RAN Update

2018 was another successful year for your ACR RAN. Given the relatively small number of pressing legislative and regulatory issues that arose last year, we chose to use our "extra time" to develop several new exciting initiatives. Under the guidance of Dr. Amy Patel, the TweetChats and Twitter journal club sessions were well attended not only among US radiologists but internationally, producing interesting and informative conversations and establishing new virtual relationships among participants. In fact, our discussion on "Price Transparency" continues as a vibrant conversation on the ACR Engage Open Forum. My hope is that these interactions will serve as a foundation for many of us to nurture new productive and collegial relationships that will continue to flourish at meetings and in virtual programs in the future. As always, we welcome suggestions about future topics and strategies to improve these virtual sessions.

We have also begun increasing our focus on supporting state societies, aiming to meet their needs at the individual state level. In addition to making StateScape legislative summaries available to chapter leaders, we have been working with the State Government Relations (SGR) team to assist state societies in organizing and launching state level "Calls to Action" (CTA's) when local issues require communication of support or opposition from radiological society members to their state legislators.

Finally, with the assistance of a group of state society leaders, we will be developing a new, more comprehensive state advocacy support program. A primary goal includes developing a shared resource repository so that states facing common legislative challenges can benefit from the experience of those state leaders who have already faced those challenges, rather than feeling alone as they "re-invent the wheel". Our hope is to develop a framework providing state radiological society leaders the opportunity to develop productive relationships with one another, and to develop clear and direct lines of communication between state advocacy leaders and ACR staff, making it easier and faster for state societies to take advantage of ACR's many resources. Suggestions and comments are welcome - contact Melody Ballesteros at MBallesteros@acr.org.

As always, it's impossible to know what the year ahead will hold for all of us. But we in the RAN are looking forward to making advocacy initiatives easier and more successful for our members at both the state and federal levels.

David Youmans, MD, FACR
Chair
Radiology Advocacy Network
After many years of being debated primarily at the state level, the issue of “surprise medical bills,” or charges assessed to patients after receiving care from out-of-network (OON) physicians and hospitals they reasonably believe are within their insurer’s network, garnered serious attention from federal lawmakers towards the end of the 115th Congress. ACR submitted detailed comments in October 2018 to the bipartisan Senate Health Care Price Transparency Working Group regarding a draft proposal entitled the “Protecting Patients from Surprise Medical Bills Act.” In addition, a pair of bills formally introduced by Senators Maggie Hassan (D-NH) and Jeanne Shaheen (D-NH) seek to address this controversial issue for both insured and uninsured patients.

Senator Hassan’s bill, S. 3592, the No More Surprise Medical Bills Act, is limited to stopping unanticipated medical bills in the group, or employer-based, health insurance market. First and foremost, the legislation largely prohibits physicians from charging OON patients anything other than in-network rates. The bill also would mandate that these costs count towards patients’ annual deductibles and out-of-pocket cost limitations. An exception to the prohibition on balance billing, however, is granted to physicians so long as they provide patients with an estimate of the costs of the services, as well as obtain oral and written consent 24-hours before delivering the care.

S. 3592 also creates a binding “baseball style” arbitration process for determining appropriate reimbursement for OON physicians when, in limited circumstances, the provider and insurer cannot reach a compromise on payment. This particular alternative dispute resolution (ADR) process is limited to instances when the physician neither provides patients with the required estimate of OON charges, nor obtains the necessary proof of oral and written consent at least 24 hours in advance. Under “baseball style” arbitration, the insurer and physician publicly submit unique “final offers” for review by an independent arbiter. The logic behind making the offers public is to encourage the parties to settle outside of arbitration, as well as to incentivize reasonable bids. Rather than permitting a true independent assessment of the discrete bids, Hassan’s legislation mandates the arbiter review certain corresponding cost information, including in-network and Medicare rates for the service in question.

