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March 13, 2007

The Honorable Joseph Pitts  
420 Cannon House Office Building  
Washington, DC 20515

Dear Congressman Pitts:

On behalf of the 33,000 members of the American College of Cardiology (ACC), I offer the ACC's endorsement of your recently-introduced legislation, the "Access to Medicare Imaging Act of 2007," H.R. 1293.

As a result of the cuts in Medicare payments for imaging services, as prescribed under the Deficit Reduction Act (DRA), cardiology will experience a loss of \$150-\$160 million in 2007 alone. Most severely affected will be nuclear cardiology reimbursement which has been reduced \$60 per procedure as a result of the DRA. When coupled with additional cuts due to the five-year review and the new practice expense formula, payment for nuclear cardiology studies has dropped by \$76, or 14 percent. Also impacted by the DRA cuts are vascular, computed tomography, and magnetic resonance studies. Physicians simply can't continue to absorb this level of cuts, coupled with inadequate payment updates as a result of the flawed Medicare physician payment formula.

We appreciate your acknowledging through the introduction of H.R. 1293 the irrational nature of the DRA imaging policy. The ACC is committed to work with you, Congresswoman Carolyn McCarthy, Congressman Gene Green, and others in the imaging stakeholder community to replace the DRA law with a policy aimed at ensuring the appropriate utilization of imaging services. To this end, the ACC has been a leader in the development of imaging appropriateness criteria.

In October 2005, the ACC published its first set of appropriateness criteria for nuclear cardiology. These criteria help physicians determine when to do and how often to do a given procedure in the context of scientific evidence, the health care environment, and the patient's profile. Criteria for MR and CT were published in August 2006, and the development for appropriateness criteria for echocardiography is currently underway.

The ACC is committed to helping secure cosponsors for H.R. 1293. At the same time, we will continue to look for opportunities to pilot test the use of appropriateness criteria in the Medicare population. We strongly believe that until we can field test the use of appropriateness criteria in a broad patient population, important questions related to the growth in imaging utilization will continue to go unanswered and the result will be further irrational or restrictive policies.

The ACC deeply appreciates your commitment to this important issue and offers itself as a resource to you. Should you have any questions or require addition information please do not hesitate to contact me at (216) 445-6852 or [nissens@ccf.org](mailto:nissens@ccf.org) or Camille Bonta at (202) 375-6620 or [cbonta@acc.org](mailto:cbonta@acc.org).

Sincerely,

Steven E. Nissen, MD, FACC  
President, American College of Cardiology