American College of Radiology

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Statement for the Record

The U.S. House of Representatives
Energy & Commerce Health Subcommittee Hearing
on
"Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity"

September 15, 2026

The American College of Radiology (ACR)—a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists, across the United States **strongly support** H.R. 9693, the Patients First Act, and greatly appreciates the Energy and Commerce Health Subcommittee discussing this urgently needed legislation.

The Patients First Act, bipartisan legislation introduced by E&C members Drs. Joyce, Murphy, and Schrier, seeks to improve and reform Medicare's outdated physician payment program by:

- Creating an annual Medicare payment update tied to the Medical Economic Index, minus 1%, helping better account for inflation;
- Establishing the POINTS program, which creates a physician and clinician-led task force at CMS to develop quality metrics that are streamlined and reduce administrative burden, and;
- Adjusting Medicare budget-neutrality policies in the Medicare Physician Fee Schedule to help reduce significant payment fluctuations and support long-term payment reform.

The ACR would also like to praise the sponsors of the Patients First Act for their inclusion of Representative Harshbarger's legislation, H.R. 5737, the Radiology Outpatient Ordering Transmissions (ROOT) Act. The ROOT Act amends the appropriate use criteria (AUC) program section of the Protecting Access to Medicare Act of 2014 (PAMA). Congress included the AUC program in PAMA to address the rising use of advanced diagnostic imaging in Medicare Part B and to encourage evidence-based ordering through clinical decision support.

The ROOT Act would modernize implementation of Medicare's imaging AUC program and is a practical, bipartisan step toward realizing the original PAMA goals of advancing more appropriate imaging, reducing unnecessary utilization, and lowering costs for Medicare beneficiaries and the program alike. Furthermore, enacting the ROOT Act is projected to save approximately **$2 billion for Medicare** and **$1.5 billion for beneficiaries** over 10 years.

Providers would use AUC incorporated within clinical decision support tools to consult multi-specialty provider-developed, evidence-based guidelines at the point of care. Clinicians would maintain their clinical judgment and only need to document that they consulted the guidelines.

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More than a decade after Congress acted to address inappropriate imaging and its downstream costs, patients and taxpayers are still waiting for the benefits of a fully operational AUC program. The ROOT Act would help unlock those benefits by improving appropriateness, increase health care affordability by reducing avoidable out-of-pocket costs, and supporting more efficient use of Medicare dollars.

Once again, the American College of Radiology appreciates your leadership to advance Medicare physician payment reform, as well as recognizing the need to reduce inappropriate medical imaging through physician-developed appropriate use criteria.

We look forward to working with you and your Congressional colleagues to achieve these goals. If you have any questions or would like more information, please contact Dr. Dana Smetherman, MD, MPH, MBA, Chief Executive Office of the American College of Radiology.