Senator Shaheen’s bill, S. 3541, the Reducing Costs for Out-of-Network Services Act of 2018, seeks to address the issue of “surprise medical bills” within the individual market. Yet, instead of focusing solely on instances where patients are hit with unanticipated medical bills, the legislation caps the amount of reimbursement that physicians can charge to any OON patient, including those individuals who knowingly and willingly chose care from a provider who is not within their insurance network. More specifically, the legislation instructs an applicable state authority to choose among three options to set an out-of-network charge
limitation including: 1) 125 percent of Medicare fee-for-service rates (FFS); 2) 80 percent of the usual, customary, and reasonable (UCR) payments (with the option of increasing to 200 percent for rural patients); or 3) 100 percent of the insurer’s in-network (i.e. “contracted” rate) for the service in question.

S. 3541 also permits states to establish caps on reimbursement for physicians who treat uninsured patients. Under this scenario, states have the option of picking either 125% of Medicare FFS rates or 80 percent of UCR charges as determined by a database. If a state authority fails to pick one of the acceptable charge thresholds, the default rate is automatically 125 percent of Medicare FFS rate, regardless of whether the patient is uninsured or obtains coverage through the individual market. If the service in question is not covered by Medicare, the Secretary of HHS selects an acceptable rate.

ACR provided detailed comments on both S. 3592 and S. 3541 with each letter focusing on five key themes including:

- Opposition to the term “surprise medical bills” because, in reality, this issue is more appropriately characterized as surprise gaps in insurance coverage;
- Support for and enforcement of more robust network adequacy provisions, including a minimum ratio of hospital-based physicians (i.e. radiologists, pathologists, and anesthesiologists) to patients, as well as maximum geographic, driving distance, and appointment wait time standards;
- Mandating patients who receive a bill due to a surprise gap in insurance coverage only be assessed in-network cost-sharing requirements (e.g. copayments, coinsurance, or deductibles);
- Opposition to bans on balance billing and caps on reimbursement for physicians who treat OON patients. Any attempt to cap reimbursement for physicians treating OON patients must be based on physician charge data captured within a neutral database unaffiliated with the insurance carrier; and
- Permitting physicians the option of pursuing mediation or sequential ADR processes should the OON reimbursement prove insufficient and freeing the arbiter from consulting in-network or Medicare rates for the service in question.

Ultimately, a condensed legislative calendar and a lack of bipartisan support prevented either S. 3592 or S. 3541 from being enacted into law before the conclusion of the 115th Congress. Despite the setbacks, Senators Hassan and Shaheen are expected to reintroduce these bills in the coming months. If the New Hampshire Senators are unable to attract any Republican support, both pieces of legislation face long odds of becoming law. Nevertheless, ACR continues to work with both Senators Hassan and Shaheen to ensure these bills more effectively balance the needs of patients, insurers, and physicians, especially radiologists.
Congress Begins Finalizing Committee Rosters

With the 116th Congress officially commencing on January 3rd, Democrats and Republicans in both the House and Senate are finalizing assignments for the committees with direct jurisdiction over health care. In the Senate, jockeying for positions on the coveted Finance and Health, Education, Labor, and Pensions (HELP) Committees has concluded with Majority Leader McConnell (R-KY) announcing the full membership rosters. As of publication, Democrats and Republicans in the House of Representatives have only announced Chairs and Ranking members, including those serving on the powerful Committees on Energy and Commerce and Ways and Means.

In addition to Senator Charles Grassley (R-IA) assuming the chairmanship following the retirement of Senator Orrin Hatch (R-UT), the Senate Finance Committee features three new Republican members including Senators Jim Lankford (R-OK), Steve Daines (R-MT), and Todd Young (R-IN). Rounding out the GOP Committee roster are Senators Mike Crapo (R-ID), Pat Roberts (R-KS), Mike Enzi (R-WY), John Cornyn (R-TX), John Thune (R-SD), Richard Burr (R-NC), Johnny Isakson (R-GA), Rob Portman (R-OH), Pat Toomey (R-PA), Tim Scott (R-SC), and Bill Cassidy, MD (R-LA).

