American College of Radiology™

November 10, 2026

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Johnson, Leader Jeffries, Leader Thune, and Leader Schumer:

On behalf of the American College of Radiology (ACR) and the referral-based physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists and imaging professionals vital to the health care delivery system, **we urge congressional leadership to include the updated Radiology Outpatient Ordering Transmission (ROOT) Act provisions contained in Section 207 of the Patients First Act of 2026 (H.R. 9693/S. 5672) in any year-end health care or other year-end package.** These provisions would modernize Medicare's use of appropriate use criteria (AUC), evidence-based guidelines designed to help clinicians determine when imaging is warranted and which study is most appropriate for a patient's condition. By reducing unnecessary imaging, the ROOT Act would generate meaningful savings for Medicare and its beneficiaries and help patients receive the right imaging at the right time.

The ROOT Act language reflected in Section 207 of the Patients First Act incorporates technical corrections and refinements to the originally introduced bill (H.R. 5737/S. 1692). We urge you to include Section 207 in any year-end package. Without these provisions, the AUC program Congress enacted in 2014 will remain stalled and unable to deliver its intended savings.

The ROOT Act, as included in the Patients First Act, supports patient access by ensuring that imaging resources are used appropriately and that limited physician capacity is directed to the patients who need it most. It would modernize the AUC program Congress established through the Protecting Access to Medicare Act of 2014 (PAMA). Under PAMA, clinicians ordering certain advanced diagnostic imaging services for Medicare beneficiaries were required to consult physician-developed AUC through electronic clinical decision support tools, which help determine whether imaging is necessary and which examination best suits the patient. This reduces unnecessary testing and delivers better value for patients and the Medicare program.

The Centers for Medicare & Medicaid Services (CMS) paused implementation of the AUC program in 2024 because of operational challenges associated with PAMA's requirement to transmit AUC consultation information through Medicare's claims-processing system. The updated ROOT Act provisions solve that problem by preserving electronic clinical decision support while removing the claims-based requirements that prevented implementation. Clinical decision support can now be

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incorporated directly into electronic ordering systems and electronic health records, giving ordering clinicians evidence-based guidance within their normal workflow.

Radiology workforce shortages are well documented, yet demand for medical imaging continues to rise. Radiologists do not control how many examinations are ordered, but they must interpret a growing volume. A study published in the Journal of the American College of Radiology[1] found that imaging interpretation turnaround increased by 113% from 2014 to 2023, with the steepest growth occurring in most recent years. Longer turnaround times can delay the information that patients and their physicians need to make care decisions. By reducing unnecessary imaging orders, the ROOT Act would help ease this workload and protect timely access to care.

CMS estimated that full implementation of the AUC program could produce approximately $700 million in annual Medicare savings.[2] According to an independent scoring estimate created by Health Management Associates (HMA), the ROOT Act would generate approximately $2 billion in Medicare savings and an additional $1.5 billion for Medicare beneficiaries over 10 years.[3] Beyond these fiscal benefits, research[4] has demonstrated that clinical decision support can improve the appropriateness of imaging orders and reduce unnecessary tests while ensuring patients receive the right imaging.

As Congress negotiates year-end health care legislation, we respectfully urge you to prioritize the updated ROOT Act provisions included in the Patients First Act. This policy offers a practical way to improve patient access, strengthen the value of imaging care, and reduce unnecessary spending.

Thank you for your consideration. If you have questions, please contact ACR Senior Government Relations Director Rebecca Spangler at rspangler@acr.org.

Sincerely,

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Dana Smetherman, MD, MPH, MBA, FACR
Chief Executive Officer
American College of Radiology

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[1] Christensen E, Drake A, Rula E. et al, National Turnaround Time Trends for Medicare Fee-for-Service Beneficiaries, 2014-2023. Journal of the American College of Radiology, 2026; 23, 1244-1252. https://www.jacr.org/article/S1546-1440(26)00148-1/fulltext

[2] Centers for Medicare & Medicaid Services, CY 2024 Medicare Physician Fee Schedule Proposed Rule, 88 Fed. Reg. 52,262, 52,313 (Aug. 7, 2023).

[3] The Moran Company, an HMA Company, Modifications to the Appropriate Use Criteria Advanced Diagnostic Imaging Program: Fiscal Implications, prepared for the American College of Radiology, at 4 (2023).

[4] Chepelev, L.L., Wang, X., Gold, B. et al. Improved Appropriateness of Advanced Diagnostic Imaging After Implementation of Clinical Decision Support Mechanism. J Digit Imaging 34, 397–403 (2021). https://doi.org/10.1007/s10278-021-00433-6.