AMERICAN MEDICAL ASSOCIATION PRIVATE PRACTICE PHYSICIANS SECTION

Resolution: 3
(I-25)

Introduced by: Connie DiMari, MD

Subject: Halt the Rollout of New Payment Models by the Center for Medicare & Medicaid Innovation (CMMI)—A New Administration Offers an Opportunity

Referred to: PPPS Reference Committee
(xxxx, MD, Chair)

Whereas, in their September 28, 2023 report "Federal Budgetary Effects of the Activities of the Center for Medicare & Medicaid Innovation," the Congressional Budget Office revealed CMMI increased federal spending in its first 10 years and will do so again in the next 10 years[1]; and

Whereas, Health Affairs in September of 2024 said, "…the number and complexity of clinician payment models in Medicare Part B has grown substantially without yielding the expected savings or quality improvement;"[2] and

Whereas, in addition to the value-based payment (VBP) programs created directly by legislation, CMMI created and tested 50+ VBP programs, only six of which yielded statistically significant savings; thus a staggering 88 percent failed to meet this objective[3]; and

Whereas, research shows that the overall impact of VBP models on care quality is inconsistent at best, with some programs leading to increased mortality rates (the Hospital Readmission Reduction Program) and exacerbating healthcare disparities (the Merit-Based Payment Incentive Program)[3,4,5,6]; and

Whereas, fifty tries and ten years should have been enough before the patient—the U.S. healthcare system—says enough is enough, evaluates the results, and disbands CMMI, saving its $10 billion budget; therefore be it

RESOLVED, that our American Medical Association will urge Congress to halt the Center for Medicare & Medicaid Innovation's (CMMI) creation and rollout of new value-based payment models, quickly discontinue programs that have had negative effects on care, while supporting CMMI's evaluation of the models currently being tested (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

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REFERENCES

1. Congressional Budget Office. (2023). Federal budgetary effects of the activities of the Center for Medicare & Medicaid Innovation. September 28, 2023: https://www.cbo.gov/publication/59274. Accessed August 28, 2025.
2. Everhart, A.O, Lyu, P.F., Hockenberry, J.M., & Johnston, K.J. (2024). Medicare Part B clinician payment programs and the growing costs of administrative complexity. September 11, 2024: https://www.healthaffairs.org/content/forefront/medicare-part-b-clinician-payment-programs-and-growing-costs-administrative-complexity. Accessed August 28, 2025.
3. The Commonwealth Fund. (2022). The impact of the payment and delivery system reforms of the Affordable Care Act. April 28, 2022: https://www.commonwealthfund.org/publications/2022/apr/impact-payment-and-delivery-system-reforms-affordable-care-act. Accessed August 28, 2025.
4. Khera, R.; Dharmarajan, K., & Wang, Y. (2018). Association of the Hospital Readmissions Reduction Program with mortality during and after hospitalization for acute myocardial infarction, heart failure, and pneumonia. *JAMA Network Open*, Vol. 1, No. 5. September 28, 2018: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2703947. Accessed August 28, 2025.
5. Samarghandi, A. & Qayyum, R. (2023). Effect of Hospital Readmission Reduction Program on hospital readmissions and mortality rates. *Journal of Hospital Medicine*, Vol. 14, no. 9. August 10, 2023: https://shmpublications.onlinelibrary.wiley.com/doi/abs/10.12788/jhm.3302. Accessed August 28, 2025.
6. McWilliams, J.M. (2022). Pay for performance: When slogans overtake health policy. *JAMA*, Vol. 328, No. 21. December 6, 2022: https://jamanetwork.com/journals/jama/article-abstract/2799177. Accessed August 28, 2025.

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

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