Senators Maggie Hassan (D-NH) and Catherine Cortez Masto (D-NV) are the two new Democratic members serving on the Senate Finance Committee. Senator Ron Wyden (D-OR) will remain as the Ranking Member with Senators Debbie Stabenow (D-MI), Maria Cantwell (D-WA), Robert Menendez (D-NJ), Tom Carper (D-DE), Ben Cardin (D-MD), Sherrod Brown (D-OH), Michael Bennet (D-CO), Robert Casey (D-PA), Mark Warner (D-VA), and Sheldon Whitehouse (D-RI) filling out the roster.

Freshman Senators Mitt Romney (R-UT) and Mike Braun (R-IN) headline the new GOP members on the Senate HELP Committee. Senator Lamar Alexander (R-TN), who recently announced his retirement effective at the end of the 116th Congress, will remain as the Chairman of the Committee. Additional Republican HELP Committee Members include Senators Enzi, Burr, Isakson, Rand Paul (R-KY), Susan Collins (R-ME), Cassidy, Roberts, Lisa Murkowski (R-AK), and Scott.

For the Democrats, Freshman Senator Jacky Rosen (D-NV) is the only new addition to the HELP Committee. Senator Patty Murray (D-WA) will continue to serve as the Ranking Member joined by Senators Bernie Sanders (I-VT), Casey, Tammy Baldwin (D-WI), Chris Murphy (D-CT), Elizabeth Warren (D-MA), Tim Kaine (D-VA), Maggie Hassan (D-NH), Tina Smith (D-MN), and Doug Jones (D-AL).

With the Democrats assuming control of the House of Representatives, Congressmen Richie Neal (D-MA) and Frank Pallone (D-NJ) assume the gavels in the Committees on Ways and Means and Energy and Commerce, respectively. Representatives Kevin Brady (R-TX) and
Greg Walden (R-OR) will serve as the Ranking Members on Ways and Means and Energy and Commerce, respectively. Although the official announcements are still pending, it is widely anticipated that Representatives Lloyd Doggett (D-TX) and Anna Eshoo (D-CA) will serve as respective Chairs of the Ways and Means and Energy and Commerce Health Subcommittees. Representative Michael Burgess, MD (R-TX) is expected to serve as Ranking Member on the Energy and Commerce Health Subcommittee and Representative Devin Nunes (R-CA) is the front runner for Ranking Member on the Ways and Means Health Subcommittee.

The American College of Radiology’s (ACR) Government Relations office has strong relationships with House and Senate members serving on the health care committees of jurisdiction and we look forward to working with these elected officials in the 116th Congress. ACR RAN members with Senators and Representatives serving on these key committees are urged to stay in close contact with these elected officials.

State Government Relations

ACR tracks the following bills in your state:

Out of Network/Balance Billing

When physicians and insurers are unable to come to agreement on a payment contract, physicians are considered to be “out-of-network” and beneficiaries of those plans may still receive care from out-of-network physicians who are contracted with in-network facilities. The facility based physicians still have an obligation to treat the patients, particularly in emergency settings, due to federal EMTALA regulations.

Many plans offer little or no reimbursement for care delivered outside of their network, thus the physicians may remit the balance of the bill to the patient. Balance billing is a symptom of a much larger problem—surprise gaps in insurance coverage due to inadequate insurance networks. Insurers continue to move towards “narrow” networks; however, in the instances where such networks have inadequate access to specialty providers, the likelihood of receiving a balance bill increases dramatically.

On the federal side, the lawmakers on both sides of the aisle are interested in tackling legislation to curb surprise medical billing, the issue has gained prominence on Capitol Hill, and Senate health committee leadership has identified it as a top policy priority for 2019.

