

June 13, 2011

Glenn Hackbarth, J.D.
Chairman
Medicare Payment Advisory Commission
601 New Jersey Avenue, N.W.
Suite 9000
Washington, D.C. 20001

Dear Chairman Hackbarth,

The Access to Medical Imaging Coalition (AMIC) and the undersigned patient advocates are writing to express our concerns about the ancillary services recommendations, focused on the use of diagnostic imaging services, which MedPAC approved at its April 2011 meeting. As MedPAC's recommendations have the potential to impact the delivery of care to nearly 48 million Medicare beneficiaries, we urge you to reconsider your recommendations. To implement the recommendations as drafted would further limit access to life-saving diagnostic imaging services while yielding questionable savings for the Medicare program.

In particular, we are very concerned about MedPAC's recommendation to use prior authorization for imaging services. Prior authorization has never been used in the Medicare program, impedes patient access to needed care, places huge administrative burdens on providers, and has not been shown to reduce costs over the long term. From the perspective of patient advocates, prior authorization would mean placing a barrier between patients and the services their physician believes are necessary, which could lead to delayed or denied care. From the provider perspective, prior authorization means having to devote additional uncompensated physician time as well as staff time to a burdensome administrative process.

The Department of Health and Human Services (HHS) has also expressed concern about the administrative burdens of using prior authorization, as well as the advisability of prior authorization for the Medicare program. In response to a 2008 Government Accountability Office (GAO) report, HHS stated that prior authorization had been "tried and proven unfeasible for Medicare for lack of sufficient administrative resources." Furthermore, private sector experience has shown that the use of prior authorization results in initial declines in imaging use and spending, but that these savings plateau quickly and are not sustained at the same levels over the long term.

As you will recall, AMIC recently shared with MedPAC the Moran Company's independent analysis of 11 years of Medicare claims data, which showed that Medicare imaging volume and spending are declining. Even in light of these downward trends, however, MedPAC has continued to propose further reductions to Medicare reimbursement for imaging services as well as prior authorization, both of which will only further restrict patients' access to these critical services.

Instead of indiscriminately cutting reimbursement and placing impediments between patients and necessary diagnostic and screening services, we urge MedPAC to consider alternatives such as promoting the use of evidence-based, physician-developed appropriateness criteria for imaging services. Physician specialty societies have developed guidelines that can assist practitioners in selecting the *appropriate* imaging modality—the right scan at the right time. The use of such guidelines can reduce utilization and spending without the red tape of prior authorization or the blunt instrument of reimbursement cuts.

Thank you for your attention to this important issue.

Sincerely,



- Access to Medical Imaging Coalition
- Bladder Cancer Advocacy Network
- Chris4Life Colon Cancer Foundation
- Colon Cancer Alliance
- It's My Heart
- Kidney Cancer Association
- Us TOO International Prostate Cancer Education & Support Network
- Women Against Prostate Cancer
- YES! Beat Liver Tumors
- ZERO: The Project to End Prostate Cancer