Additional Issue Background and ACR Position

(Issues/Legislation you may be asked about during your meeting)

Artificial Intelligence (AI)

Last year, the White House issued an Executive Order the Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence, which is the latest of many U.S. government efforts spanning multiple Administrations to address assorted AI policy challenges. In February, the U.S. House of Representatives announced formation of a Bipartisan Task Force on AI to report on AI legislative oversight needs. While these recent efforts clearly show that the government is working to identify its role in this quickly developing landscape, this topic might be raised during hill meetings.

The ACR, with its Data Science Institute (DSI), has long advocated the radiology perspective on AI safety and performance, model transparency, bias mitigation/nondiscrimination, responsible medical use, radiologist access to useful innovation, and appropriate payment policy.

ACR Position: Many radiologists are using AI in their practices and as Congress works to develop policies and guidelines around use of AI, the ACR is a valuable resource.

Screening for Communities to Receive Early and Equitable Needed Services for Cancer Act of 2023 (SCREENS for Cancer Act) (H.R. 3916/S. 1840)

Introduced by Reps. Joseph Morelle (D-NY) and Brian Fitzpatrick (R-PA) in the House, the SCREENS for Cancer Act would strengthen resources for early cancer detection. Specifically, the bill would reauthorize the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through 2028, making it easier for vulnerable populations to get the preemptive care they need. The NBCCEDP provides lifesaving breast and cervical cancer screening and diagnostic services to women who are low-income, uninsured or underinsured who do not qualify for Medicaid. This bill was advanced by the House Energy and Commerce Committee on March 21 and as a next step, would need to be voted on by the House. There is a Senate counterpart to this legislation, S. 1840, introduced by Sens. Tammy Baldwin (D-WI), Susan Collins (R-ME), and others, and it has been placed on the Senate calendar for future consideration.

ACR Position: *Support*

Facilitating Innovative Nuclear Diagnostics (FIND) Act of 2023 (H.R. 1199/S. 1544)

Medicare's current reimbursement structure limits patient access to innovative imaging tools that improve diagnosis of many devastating conditions, including Alzheimer's and Parkinson's disease, advanced cardiac disease, and cancers of the prostate, breast, and brain. Currently, CMS considers diagnostic radiopharmaceuticals as "supplies" through a packaged payment system, which creates a significant barrier to patient access to the newer, more precise generation of diagnostic nuclear imaging drugs. H.R. 1199 directs

HHS to pay separately for all diagnostic radiopharmaceuticals which would expand access to the most advanced and effective PET radiopharmaceuticals and enhance physicians' ability to diagnose advanced illnesses earlier and with greater accuracy.

ACR Position: *Support*

Find it Early Act (H.R. 3086)

Championed by Congresswoman Rosa DeLauro (D-CT), the Find it Early Act requires coverage with no cost sharing for additional screening and diagnostic breast imaging exams for the detection of breast cancer for certain individuals assessed to be at greater risk for breast cancer.

The coverage requirement would apply to private insurance, Medicare, Medicare Advantage, Medicaid, TRICARE, and the Department of Veterans Affairs.

ACR Position: *Support*

Nuclear Medicine Clarification Act of 2023 (H.R. 6815)

H.R. 6815 would drastically change Nuclear Regulatory Commission (NRC) rules to require controversial injection site measurements and "extravasation" dosimetry of unclear accuracy or significance during up to 20 million nuclear medicine (NM) procedures annually. The bill—which would impact all healthcare facilities that provide NM imaging or therapy (including PET, SPECT, RPTs, etc.)—is championed by a device vendor that sells nuclear uptake probes and dose estimation software. H.R. 6815 would have unintended negative consequences for cancer patients and NM providers via substantial compliance costs, reduced patient access to NM procedures, local NM scheduling limitations based on compliance tool availability, and a nationwide device supply dependency. It would ignore standards of care and medical physics, financially benefiting a single device vendor at the direct expense of cancer patients and NM providers.

ACR Position: *Oppose*