



AAACE LEGISLATIVE FACT SHEET



PROTECTING PATIENT ACCESS TO HIGH QUALITY ENDOCRINE OFFICE-BASED IMAGING SERVICES – PASS S. 1338 / H.R. 1293

REQUEST: AAACE requests congressional support for preserving patient access to endocrine office based imaging services by: 1) approving S. 1338 / H.R. 1293, “Access to Medicare Imaging Act of 2007,” introduced by Senator John D. Rockefeller, IV (D-WV) / Representative Carolyn McCarthy (D-4th-NY). Both bills call for a two-year moratorium on the Deficit Reduction Act (DRA) imaging cuts and a study related to patient access and service issues and; 2) opposing any new Medicare imaging cuts or accreditation mandates.

BACKGROUND: Section 5102 of the Deficit Reduction Act of 2005 (DRA) requires that the Medicare payment for the technical component (e.g., equipment, non-physician personnel, supplies, and overhead) of an imaging service to be set at the Hospital Outpatient Department (HOPD) payment rate, if the HOPD rate is lower than the Physician Fee Schedule (PFS) payment rate. This change in payment policy, effective January 1, 2007, was included without any public deliberation by either body of Congress. The policy impact is significant for endocrinologists performing imaging services in their office.

ISSUE: The DRA imaging cuts, combined with the recent reductions in the work values and practice expense for certain procedures under the Medicare Physician Fee Schedule, threaten patient access to high quality endocrine office based imaging services including ultrasound guidance performed as part of a minimally invasive biopsy for thyroid nodules and dual energy x-ray absorptiometry (DXA) used for the prevention, diagnosis and treatment of osteoporosis. Furthermore, there is some interest in Congress in imposing additional imaging cuts and mandated accreditation requirements. AAACE is committed to ensuring the highest quality of care in the provision of imaging services, however we believe this goal is best accomplished through specialty driven initiatives with high educational standards for quality and patient safety (see enclosed letter to the Senate Finance Committee).

Endocrinologists will be forced to discontinue providing these services to Medicare patients in their offices as reimbursement continues to fall and practice costs continue to rise. Patient access to endocrine imaging services will be reduced and quality of care will be compromised due to:

- **longer wait times** for services performed in a hospital outpatient department,
- **higher costs to beneficiaries** because co-pays are 40% in the hospital outpatient department vs. 20% in the physician office,
- **patients losing the benefit of having their physician’s knowledge** of their medical history integrated into the interpretation of test results, and
- **lack of providers in rural and underserved areas** forcing beneficiaries to drive long distances for imaging services. The inconvenience or hardship imposed may create a barrier to care that is too significant for patients to overcome.

CONSEQUENCES: Creating barriers to imaging services are in direct conflict with, and undermine the success of governmental initiatives to increase prevention and early detection efforts. Patients will fail to be tested, diagnosed and treated, resulting in more serious and prolonged illness, and potentially the loss of independence and/or death, while further burdening the Medicare budget and the nation’s health care system.