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**Press Contact: Eric Hoffman**  
**202.585.2066**  
[ehoffman@powelltate.com](mailto:ehoffman@powelltate.com)

## **NEW DATA SHOWS DECLINE IN MEDICAL IMAGING SPENDING AND UTILIZATION WITHIN MEDICARE PROGRAM**

**Washington, D.C.** – A new analysis of Medicare data, released today by the Medical Imaging & Technology Alliance (MITA), finds that Medicare spending on medical imaging continues to decline and that Medicare patients are receiving fewer imaging procedures.

“This analysis confirms the downward trend in both imaging spending and utilization in Medicare that has occurred in recent years. The assumption that life-saving diagnostic imaging and radiation therapy are increasing health care costs is simply not true,” said David Fisher, Executive Director of MITA. “Even in light of these significant downward trends in spending and utilization, policymakers continue to target medical imaging for more cuts, threatening seniors’ access to life-saving services.”

The analysis shows that spending on imaging services for each Medicare beneficiary has dropped 13.2 percent since 2006, when significant imaging-specific reimbursement cuts from the Deficit Reduction Act began to be implemented, and imaging utilization per beneficiary declined by 3 percent in 2010. Meanwhile, spending for non-imaging Medicare services has grown by 20 percent since 2006 and utilization increased 2 percent in 2010.

The analysis also found that imaging is now a smaller portion of Medicare spending than it was at the turn of the century.

“It is unsettling to see these accelerating declines in Medicare beneficiaries’ use of medical imaging services during a time of tremendous advances in imaging and radiation therapy technologies, which have become increasingly integral to medical best practices and early disease detection,” said Fisher. “This disconnect raises serious concerns about whether or not patients are receiving the care they need.”

Congress and the Administration have cut imaging reimbursements seven times in six years, with payments for some services being reduced by over 60 percent, including bone density screenings, arm and leg artery x-rays, and MRIs of the brain. These cuts hurt patient access and undercut the benefits of early detection.

“There are enough barriers keeping patients from effective treatments,” said Laurie Fenton, President of the Lung Cancer Alliance. “Congress shouldn’t make it any harder for us.” Further cuts to medical imaging will also make it harder for doctors to access lifesaving technologies.

“Current evidence, including this analysis, debunks the myth that imaging is significantly overused and somehow responsible for escalating healthcare costs. Unlike other areas of medicine, imaging utilization and spending are on the decline,” said John A. Patti, MD, FACR, chair of the American College of Radiology Board of Chancellors. “According to these data, the goal of bending the cost curve has indeed been achieved for medical imaging. Any further reductions would represent socially irresponsible policy.”

It is vital that policymakers use current data and research about imaging spending and utilization when making budget decisions that will affect patient access and quality of care.

The data MITA analyzed for this report was tabulated by Christopher Hogan, PhD of Direct Research, LLC.

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The Medical Imaging & Technology Alliance (MITA), a division of the NEMA, is the collective voice of medical imaging equipment manufacturers, innovators, and product developers. For more information visit [www.medicalimaging.org](http://www.medicalimaging.org).