association for Medical Imaging Management; 2017 <https://ahralink.files.wordpress.com/2017/03/cds-survey-2017.pdf>

1 Whereas, The AUC program creates a complex exchange of information between clinicians that  
2 is not yet supported by interoperable electronic health record systems and relies on claims-  
3 based reporting at a time when CMS is migrating from claims reporting for quality data; and  
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5 Whereas, Since PAMA's enactment, the AUC program has become obsolete given the  
6 subsequent enactment of the Medicare Access and CHIP Reauthorization Act (MACRA) of  
7 2015 and the rise of new health care payment and delivery models via the Quality Payment  
8 Program (QPP) (alternative payment models and Merit-based Incentive Payment System)  
9 designed to hold clinicians responsible for health care resource use; and  
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11 Whereas, Five years after the program's intended start date, technical challenges, including the  
12 need for claims processing edits to prevent claim denials, have further eroded physician  
13 confidence in and support for the program; and  
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15 Whereas, Awareness of the program among physicians and other health care professionals  
16 remains low, which is supported by CMS' estimate--based on CY2020 Medicare claims during  
17 the program's education and operations testing phase--that between 9-10 percent of all claims  
18 subject to the AUC program reported information sufficient to be considered compliant with the  
19 program; and  
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21 Whereas, In the CY 2022 Medicare Physician Fee Schedule final rule, CMS finalized its  
22 proposal to begin the payment penalty phase of the AUC program until the later of January 1,  
23 2023, or the January 1 of the year following the end of the COVID-19 public health emergency;  
24 and  
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26 Whereas, Congress and CMS must seriously consider the degree to which the AUC program  
27 and QPP requirements overlap and create duplicative reporting burdens for physicians already  
28 overwhelmed by the variety of other administrative burdens associated with care delivery; and  
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30 Whereas, There is widespread agreement in the medical community that the program cannot be  
31 implemented as originally envisioned without imposing undue burden and cost on physician  
32 practices; therefore be it  
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34 RESOLVED, That our American Medical Association Policy H-320.940, "Medicare's Appropriate  
35 Use Criteria Program," be amended by addition and deletion to read as follows:  
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37 Our AMA will continue to advocate to Congress for delay the effective date either the  
38 full repeal of the Medicare Appropriate Use Criteria (AUC) Program or legislative  
39 modifications to the program in such a manner that until the Centers for Medicare &  
40 Medicaid Services (CMS) can adequately address technical and workflow  
41 challenges, with its implementation and any interaction between maximizes alignment  
42 with the Quality Payment Program (QPP), and the use of advanced diagnostic imaging  
43 appropriate use criteria, creates provider flexibility for the consultation of AUC or  
44 advanced diagnostic imaging guidelines using a mechanism best suited for their  
45 practice, specialty and workflow. (Modify Current HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 04/08/22

## **RELEVANT AMA POLICY**

### **Medicare's Appropriate Use Criteria Program H-320.940**

Our AMA will continue to advocate to delay the effective date of the Medicare Appropriate Use Criteria (AUC) Program until the Centers for Medicare & Medicaid Services (CMS) can adequately address technical and workflow challenges with its implementation and any interaction between the Quality Payment Program (QPP) and the use of advanced diagnostic imaging appropriate use criteria.

Citation: Res. 229, A-17; Reaffirmed - BOT Action in response to referred for decision: Res. 245, A-19 and Res. 247, A-19

DRAFT