February 1, 2024

The Honorable Mike Braun
U.S. Senate
404 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Chuck Grassley
U.S. Senate
135 Hart Senate Office Building
Washington, D.C. 20510

The Honorable John Hickenlooper
U.S. Senate
374 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Bernie Sanders
U.S. Senate
332 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Tina Smith
U.S. Senate
720 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Sanders, Senator Braun, Senator Grassley, Senator Hickenlooper, and Senator Smith:

The American Society of Nuclear Cardiology (ASNC) and the American College of Cardiology (ACC) write in regard to the "Health Care PRICE Transparency Act 2.0" (S. 3548), which would require price transparency of imaging services. ASNC and ACC agree that the cost of health care needs to be more transparent. We are supportive and dedicated to ensuring patients have access to the information necessary to make informed decisions about their health; however, ASNC and ACC believe the requirements of this provision are misplaced.

We are concerned regarding the implications of Section 4, which **poses an unnecessary administrative burden on already strained physician practices** and will not result in a patient-centric solution to price transparency. Section 4 would likely impact the vast majority of physicians, ranging from small family practices to specialists—all of whom provide imaging services in the office setting. According to the proposed Section 4, providers and suppliers of certain "shoppable" imaging services will be required to disclose: 1) the gross charge for a specified service; 2) the discounted cash price for a specified service; and 3) the de-identified maximum and minimum negotiated charges, as applicable, for each such item or service.

The section creates potential significant ambiguity for physicians with hospital privileges but without direct employment by the hospital for complying with the

requirement to disclose payor-specific negotiated charges. The lack of clarity in navigating such a process, coupled with the absence of standardized procedures and efficient provider-to-provider communication, presents an onerous challenge for physician practices and may create more confusion for patients. Further, it is unclear how de-identified minimum and maximum negotiated charges for specific services, which could include pricing for multiple payers and plans made available by the imaging provider or practice, will facilitate consumer decision-making as they seek to understand out of pocket costs for a health care service. Instead, this is likely to lead to more patient confusion.

Physician practices have always worked to ensure patients in their communities have access to high-quality, affordable services, and access to the information necessary to make care decisions. In collaboration with the physician community, Congress successfully passed the *No Surprises Act,* a significant milestone that limits the financial responsibilities of patients and guarantees good faith estimates. Requiring physician practices to disclose a variety of prices appears redundant to the intent of the good faith estimates mandated by the *No Surprises Act.* Providing good faith estimates, while essential, has already introduced a degree of administrative complexity to practices. Introducing additional requirements on top will necessitate new and distinct workflows that will only exacerbate these challenges.

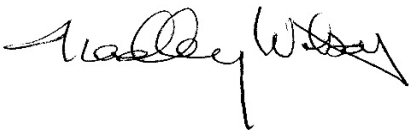
Finally, we commend the work of the Congress and Administration to establish a standard of transparency for health plans and issuers that better aligns with the goal of helping patients understand their out-of-pocket costs.[1] Effective January 1, 2024, health plans and issuers must make price comparison information available for all covered items and services. Given the requirements of health plans and issuers to make price information available to their enrollees for all covered items and services, requiring all imaging providers to post the de-identified minimum and maximum negotiated charges for specific services would be duplicative of the more effective payer requirements.

In conclusion, we advocate for a streamlined approach that avoids unnecessary duplication of efforts and administrative complexities. We firmly believe that price information should be centralized and disseminated through health plans, making it more accessible and comprehensive to patients. We believe the core of any reform should be centered around empowering clinicians to deliver care that is of the highest quality and value driven. We urge Congress to continue to address the important issue of healthcare price transparency while not adding additional burdens to physician practices that will only threaten patient access to care.

ASNC and ACC are hopeful for an opportunity to continue dialogue on this issue, and we offer ourselves and our members as a resource to you. For more information or questions, please contact Camille Bonta, ASNC policy advisor, at (202) 320-3658 or cbonta@summithealthconsulting.com or Rachel Kosh, ACC Associate Director of Legislative Affairs, at (202)375-6416 or rkosh@acc.org.

[1] https://www.cms.gov/healthplan-price-transparency/plans-and-issuers

Sincerely,



Lawrence Phillips, MD, FASNC B.
President
American Society of Nuclear Cardiology

Hadley Wilson, MD, FACC
President
American College of Cardiology