

1 Title: Advocating for Change in the Relative Values Update Committee of the
2 American Medical Association

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4 Sponsors: Vermont Medical Society
5 New England Delegation to the AMA
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7 WHEREAS, Annual updates to work relative values are based on recommendations from the
8 Relative Values Update Committee (RUC) and now involve over 8,000 procedural terminology
9 (CPT) codes; and
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11 WHEREAS, CPT codes are developed by the CPT Editorial Panel which includes
12 representatives of the American Medical Association (AMA), Blue Cross and Blue Shield
13 Association, Health Insurance Association of America, Centers for Medicare and Medicaid
14 (CMS), Health Care Professionals Advisory Committee, and the American Hospital Association
15 (AHA); and
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17 WHEREAS, Evolving practice patterns require new or revised CPT codes necessitating updates
18 for relative work and expense by the RUC; and
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20 WHEREAS, Fair representation on the RUC is paramount if the RUC is to continue to represent
21 all of medicine; and
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23 WHEREAS, The present configuration of the RUC does not reflect the proportion of work that
24 subspecialties are doing for CMS; and
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26 WHEREAS, At the present time 23 members are appointed by major specialty or subspecialty
27 societies: general surgery and surgical specialties (eight permanent seats), internal medicine and
28 subspecialties (two permanent seats), anesthesiology, dermatology, OB-GYN, emergency room
29 medicine, family practice, neurology, pathology, pediatrics, psychiatry, radiology, and three
30 rotating seats. Six other seats are occupied by: the chairman (currently an ophthalmologist), and
31 representatives of the Practice Expense Advisory Committee, the Health Care Professional
32 Advisory Committee, the American Osteopathic Association, the CPT Editorial Panel, and the
33 AMA; and
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35 WHEREAS, The terms of the permanent seats are indefinite and most members have now served
36 for ten years or more; and
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38 WHEREAS, The RUC recommendations to CMS for physician payment services are critical, as
39 other insurers adjust their payment schedules according to what CMS does; and
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41 WHEREAS, The main mechanism for medical subspecialty organizations to challenge or change
42 the relative value for CPT defined codes is through the RUC; and
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44 WHEREAS, The RUC now has no mission statement to help the administrative subcommittee or
45 to guide the organization; and
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1 WHEREAS, The scope and delivery of medical care is changing; therefore be it
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3 **RESOLVED, That the AMA review the RUC in order to maintain the RUC's mission to be**
4 **a deliberative committee representing the entire medical profession; and be it further**
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6 **RESOLVED, That the AMA formulate a formal mission statement for the RUC and term**
7 **limit guidelines; and be it further**
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9 **RESOLVED, That the AMA Board of Trustees oversee changes that may be necessary to**
10 **maintain the veracity of the RUC .**