

**Congress of the United States**  
**Washington, DC 20515**

September 18, 2015

The Honorable Sylvia Mathews Burwell  
Secretary  
Department of Health and Human Services  
200 Independence Ave S.W.  
Washington, DC 20001

Dear Secretary Burwell:

We write to express our support for the framework that the Centers for Medicare and Medicaid Services (“CMS”) has taken in proposing a definition of “provider-led entities” for the purposes of implementation of initial features of the Appropriate Use Criteria (“AUC”) requirements established under section 218 of the “Protecting Access to Medicare Act of 2014” (“PAMA”).

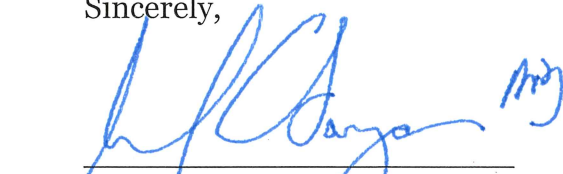
Section 218 of PAMA requires that beginning in 2017, ordering physicians must consult with applicable AUC before referring a Medicare patient for an advanced imaging service, such as Computed Tomography (“CT”) or Magnetic Resonance Imaging (“MRI”). In determining which clinical guidelines will qualify as applicable AUC, CMS is directed to identify evidence-based AUC that are developed or endorsed by “national professional medical specialty societies or other provider-led entities.”

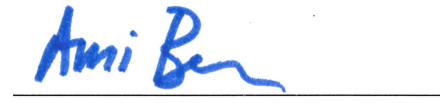
We are strongly supportive of ensuring that physicians are armed with evidence-based tools to aid in diagnostic decision making. PAMA’s AUC provisions inherently and explicitly envision that AUC would be developed, maintained, and updated by clinicians and providers who care for patients on a daily basis. Unlike for-profit resource management entities, such as Radiology Benefit Managers (“RBMs”), prior authorization organizations, or even the federal government, these clinicians, providers, and national medical professional societies that develop the AUC have both the scientific and real-world health care delivery expertise concerning the diagnostic value of clinical imaging tools. Furthermore, guidelines developed by anyone other than clinicians, providers, and national medical professional societies do not rely upon the same rigorous development process and, therefore, are more reflective of consensus medical opinions rather than rooted in clinical evidence.

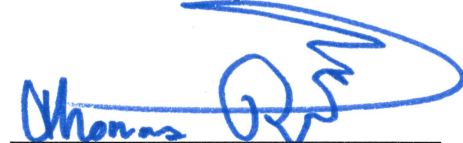
As a part of the Calendar Year (“CY”) 2016 Medicare Physician Fee Schedule (“MPFS”) proposed rule recently released in July 2015, CMS proposes to define “provider-led entities”—for the purpose of the “applicable AUC” determination—as including national professional medical specialty societies or an organization that is comprised primarily of providers and is actively engaged in the practice and delivery of healthcare. We believe that this definition aligns with the vision that Congress had for AUC when establishing this overarching policy in PAMA. We urge CMS to retain this definition of provider-led entities when it releases the CY 2016 MPFS final rule in November 2015.


We thank you for your thoughtful work on this proposal and look forward to continuing to work with you as the implementation of AUC requirements moves forward.

