WHEREAS, Annual updates to work relative values are based on recommendations from the
Relative Values Update Committee (RUC) and now involve over 8,000 procedural terminology
(CPT) codes; and

WHEREAS, CPT codes are developed by the CPT Editorial Panel which includes
representatives of the American Medical Association (AMA), Blue Cross and Blue Shield
Association, Health Insurance Association of America, Centers for Medicare and Medicaid
(CMS), Health Care Professionals Advisory Committee, and the American Hospital Association
(AHA); and

WHEREAS, Evolving practice patterns require new or revised CPT codes necessitating updates
for relative work and expense by the RUC; and

WHEREAS, Fair representation on the RUC is paramount if the RUC is to continue to represent
all of medicine; and

WHEREAS, The present configuration of the RUC does not reflect the proportion of work that
subspecialties are doing for CMS; and

WHEREAS, At the present time 23 members are appointed by major specialty or subspecialty
societies: general surgery and surgical specialties (eight permanent seats), internal medicine and
subspecialties (two permanent seats), anesthesiology, dermatology, OB-GYN, emergency room
medicine, family practice, neurology, pathology, pediatrics, psychiatry, radiology, and three
rotating seats. Six other seats are occupied by: the chairman (currently an ophthalmologist), and
representatives of the Practice Expense Advisory Committee, the Health Care Professional
Advisory Committee, the American Osteopathic Association, the CPT Editorial Panel, and the
AMA; and

WHEREAS, The terms of the permanent seats are indefinite and most members have now served
for ten years or more; and

WHEREAS, The RUC recommendations to CMS for physician payment services are critical, as
other insurers adjust their payment schedules according to what CMS does; and

WHEREAS, The main mechanism for medical subspecialty organizations to challenge or change
the relative value for CPT defined codes is through the RUC; and

WHEREAS, The RUC now has no mission statement to help the administrative subcommittee or
to guide the organization; and
WHEREAS, The scope and delivery of medical care is changing; therefore be it

RESOLVED, That the AMA review the RUC in order to maintain the RUC's mission to be a deliberative committee representing the entire medical profession; and be it further

RESOLVED, That the AMA formulate a formal mission statement for the RUC and term limit guidelines; and be it further

RESOLVED, That the AMA Board of Trustees oversee changes that may be necessary to maintain the veracity of the RUC.