

September 13, 2021

The Honorable Chiquita Brooks-LaSure

Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

Attention: CMS-1751-P

Mail Stop C4-26-05

7500 Security Boulevard

Baltimore, MD 21244-1850

Re: File Code CMS-1751-P; Medicare Program; CY 2022 Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 23, 2021) (“2022 PFS Proposed Rule” or “Proposed Rule”)

Dear Administrator Brooks-LaSure:

The undersigned members of the Regulatory Relief Coalition (RRC), representing physicians throughout the country, are pleased to have the opportunity to comment on the 2022 PFS Proposed Rule. The RRC is a group of national physician specialty organizations advocating for regulatory burden reduction in Medicare so that physicians can spend more time treating patients. Our aim is to ensure that regulatory requirements are not barriers to timely access to care for the patients we serve.

Many of our member organizations have led the way with the development of AUC for diagnostic imaging, and they continue to advocate for its use. Nevertheless, the RRC strongly supports those provisions of the 2022 PFS Proposed Rule that propose to delay further the implementation of the Appropriate Use Criteria (AUC) Program mandated by the Protecting Access to Medicare Act (PAMA) until January 1, 2023, or the January 1 following the end of the COVID-19 Public Health Emergency.

At this time, physician practices throughout the country are still reeling from the continuing impact of the COVID -19 pandemic. Therefore, it would be inconsistent with the best interests of Medicare and other patients for practices to divert resources from patient care to implement this program fully. The AUC Program sets up a complex exchange of information between clinicians that is not yet supported by interoperable electronic health record systems and that relies on claims-based reporting at a time when CMS is increasingly migrating away from claims-based quality reporting mechanisms. Furthermore, the type of decision support tools required to comply with AUC Program requirements may cost $75,000 or more.[[1]](#footnote-1)

In light of the ongoing pandemic, neither provider nor government resources should be diverted to putting in place the systems and processes necessary to implement the AUC Program.

We appreciate the opportunity to comment on the 2022 PFS Proposed Rule. If you have any questions or need further information about the RRC’s position on this issue, please do not hesitate to contact RRC’s Regulatory Counsel, Diane Millman, at [Diane.Millman@PowersLaw.com](mailto:Diane.Millman@PowersLaw.com).

Respectfully,

American Academy of Family Physicians

American Academy of Neurology

American Academy of Ophthalmology

American Association of Neurological Surgeons/ Congress of Neurological Surgeons

American College of Surgeons

American Osteopathic Association

Association for Clinical Oncology

Medical Group Management Association

North American Spine Society

1. Association for Medical Imaging Management; 2017 https://ahralink.files.wordpress.com/2017/03/cds-3 survey- 2017.pdf [↑](#footnote-ref-1)