

October 14, 2009

President Barack Obama  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear Mr. President:

In your speech before a joint session of Congress on September 9, 2009, you said: “And insurance companies will be required to cover, with no extra charge, routine checkups and preventive care, like mammograms and colonoscopies -- because there's no reason we shouldn't be catching diseases like breast cancer and colon cancer before they get worse. That makes sense, it saves money, and it saves lives.”

As patient advocate organizations, and those concerned about the health of older adults, we strongly agree. Insurance coverage, at no extra cost, for screenings that diagnose disease when it's most treatable is a necessity and a provision we strongly support. Each of our organizations is dedicated to increasing disease screenings and early diagnosis because catching diseases early saves lives and money.

With that in mind, we write today to express our concern that further deep reductions in Medicare reimbursements for diagnostic imaging would jeopardize the health of America's seniors by delaying or precluding their access to the front-line tools that turn early detection into effective treatment and patients into survivors.

With most cancer diagnoses occurring in the over-65 population and a projection that new cancer cases in the U.S. will increase by 45 percent over the next 20 years – with a "dramatic spike" predicted among elderly and minority populations (“Future of Cancer Incidence in the United States: Burdens Upon an Aging, Changing Nation.” [Journal of Clinical Oncology](#) June 10, 2009) – diagnostic imaging will play an increasingly important role in cancer diagnosis and treatment in the 21<sup>st</sup> Century. The same is true for heart disease. Adopting policies that create barriers to diagnostic imaging for Medicare beneficiaries will counteract efforts to identify and treat disease early, which reduces overall health care costs. Yet, by drastically reducing Medicare reimbursements for advanced imaging, your Administration's proposal and several Congressional proposals will do just that.

It is our fear that changing the utilization assumption from its current 50 percent level to 90 or 75 percent goes too far and will severely impair beneficiaries' ability to receive diagnostic care outside the hospital setting. Furthermore, such changes would likely be adopted by private payers, thereby impacting access to outpatient imaging even more severely. While we support the elimination of inappropriate imaging and slowing the growth of Medicare spending for imaging services, the proposals to drastically change the Medicare payment formula are simply too extreme and will result in severe access problems for Medicare beneficiaries.

Physician practices have indicated that the proposed reductions to Medicare reimbursements, coupled with the severe cuts made in the last several years, will force them to make difficult choices that will erect barriers to diagnostic services for seniors. From turning away Medicare patients or closing facilities to pulling back satellite services or stockpiling patient appointments, these deep cuts will result in seniors' experiencing denied or delayed diagnostic care.

Data recently collected by the Radiology Business Management Association (RBMA) and the American College of Radiology (ACR) supports this warning. According to RBMA's recent survey, if

reimbursements were reduced by half, 36 percent of practices would consider limiting access to Medicare beneficiaries, 25 percent would consider dropping out of the Medicare program, 40 percent would consider consolidating service sites and 40 percent would consider closing their center.

Additionally, we are seriously concerned about proposed revisions to the Medicare Physician Fee Schedule (MPFS) and related regulations for CY 2010 and, in particular, the dramatic cuts proposed by the CMS with respect to the technical component of diagnostic imaging services. When combined with the effect of already-implemented imaging cuts (via the Deficit Reduction Act) and the proposed adjustments to the equipment utilization rate, these proposed new cuts would represent a total cut of approximately sixty (60%) over a five year period. To the best of our knowledge, this would represent the most dramatic aggregate cut of any healthcare provider class in the Medicare Program over the same period of time and could devastate access to appropriate imaging and radiation therapy services (Association for Quality Imaging). Because of this, we urge CMS to delay any further payment reductions until it has fully assessed the effects of current and pending cuts to medical imaging.

At best, it's our view that deep Medicare cuts will force seniors into hospitals for vital diagnostic tests, where care costs more and is less convenient than in non-hospital settings, and where they would be forced to wait weeks or months for an appointment, sit in crowded waiting rooms and--especially for those in rural areas--travel long distances for care. At worst, patients will forgo the diagnostic services prescribed by their physicians, putting them at increased risk of later-stage diagnosis and treatment.

We urge you as well as Congressional leaders to adopt a more reasonable utilization assumption in the Medicare reimbursement formula so that patient access to diagnostic imaging is preserved.

Sincerely,



CC:

The Honorable Kathleen Sebelius