

November 14, 2013

To: The Honorable Harry Reid, Senate Majority Leader; The Honorable Mitch McConnell, Senate Minority Leader; The Honorable John Boehner, Speaker of the House; The Honorable Nancy Pelosi, Minority Leader.

The undersigned patient advocacy organizations are deeply concerned about policy proposals that would further reduce reimbursement for advanced medical imaging and radiation therapy services, the lack of Medicare coverage for critical diagnostic tests, and the use of prior authorization or radiology benefits managers (RBMs) in Medicare. As patient advocates who have personally experienced the life-saving value of medical imaging, we are worried that such policies would undermine our fight against these deadly diseases. As you consider policy options that improve the quality and efficiency of health care, we ask that you work with patients and physicians to implement thoughtful imaging policies that promote patient access to the right scan and the right therapy at the right time.

### **Medicare Reimbursement Cuts**

Congress and the Administration have cut Medicare imaging reimbursement 13 times since 2006, and further cuts will only continue to impede access to life-saving medical imaging and radiation therapy services for our seniors and undercut the benefits of early detection and treatment. Additional cuts would come at a time when multiple independent analyses have confirmed a downward trend in Medicare per-beneficiary spending and per-beneficiary utilization of medical imaging procedures. Reimbursement cuts have a direct impact on access to care as health care providers in the community are forced to 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. Imaging providers will also be forced to stretch the life of older equipment, decreasing patient access to groundbreaking imaging technologies like radiation dose reduction.

### **Coverage for Life-Saving and Life-Changing Diagnostic Tests**

It is imperative that Congress hold the Centers for Medicare & Medicaid Services (CMS) accountable for ensuring high-risk or symptomatic beneficiaries have full access to important diagnostic tests. Recently, we were encouraged by the release of the United States Preventive Services Task Force's (USPSTF) draft recommendation in favor of low dose computed tomography (CT) scans for the early detection of lung cancer in high-risk Medicare beneficiaries (a policy which the Veterans Administration and Department of Defense have already instituted), and remain hopeful that CMS will consider coverage for this important test, which could save 12,000 lives per year. We also urge CMS to reexamine its coverage decision for virtual colonoscopy (CTC) – which has proven to increase compliance in patients who otherwise would avoid a life-saving diagnostic procedure, and could address significant racial disparities in colorectal cancer detection – and for the use of beta amyloid positron emission tomography (PET) imaging for Medicare beneficiaries with suspected dementia or Alzheimer's Disease (AD). These coverage decisions will have a direct impact on patient access to critical, life-changing diagnostic tests.

## Radiology Benefits Managers (RBMs) and Prior Authorization Programs

Finally, we are concerned about proposals that would require the use of prior authorization for imaging services paid for by Medicare, even though no federal savings would result from such a policy and RBMs' long-term effectiveness is questionable at best. RBMs are for-profit companies that evaluate physicians' orders of imaging studies and, using proprietary systems, determine whether to approve or deny the requested service. This model results in arbitrary delays or denials of tests physicians deem necessary, which is especially burdensome for the elderly and for patients in rural areas of the country, who often must travel long distances to access medical imaging services. Such delays and denials can exacerbate patients' conditions, causing them to need more invasive, intensive and costly treatments down the road.

There is also no conclusive evidence showing that these mechanisms improve ordering patterns or that they would yield any savings to taxpayers over the long term. In fact, the Office of Management and Budget (OMB) and Congressional Budget Office (CBO) have both found that this policy would not save any money to the Medicare program. A more viable alternative is to incorporate physician-developed appropriateness criteria into the Medicare system at the point of ordering, to ensure the appropriate utilization of medical imaging technologies while also protecting patient access to these life-saving services.

In conclusion, we ask that you oppose the use of burdensome prior authorization programs in Medicare, reject cuts to reimbursement that will put millions of patients at increased risk of later-stage diagnosis and treatment and support Medicare coverage decisions that facilitate access to necessary medical imaging, which has revolutionized the diagnosis, treatment and monitoring of a wide range of diseases.

We hope you take this opportunity to show your support for the patients you represent.

Sincerely,



American Urological Association  
Chris4Life Colon Cancer Foundation  
Colon Cancer Alliance  
COLONTOWN  
Hypertrophic Cardiomyopathy Association  
Kidney Cancer Association  
Lung Cancer Alliance

Prevent Cancer Foundation  
Society for Women's Health Research  
The Leukemia & Lymphoma Society  
Us TOO International  
Yes! Beat Liver Tumors  
ZERO - The End of Prostate Cancer