**Radiology Outpatient Ordering Transmission (ROOT) Act**

**Background**

Through Section 218(b) of the Protecting Access to Medicare Act of 2014 (PAMA), Congress established the consultation of appropriate use criteria (AUC) by providers ordering advanced diagnostic imaging services (ADIS). The AUC program is an effective and evidence-based program, founded on physician-developed guidelines that is intended to optimize patient care by guiding providers as to whether an advanced imaging study is appropriate and if so, which kind of study is most appropriate. The AUC program is housed within an Electronic Medical Record via clinical decision support technology and has demonstrated improvement in the ordering of the correct imaging study in hundreds of institutions over several years. Entities using this AUC program have shown reductions in unnecessary utilization of imaging studies resulting in savings to both the institutions and copayment costs to patients.

The PAMA Imaging AUC program was mandated by Congress to be implemented on January 1, 2017. Regrettably, statutory requirements in the 2014 legislation have resulted in numerous implementation problems and delays.

**Issue**

The Centers for Medicare and Medicaid Services (CMS) identified certain challenges in its proposed and final Medicare Physician Fee Schedule Rules for Calendar Year 2024 that cannot be resolved without corrective legislation. Specifically, the requirement for point-of-care “real time” claims processing has been a barrier to implementing the AUC program.

Although CMS has indefinitely “paused” implementation of the AUC program, the agency has reinforced the benefits of the program and indicated significant estimated savings of up to $700,000,000 annually. Medicare beneficiaries would also save significantly via reduced cost-sharing. The savings from implementing the AUC program could be used to offset the cost of long-term Medicare physician payment reform.

The need for the AUC program is still as evident as it was when it first passed in 2014. State legislatures continue to explore the expansion of non-physician scope of practice resulting in increased ordering of ADIS by less educated providers.

**Legislative Solution**

The Radiology Outpatient Ordering Transmission (ROOT) Act, introduced by Senator Blackburn (R-TN), makes necessary statutory changes to ensure the AUC program is implemented.

First, the ROOT Act removes the CMS-identified problematic point- of- care “real time” claims processing obligation and replaces it with an ordering provider’s attestation of “conferring/reviewing” qualified AUC for the ordering of ADIS. The legislation requires the Department of Health and Human Services Secretary to collect ordering data and determine the requirements for compliance.

The ROOT Act also provides exclusions within the PAMA statute encouraged by other medical specialty societies. The AUC consultation process would not be required for ordering providers who participate in clinical trials or small and rural practices (as defined by CMS). Imaging services for screening are also exempt.

Finally, the ROOT Act establishes appropriate oversight and compliance mechanisms by requiring a compliance review study that must be submitted to Congress and can inform future improvements to the AUC program.

Enacting the ROOT Act will:

* Ensure that CMS implements the AUC program without further delay and in a manner that is least burdensome to providers.
* Reduce unnecessary advanced imaging services, thus saving money for Medicare beneficiaries, the Medicare system and improving radiologists’ workflow.
* Protects patients from unnecessary radiation exposure.

**Request**

Senate: Please cosponsor the Radiology Outpatient Ordering Transmission (ROOT) Act and include the ROOT Act in the next healthcare-related package considered by Congress.

House: Please introduce companion legislation to the Senate’s Radiology Outpatient Ordering Transmission (ROOT) Act and include the ROOT Act in the next healthcare-related package considered by Congress.