In the absence of a federal ‘solution’, many state legislators are considering proposals to protect patients from balance bills in the 2019 session and we encourage our chapters to work with their respective state legislators and other stakeholders in negotiations for a balanced and fair solution. As of 1/16/2019, sixteen state legislatures are working on legislation related to balance billing. You can view a report of Balance Billing [here](#).
RADPAC Update

RADPAC is celebrating its 20th year anniversary in 2019.

To commemorate 20 years of advocacy and dedication to radiology and its patients, RADPAC will host its Gala at the historic Washington National Cathedral on the evening of Tuesday, May 21.

In an effort to include more contributors in the RADPAC Gala, RADPAC has created the following new contribution tiers:

- Contributors of $750—$999 will be eligible for one ticket to the Gala
- If an RFS members is a “plus 1” for a $1,000 contributor they must make a $50 contribution to RADPAC before the end of 2019
- YPS members are eligible for 1 ticket to the Gala with a $500 contribution
- RFS members are eligible for 1 ticket to the Gala with a $50 contribution

As in the past, contributors of $1,000 or more will be eligible for two tickets to the Gala

If you plan on attending this momentous event please RSVP here.

20 for 20 Campaign

As part of the 20 year celebration of RADPAC, we are launching a new campaign this year. The $20 for 20th campaign – which is a pledge to contribute $20 per month for 2019. There will be special recognition for those who participate in this Campaign. For more information on the campaign, please contact Melody Ballesteros.

RADPAC by the Numbers

We are pleased to announce that even with two Radiologists running for congress this past election, RADPAC continued to produce impressive numbers for 2018.

Total Contributors for 2018—3,011

Total Contributions for 2018—$1,232,480

Total Outstanding Practices for 2018—74

For more information, contact:
Melody Ballesteros
mballesteros@acr.org
RSNA 2018 Tweet Chat

The RAN hosted its 2nd Annual Tweet Chat at RSNA 2018 on the topic of "Price Transparency." The discussion was far reaching, with over 100,000 impressions and a variety of participants from all career levels as well as patient advocates and health policy leaders. A summary of the Tweet Chat can be found here: RAN #PriceTransparency.

Price Transparency

Nate Coleman, MD
Indiana University School of Medicine
4th Year Residency

There has already been much ado made about new CMS policy which went into effect on January 1, requiring all hospitals to post price information online. Superficially, this is a win for advocates of improved price transparency and patients everywhere. As with everything in healthcare however, reality is not so simple. The vast majority of price lists are difficult to find and generally incomprehensible to the average layperson. Additionally, chargemaster prices for hospitals are often meaningless for patients with third-party insurance, as payors negotiate privately and aggressively with hospitals regarding what they will ultimately pay for a given service.

This illustrates one of the greatest challenges overshadowing all discussions of price transparency and the economics of healthcare in the United States. To quote the great 20th century philosopher Drew Carey, “welcome to the show where everything is made up and the points don’t matter.” In other words, chargemaster prices are arbitrarily set to maximize negotiating power of hospitals, payors privately negotiate alternative reimbursement rates, and patient’s themselves pay out-of-pocket deductibles which vary dramatically base on their coverage plans. This has confounded the healthcare market for decades, and, precluding major unforeseen legislation, will not be changing anytime soon.

Numerous questions quickly arise when wading into the discussion of healthcare transparency: what qualifies as transparency? Who is transparency for? Does transparency matter to patients when searching for healthcare options? Most patients still rely primarily on referrals from their primary physicians, and efforts to empower patients with pricing tools has had limited success. Clearly, simply listing hospital chargemaster prices leaves something to be desired. At the very least, we should take inspiration from California, which requires the posting of procedures and their prices in clear, understandable lay-terms. However, this still only provides chargemaster prices for the given procedures. This begs the question: what does “better” transparency look like, and how could patients actually use that information? A recent NEJM Catalyst article highlights four potential goals of transparency: do right by
patients, lift the veil of healthcare costs, facilitate price shopping, help providers ensure pa-
tients can afford their care. Given the varied insurance plans, or lack thereof, of patients, this
is easier said than done. A patient with a low deductible plan will always have different con-
cerns than patients with a high deductible than patients with no insurance, and those pa-
tients will ultimately receive different bills for medical services rendered, even if they under-
went identical procedures. These differences are further magnified depending on the setting
of care, with inpatient hospital services routinely priced at double what the same service may
cost in an outpatient center.

