

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)  
(A-26)

Introduced by: Integrated Physician Practice Section

Subject: Ensuring Physician Input in the Development of CMMI Models

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, AMA policy is against mandatory and for voluntary CMMI models<sup>1,2</sup>; and  
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3 Whereas, AMA policy advocates for CMMI models that serve specialties and policies not served  
4 by current models<sup>3</sup>; and  
5  
6 Whereas, the Physician-Focused Payment Model Technical Advisory Committee (PTAC), which  
7 was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), was  
8 intended to improve the efficiency and effectiveness of healthcare using proposed solutions  
9 from frontline stakeholders<sup>4</sup>; and  
10  
11 Whereas, to date, there have been no PTAC recommended models that have been tested or  
12 implemented by CMMI<sup>5,6</sup>; and  
13  
14 Whereas, CMMI has not been transparent about why PTAC recommended models are rejected  
15 for testing or implementation<sup>7</sup>; and  
16  
17 Whereas, CMMI has recently introduced a number of models including: WISeR, which for the  
18 first time placed prior authorization requirements in traditional Medicare, ACCESS, which  
19 creates a payment paradigm for digital health tools, and LEAD, which is set to succeed ACO  
20 REACH<sup>8,9,10</sup>; and  
21  
22 Whereas, “CMMI models, in aggregate, are not generating direct savings to Medicare” with  
23 some models generating substantial losses while some others do generate net savings<sup>11</sup>;  
24 therefore be it  
25  
26 RESOLVED, that our American Medical Association seek meaningful and transparent  
27 involvement of physicians who could potentially be participants in Center for Medicare and  
28 Medicaid Innovation (CMMI) models throughout the model development process, prior to  
29 approval for testing or implementation (Directive to Take Action).  
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Fiscal Note: (Assigned by HOD)

**REFERENCES**

1. American Medical Association, CMMI Payment Reform Models D-385.950.
2. American Medical Association, Demonstration Project Regarding Medicare Part D H-330.894
3. American Medical Association, Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations H-385.901

4. Office of the Assistant Secretary for Planning and Education, PTAC Frequently Asked Questions. <https://aspe.hhs.gov/collaborations-committees-advisory-groups/ptac/ptac-fqs>. Accessed April 15, 2026.
5. Raths, D. (2024). Surgeon leader to Congress: Make CMMI test physician-developed APMs. *Healthcare Innovation*. April 11, 2024. <https://www.hcinnovationgroup.com/policy-value-based-care/alternative-payment-models/news/55017602/surgeon-leader-to-congress-make-cmmi-test-physician-developed-apms>. Accessed April 15, 2026.
6. Berlin, J. (2020). Going nowhere: APM committee resignations cast doubt on payment models' future. *Texas Medical Association Publications*. April, 2020. <https://www.texmed.org/Template.aspx?id=53087>. Accessed April 15, 2026.
7. Raths, D. (2019). PTAC members resign, frustrated with HHS rejection of payment model proposals. *Healthcare Innovation*. Nov. 20, 2019. <https://www.hcinnovationgroup.com/policy-value-based-care/alternative-payment-models/news/21115452/ptac-members-resign-frustrated-with-hhs-rejection-of-payment-model-proposals>. Accessed April 15, 2026.
8. Centers for Medicare and Medicaid Services. WISer (Wasteful and Inappropriate Service Reduction) Model. <https://www.cms.gov/priorities/innovation/innovation-models/wiser>. Accessed April 15, 2026.
9. Centers for Medicare and Medicaid Services. ACCESS (Advancing Chronic Care with Effective, Scalable Solutions) Model. <https://www.cms.gov/priorities/innovation/innovation-models/access>. Accessed April 15, 2026.
10. Centers for Medicare and Medicaid Services. LEAD (Long-term Enhanced ACO Design) Model. <https://www.cms.gov/priorities/innovation/innovation-models/lead>. Accessed April 15, 2026.
11. Frazier, L, Song, A. & Tripp, A. (2025). Analysis of CMMI model costs, quality performance, and transparency. Avalere Health. <https://advisory.avalerehealth.com/insights/analysis-of-cmmi-model-costs-quality-performance-and-transparency>. Accessed April 15, 2026.

## **RELEVANT AMA POLICY**

### **CMMI Payment Reform Models D-385.950**

Our AMA will: (1) continue to advocate against mandatory Center for Medicare and Medicaid Innovation (CMMI) demonstration projects; (2) advocate that the Centers for Medicare and Medicaid Services seek innovative payment and care delivery model ideas from physicians and groups such as medical specialty societies to guide recommendation of the Physician-Focused Payment Model Technical Advisory Committee (PTAC) and work of the CMMI to propose demonstration projects that are voluntary and can be appropriately tested; and (3) advocate that CMMI focus on the development of multiple pilot projects in many specialties, which are voluntary and tailored to the needs of local communities and the needs of different specialties.

Citation: Res. 213, A-21

### **Demonstration Project Regarding Medicare Part D H-330.894**

1. Our American Medical Association will continue its policy of promoting beneficiary choice and market based options in the context of the Medicare prescription drug benefit program (Part D).
2. Our AMA encourages the development of voluntary models under the auspices of the CMS Innovation Center (CMMI) to test the impact of offering Medicare beneficiaries additional enhanced alternative health plan choices that offer lower, consistent, and predictable out-of-pocket costs for select prescription drugs.

Citation: BOT Action in response to referred for decision Res. 142, A-07; Reaffirmed: CMS Rep. 01, A-17; Appended: CMS Rep. 4, A-22

### **Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations H-385.901**

1. Our American Medical Association supports appropriate demonstration projects, carve outs, and adjustments for pediatric patients and services provided to pediatric patients within the payment reform arena.
2. Our AMA will extend ongoing payment reform research, education, and advocacy to address the needs of specialties and patient populations not served by current CMMI models or other Medicare-focused payment reform efforts.
3. Our AMA will support and work with national medical specialty societies that are developing alternative payment models for specific conditions or episodes, target patient populations including pediatric populations, and medical and surgical specialties and continue to advocate that the Centers for Medicare and Medicaid Services, including the Center for Medicare and Medicaid Innovation; state Medicaid agencies; and other payers implement physician-developed payment models.
4. Our AMA will consider improved Medicaid payment rates to be a priority given the critical impact these payment rates have on patient care and patient access to care.

5. Our AMA will support and collaborate with state and national medical specialty societies and other interested parties on the development and adoption of physician-developed alternative payment models for pediatric health care that address the distinct prevention and health needs of children and take long-term, life-course impact into account.

Citation: Res. 817, I-23