

## Request Co-Sponsorship of Access to Medicare Imaging Act of 2007 (H.R. 1293/S. 1338)

### Talking Points

- **I request your co-sponsorship of the Access to Medicare Imaging Act of 2007 (H.R. 1293/S. 1338). This legislation provides a two-year moratorium on the Medicare imaging cuts enacted under the Deficit Reduction Act of 2005 (DRA).**
- The DRA Act 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. There was no analysis of the potential impact of this change in payment policy.
- Unfortunately it is our older Americans who will bear the major brunt from these cuts. Patient access to many critical prevention and early treatment services will be significantly reduced as a result of the DRA cuts. Reimbursement for two procedures often used by endocrinologists is now far below the actual cost of performing the procedures, making them unsustainable.
- Medicare payment for an **echo guide for thyroid nodule biopsies** has been cut by over 25% as of January 1<sup>st</sup>. The alternative to this procedure is a more complicated and costly invasive surgery.
- **Dual energy absorptiometry (DXA), used for early testing and treatment of osteoporosis**, was cut by 40% this year and will drop by 75% in 2010 due to recent changes in the Medicare Physician Fee Schedule. Last year, before any of the Medicare cuts were implemented, the national average reimbursement rate for DXA was \$140; the average direct cost of a hip fracture in US adults ranges from \$36,000 - \$47,000. Clearly, the DRA imaging cuts reflect policy that is penny wise and pound foolish.
- Many endocrinologists will be forced to discontinue these services in their offices resulting in reduced patient access and compromised quality of care.
  - Patients will experience longer wait times, pay more, possibly travel further and be less likely to go to the hospital outpatient department if these procedures are no longer offered in their physician's office.
  - Patients will lose the benefit of having their physician's knowledge of their medical history integrated into the interpretation of test results.
  - Prevention efforts will fail. The cost of underutilization of preventive diagnostic and early treatment testing will strain Medicare budgets with costs from health complications, hospitalizations and nursing home admissions.