Current reimbursement and referral models may ultimately preclude real “price shopping“ by
patients. And maybe that’s not the goal. However, empowering patients and physicians with
real pricing information is a worthy enough aim on its own. It just cannot be the end game for
advocates, physicians, patients, and legislators interested in improving care and reducing
costs. Ultimately, consumerism will always be hindered in healthcare without a level “paying
field“ i.e. same cost for the same service and with quantifiable results. Posting chargemaster
prices online is an admirable initiative, but does little to clear the murky waters for patients,
or their physicians, who are all too often just as uncertain of the billable costs of care. Facili-
tating price transparency must be only a first step towards more robust comparative effec-
tiveness efforts and full patient autonomy, not an end unto itself.

For more information, contact:
Melody Ballesteros
mballesteros@acr.org
David Theriot, MD  
Emory, 4th Year Radiology Resident

For a week in July 2018 I served as a Rutherford-Lavanty fellow at the Government Relations Office of the American College of Radiology in Washington D.C.

As a current R4 training in Atlanta, I had the honor of participating in this fellowship through sponsorship from the Georgia Radiological Society through the J. Daniel Hanks Jr. Fellowship in Governmental and Regulatory Affairs. The experience was an intensive headfirst dive into the on-goings and endeavors of the ACR staff at the government relations office. During the fellowship, activities included: advocating at the state level, attending fundraiser events with several congress people, and participating in one-on-one meetings with staffers.

We visited with the offices of Georgia Senators Johnny Isakson and David Purdue, which included a private staff-guided tour of the Congressional office buildings. Our #advocacy efforts also reached the House with multiple fundraiser events for representatives across party lines including Congressman Andy Barr of Kentucky and Congresswoman Linda Sanchez of California. These events included one-on-one conversations with lawmakers who have the ability to impact the future of our patients and our ACR members for years to come. To prepare fellows for these meetings and advocacy events, the ACR staff breaks down pressing issues, provides informative materials, and helps the fellows practice numerous talking points.

By the end of the week, I was empowered and able to lead advocacy discussions on a multitude of issues during our meetings. Through the guidance and mentorship of the phenomenal team at the government relations office, I heightened my appreciation and understanding for all the current and future efforts of the ACR. I strongly recommend this experience to anyone with an interest in radiology advocacy and physician involvement in government affairs. I left my fellowship with an enriched understanding of the impact that advocacy has on both the care of our patients and the ultimate success of our field.
JT Rutherford-Lavanty Fellowship 25th Year Anniversary

The JT Rutherford-Lavanty Fellowship celebrated 25 years at RSNA in Chicago. To commemorate a quarter century of advocacy education for our members in training, a new award was established. The Richard Duszak, MD, FACR Advocacy Award for Rutherford-Lavanty Fellows, will be awarded annually to a former R-L Fellow who has shown exemplary dedication to advocacy beyond training and in their professional careers.

The first recipient of this award was Scott Truhlar, MD, MS, MBS, FACR (class of 2002). Dr. Truhlar is a diagnostic radiologist who practices in Iowa City, IA. Since completing his Fellowship Dr. Truhlar has been heavily involved within the ACR in various roles that range from, but are not limited to: RADPAC Board, Commission on Membership and Communication, ACR Bulletin Editorial Advisory Group, RLI Ambassador, and President of the Iowa Radiological Society. This list does not even begin to scratch the surface of Dr. Truhlar’s commitment to radiology, its patients and the ACR. He has set a high standard of what it takes to be recognized with this award.

We are grateful for his dedication and many years of volunteerism. Though Dr. Truhlar was unable to physically be present to receive this award his accomplishments were celebrated by all those in attendance.