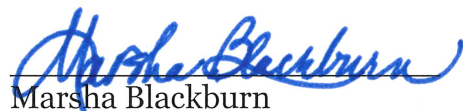
Sincerely,

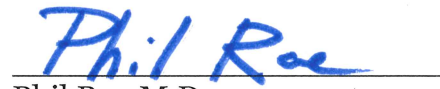
  
Michael C. Burgess, M.D.  
Member of Congress


  
Ami Bera, M.D.  
Member of Congress

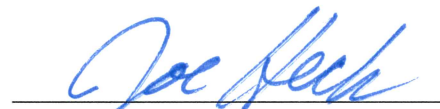
  
Tom Price, M.D.  
Member of Congress

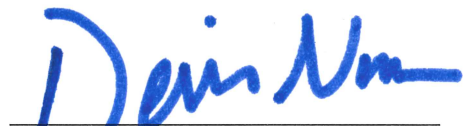
  
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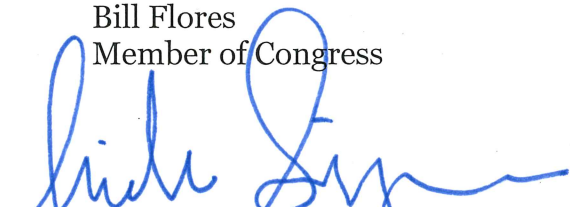
  
Andy Harris, M.D.  
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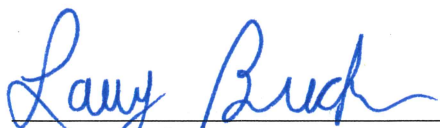
  
Devin Nunes  
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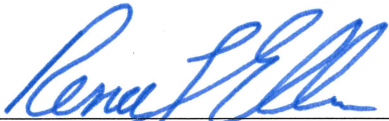
  
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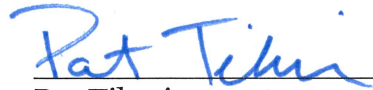
  
Mike Simpson  
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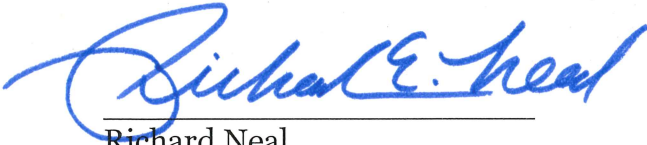
  
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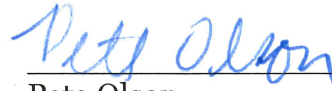
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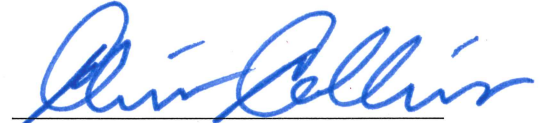
Richard Neal  
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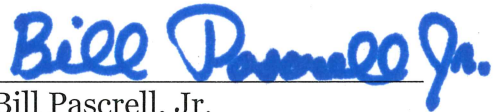
Paul D. Tonko  
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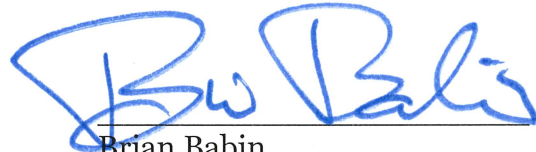
H. Morgan Griffith  
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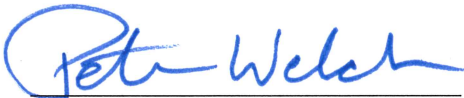
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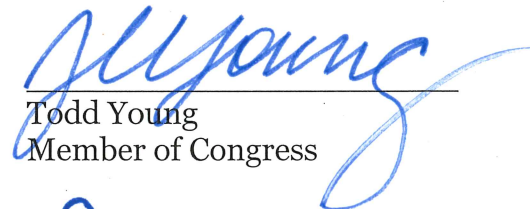
Mike Kelly  
Member of Congress



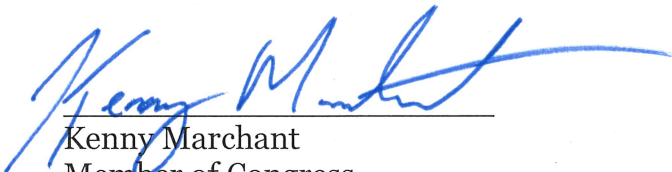
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Peter Welch  
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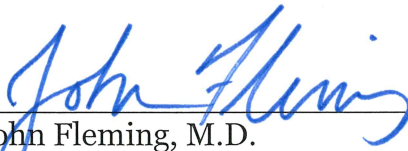
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