

ACCESS TO MEDICAL IMAGING COALITION

Physicians, providers, patient advocates, and technology companies supporting patient access to medical imaging services



AMIC represents more than 75,000 physicians, providers, and patients, as well as medical imaging manufacturers who employ tens of thousands of workers.

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COALITION APPLAUDS PANEL ON IMAGING HEARING; URGES SUPPORT FOR MORATORIUM ON DRA-'05 CUTS

Washington D.C. -- The Access to Medical Imaging Coalition (AMIC) today applauded the Energy and Commerce Subcommittee on Health for calling today's hearing on medical imaging.

AMIC Executive Director Tim Trysla said that several members of the AMIC group would testify at the hearing, thanking those Members of Congress who are supporting passage of HR 5704, the Access to Medicare Imaging Act. The bill, introduced by Rep. Joe Pitts (R-PA) and cosponsored by 50 other Members of Congress, would impose a 2-year moratorium on deep reductions in reimbursement for medical imaging that were included in the Deficit Reduction Act of 2005 (DRA).

"We are very pleased with the strong support for HR 5704 that we have seen from Members of the Subcommittee," said Trysla. "We urge other Members of the Committee and the entire House to support passage of this bill which will provide time to fully understand the effect of these cuts and whether they are appropriate."

AMIC members are particularly concerned that the legislative language in the DRA occurred without any debate. Neither Congress, nor MedPAC, nor any other public forum has held a public hearing or meeting on this proposal. This proposal has received no public comment or testimony. AMIC members also point out that the cuts enacted for imaging by the DRA comprise roughly one-third of the total Medicare savings in the bill. Yet imaging only comprises roughly one-tenth of Medicare spending.

"Maintaining access to imaging technology for Medicare beneficiaries is too important for patients and clinicians who have made great strides in the diagnosis and treatment of cancer and other life threatening diseases," said Trysla. Preliminary analyses found that 80% of the services potentially affected by the DRA cap will be paid at a rate less than the estimated cost of performing the service in the physician office setting.

The DRA legislates severe reductions in payments for many imaging services under the Medicare Physician Fee Schedule (PFS). Under this provision (Section 5102 of the DRA), effective January 1, 2007, the payment for the technical component (e.g., equipment, non-physician personnel, supplies, and overhead) of an imaging service will be set at the Hospital Outpatient Department (HOPD) payment rate, if the PFS payment rate is higher. This change in Medicare payment policy raises a number of disturbing issues:

- **Failure to Recognize Cost Differences** - There are fundamental and legitimate differences between the costs associated with providing imaging services in a physician's office and providing them in a hospital outpatient department. The different payment formulas for each site of service are specifically designed by Congress to take into account these unique differences and costs.
- **Limiting Beneficiary Access to Critical Imaging Services** – These cuts have the very strong potential to drive imaging from the physician office and free-standing facilities back into hospital outpatient departments, thus limiting Medicare beneficiary access to nearby imaging services that allow for more timely diagnosis and initiation of treatment.
- **Longer Wait Times for Medicare Patients** - On average, patients already wait 10 days to two weeks for non-urgent imaging services in the hospital outpatient department. Reduced access to imaging services in the physician's office and in free-standing imaging centers could increase these wait times dramatically.
- **Reduced Access For Medicare Patients in Rural Areas** - Beneficiaries may be forced to drive long distances for needed imaging services if providers reduce or eliminate imaging locally. Also, physicians may choose not to invest in telemedicine equipment that allows specialists at distant locations to help interpret a patient's scan—again harming rural access.

AMIC is a broad-based coalition representing 75,000 physicians, providers, and patients, as well as medical imaging manufacturers who employ tens of thousands of workers, (a list of AMIC members is below). For additional information , visit www.imagingaccess.org.

AMIC members include the following:

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| • Academy of Molecular Imaging | • CSCM, Inc |
| • Academy of Radiology Research | • DMS Imaging |
| • Advanced Medical Technology Association | • E+Healthcare |
| • Alliance for Aging Research | • HealthSouth |
| • Alzheimer's Disease International | • Institute for Molecular Technology |
| • American Association of Physicists in Medicine | • Integral PET |
| • American College of Radiation Oncology | • Lung Cancer Alliance |
| • American College of Radiology | • National Coalition for Quality Diagnostic Imaging Services |
| • American Federation for Aging Research | • National Electrical Manufacturers Association |
| • American Radiology Associates | • National Ovarian Cancer Coalition |
| • American Radiology Services | • National Patient Advocate Foundation |
| • American Society of Clinical Oncology | • National Stroke Association |
| • American Society for Therapeutic Radiology and Oncology | • Radiology Corporation of America |
| • Association for Freestanding Radiation Oncology Centers | • Society of Diagnostic Medical Sonography |
| • Cardiology Advocacy Alliance | • Society for Vascular Surgery |
| • Coalition for Imaging and Bioengineering Research | • Society for Vascular Ultrasound |
| • Colon Cancer Alliance | • Society of Interventional Radiology |
| | • Society of Nuclear Medicine |
| | • Strategic Outpatient Services, Inc. |
| | • Trident Molecular Imaging |
| | • US Oncology |