

## Hill Day Cheat Sheet

### PAMA AUC

- As part of the Protecting Access to Medicare Act of 2014 (PAMA), Congress established the consultation of physician-developed appropriate use criteria (AUC) by providers ordering advanced diagnostic imaging exams.
- Implementation of the PAMA AUC program is designed to:
  - Provide the patient with the appropriate exam the first time
  - Curb patient exposure to unnecessary radiation
  - Reduce Medicare spending on low-value imaging
  - Promote the movement towards value-based imaging care and physician-developed guidelines
- Certain claims processing challenges have led to a recent implementation “pause” by CMS. Statutory changes removing the claims processing challenges and replacing them with an ordering provider’s attestation of “conferring/reviewing” qualified AUC need to be made by Congress to the existing law to move the program forward. Ordering data would be collected and subject to an annual, retrospective review and audit by CMS.
- Proposed language to address the current law’s administrative hurdles has been drafted and reviewed by the appropriate jurisdictional committees and submitted to the Congressional Budget Office for score. **A study by The Moran Company (included in your packet) modeling the Congressional Budget Office’s (CBO) scoring process estimates the draft amendments would provide a savings to Medicare in the range of \$2 billion over ten years. The Moran Company also estimated that Medicare beneficiaries would also save about \$1.4 billion over the current budget window via reduced cost-sharing.**
- These technical changes to PAMA will ensure that CMS implements the AUC program without further delay and in a manner that is least burdensome to providers. Absent these legislative changes, the benefits of the AUC program, including reducing “low-value” advanced imaging exams, will go unrealized.

### Request

- Congress should amend PAMA this year by including technical and administrative simplification language in its next Medicare-related legislative package.

### Physician Workforce Crisis

- The need for physicians continues to grow faster than the supply and there is a growing shortage of radiologists. Congress can help stop the current and impending further crisis in the physician workforce through several short and long-term policy solutions.
- **Implement PAMA established AUC programs** based on physician-developed guidelines. This will promote appropriate imaging, reduce the over-ordering of low-value tests, and help manage wait times and backlogs, ensuring that radiologists in shortage areas will only be interpreting necessary imaging tests.
  - **Request** - Amend the Appropriate Use Criteria (AUC) Section of the Protecting Access to Medicare Act (PAMA)

- **Increase the number of Medicare-supported Graduate Medical Education (GME) positions by enacting the Resident Physician Shortage Reduction Act of 2023.** An artificial cap that was placed on Medicare-supported GME nearly three decades ago has made it difficult to increase the number of trained physicians. While the 1,200 positions recently provided by Congress over the last three years are an important start, additional support is needed. The Resident Physician Shortage Reduction Act of 2023 (H.R. 2389/ S. 1302) would increase the number of federally supported medical residency positions by 2,000 annually for seven years.
  - **Request** - Cosponsor the Resident Physician Shortage Reduction Act (H.R. 2389/S. 1302)
- **Reauthorize and strengthen the Conrad 30 program.** Currently, resident physicians from other countries training in the U.S. on J-1 visas are required to return to their home country for two years after their residency has ended before they can apply for a work visa or green card. The Conrad 30 program allows 30 qualified residents per state to remain in the U.S. if they agree to practice in a medically underserved area for three years. This Congress, the Conrad State 30 and Physician Access Reauthorization Act was reintroduced in both chambers (H.R. 4942/S. 665) to reauthorize the program and make minor improvements to its functioning—allowing the waivers to expand beyond 30 (up to 45) if certain nationwide thresholds are met.
  - **Request** - Cosponsor the Conrad State 30 and Physician Access Reauthorization Act (H.R. 4942/ S. 665)
- **Support the Healthcare Workforce Resilience Act.** Legislation has been introduced to expedite the visa authorization process, impacting both physicians stuck overseas due to backlogs, as well international physicians currently working in the U.S. on temporary visas with approved immigrant petitions. The Healthcare Workforce Resilience Act (H.R. 6205/S. 3211) would initiate a one-time recapture of up to 40,000 unused employment-based visas – 25,000 for foreign-born nurses and 15,000 for foreign-born physicians.
  - **Request** – Cosponsor the Support the Healthcare Workforce Resilience Act (H.R. 6205/S.3211)

### **Medicare Payment Reform**

- Thank your lawmakers for supporting physicians over the last four years by mitigating scheduled Medicare Cuts
- Since 2020, an ACR-led coalition of organizations representing over one million physician and non-physician providers lobbied Congress to provide short and long-term relief for the Medicare Physician Fee Schedule (MPFS) to mitigate significant payment reductions resulting from the statutorily required application of budget neutrality.
- Most recently, Congress added an additional 1.68% to the Medicare Physician Fee Schedule (MPFS) conversion factor (CF) beginning March 9 for the remainder of 2024. When combined with the already existing 1.25% CF bump that Congress passed at the end of 2022, the result is a 2.93% increase over what the CF would have been without congressional action
- The need for Congressional intervention to provide stability for providers and patients is evidence that not only are year-over-year payment cuts not sustainable, but also that the MPFS is in need of reform to ensure beneficiaries retain access to high quality care.
- As one of the only fee schedules without a built-in inflationary update, MPFS payment rates struggle to keep pace with the true cost of practice. The addition of a Medicare Economic Index (MEI) based inflationary update to the MPFS will help provide long term financial stability to Medicare providers thereby helping ensure Medicare beneficiaries get the care they deserve.

## Requests

- House: Cosponsor H.R. 2474, the Strengthening Medicare for Patients and Providers Act, which adds a MEI based inflationary update to the MPFS.
- Consider long-term reforms to mitigate major shifts within the MPFS, including exploration of adjustments to budget neutrality requirements
  
- Senate: Introduce companion legislation to H.R. 2474 to add a permanent, MEI-based inflationary update to the MPFS
- Consider long-term reforms to mitigate major shifts within the MPFS, including exploration of adjustments to budget neutrality requirements