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*ex officio

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John C. Lewin, M.D.

July 3, 2007

The Honorable John D. Rockefeller
531 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Gordon Smith
404 Russell Senate Office Building
Washington, D.C. 20510

Dear Senators Rockefeller and Smith,

On behalf of the more than 34,000 members of the American College of Cardiology, I offer the ACC's endorsement of the "Access to Medicare Imaging Act", S. 1338.

As a result of the cuts in Medicare payments for imaging services prescribed under the Deficit Reduction Act (DRA), cardiology is experiencing a loss of \$150-\$160 million in 2007 alone. Most severely affected is 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. Vascular, computed tomography, and magnetic resonance studies are also impacted by the DRA cuts. Physicians simply cannot continue to absorb this level of cuts, coupled with inadequate payment updates as a result of the flawed Medicare physician payment formula.

I appreciate your acknowledging the irrational nature of the DRA imaging policy by introducing S. 1338. The ACC is committed to work with you 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, which 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. In October 2005, the ACC published its first set of appropriateness criteria for nuclear cardiology. Criteria for MR and CT were published in August 2006, criteria for transthoracic and transesophageal Echocardiography (TTE/TEE) were published in June 2007 and criteria for stress echocardiography are expected later this year.

The ACC 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 is committed to helping secure cosponsors for S. 1338. The ACC deeply appreciates your commitment to this important issue and offers itself as a resource to you. Please feel free to contact Jennifer Brunelle on the ACC Advocacy staff at (202) 375-6477 or jbrunell@acc.org if the ACC can be of assistance.

Sincerely,

James Dove, M.D., F.A.C.C.
President, ACC

Jack Lewin, M.D.
CEO, ACC

