

November 3, 2011

The Honorable Harry Reid  
Senate Majority Leader

The Honorable John Boehner  
Speaker of the House

The Honorable Max Baucus, Chairman  
Senate Committee on Finance

The Honorable Dave Camp, Chairman  
House Committee on Ways and Means

The Honorable Fred Upton, Chairman  
House Committee on Energy and Commerce

The Honorable Patty Murray, Co-Chair  
Joint Select Committee on Deficit Reduction

The Honorable Mitch McConnell  
Senate Minority Leader

The Honorable Nancy Pelosi  
House Minority Leader

The Honorable Orrin Hatch, Ranking Member  
Senate Committee on Finance

The Honorable Sander Levin, Ranking Member  
House Committee on Ways and Means

The Honorable Henry Waxman, Ranking Member  
House Committee on Energy and Commerce

The Honorable Jeb Hensarling, Co-Chair  
Joint Select Committee on Deficit Reduction

Dear Congressional Leaders and Honorable Members of Congress:

The Access to Medical Imaging Coalition (AMIC) and the undersigned groups are writing to share our concerns about two policy options being considered by Congress: the use of prior authorization for medical imaging services provided to Medicare beneficiaries and further reimbursement cuts to advanced diagnostic imaging services. We urge the Congress not to adopt these policies, which have the potential to impact the delivery of life-saving care to nearly 48 million Medicare beneficiaries.

We are particularly concerned about the recommended use of prior authorization or radiology benefits managers (RBMs) in Medicare. These mechanisms have never been used to determine Medicare coverage of diagnostic services, would directly impede patient access to needed care, would impose huge administrative burdens on providers and the Medicare program, and have no conclusive evidence showing that they improve ordering patterns or yield long-term savings.

Patient advocates are particularly concerned that prior authorization will mean delaying or denying care for Medicare beneficiaries. In a recent American Medical Association (AMA) survey of 2,400 physicians, 63 percent said that they typically wait *several days* for a response to a prior authorization request and 13 percent said they generally wait *more than a week*. Even in cases where a request is eventually approved, the imaging service is delayed by several days, which delays diagnosis and any necessary care, which can exacerbate a patient's condition and require more intensive or invasive treatment down the road.

We also share concerns of the Department of Health and Human Services (HHS), as stated in its response to a 2008 Government Accountability Office (GAO) report, that "the approval or disapproval determinations of RBMs could be based on proprietary systems, the use of which could be **inconsistent with the public nature of the Medicare program.**" HHS was also concerned that GAO did not "indicate how the [RBMs'] protocol of questions were developed or the extent to which such protocols deviate from the clinical guidelines of the physician professional societies." Indeed, RBMs and their methodology are not transparent or accountable to the public and therefore have no place in the Medicare program. Furthermore, as HHS has acknowledged, there have been no peer-reviewed clinical trials showing that prior authorization actually saves money or leads to better ordering patterns over the long term, or that it does not negatively impact clinical quality and patient outcomes.

In addition, we remain concerned that further reducing Medicare reimbursement for imaging services will impede access to care as imaging centers in the community consolidate or close, causing patients to endure increases both in wait times for appointments and in driving distance to the closest imaging center or hospital. The Medicare Payment Advisory Commission (MedPAC) continues to use claims data that is more than a decade old as its basis for recommending additional payment reductions, while the landscape for imaging payments has shifted dramatically since 2006 with the implementation of the Deficit Reduction Act's (DRA) imaging payment cap and other payment policy changes made by CMS. In a May 20, 2011 letter, House Energy & Commerce Health Subcommittee Chairman Pitts and Ranking Member Pallone pointed out that the growth in imaging use in the early 2000s was likely due to advances in technology and patient care, and began to taper off by 2005. The Congressmen asked that MedPAC consider the "complete picture" for medical imaging, including the accreditation and appropriateness policies included in the Medicare Improvements for Patients and Providers Act (MIPPA) and the most recent imaging payment reductions in the Affordable Care Act, the impact of all of which remains to be seen. More than 60 Democratic and Republican House members echoed these sentiments in a letter to House leadership on June 23, 2011.

Additionally, Senators Kerry, Kohl, Vitter, Brown, Alexander, Cantwell, and Wyden recently wrote to President Obama in opposition to further cuts to Medicare reimbursement for medical imaging and in support of patients' access to medical imaging technology. The Senators asked that, instead, the President work with Congress to enact alternative policies that ensure each patient receives appropriate access to needed imaging services.

A burdensome and unsubstantiated prior authorization program and further reimbursement cuts—before the effects of existing policies can be understood—and are ill-advised and will only continue to reduce access to life-saving medical imaging services for our seniors. We ask that you prevent the enactment of these policies and, instead, work with patients and physician specialties toward policies that promote the *appropriate* use of medical imaging—the right scan at the right time.

Sincerely,



Academy of Radiology Research  
Access to Medical Imaging Coalition  
American Brain Tumor Association  
American College of Nuclear Medicine  
American Pain Foundation  
Association of University Radiologists  
Bladder Cancer Advocacy Network  
Coalition for Imaging and Bioengineering Research  
Coalition for Pulmonary Fibrosis  
Colon Cancer Alliance  
COLONTOWN  
Community Oncology Alliance

Hypertrophic Cardiomyopathy Association  
Lung Cancer Alliance  
Patient Advocates for Advanced Cancer Treatments  
Radiological Society of North America  
Society of Chairs of Academic Radiology  
Sarcoma Foundation of America  
Society of Interventional Radiology  
Society for Nuclear Medicine  
Sudden Cardiac Arrest Association  
Us TOO International Prostate Cancer Education &  
Support Network  
YES! Beat Liver Tumors  
ZERO: The Project to End Prostate Cancer

cc: The Honorable John Kerry  
The Honorable Jon Kyl  
The Honorable Rob Portman  
The Honorable Pat Toomey  
The Honorable Xavier Becerra  
The Honorable Jim Clyburn  
The Honorable Chris Van Hollen