



December 11, 2023

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

Dear Speaker Johnson and Minority Leader Jeffries:

The American Society of Nuclear Cardiology (ASNC) writes in regard to Section 103 of the “Lower Costs, More Transparency Act” (H.R. 5378), which would require price transparency of imaging services. While making the cost of health care more transparent can have beneficial effects, ASNC believes the focus of this provision is misplaced.

Beginning Jan. 1, 2024, group health plans and issuers of group and individual health insurance must make price comparison information available for all covered items and services. This information is designed to help consumers better understand the costs associated with their health care. According to the Centers for Medicare and Medicaid Services (CMS), this information must be made available through an internet-based, self-service tool and in paper form, upon request.¹ Unlike an explanation of benefits typically provided to consumers after receiving care with price and cost-sharing information, consumers will have access to this type of information before receiving care. With this information, consumers can compare prices and better estimate potential out-of-pocket costs.

According to proposed Section 103, providers and suppliers of certain “shoppable” imaging services will be required to disclose: 1) the discounted cash price for a specified service; and 2) “if required by the Secretary,” the de-identified minimum and maximum “payer-specific” negotiated charge for each specified service.

Given the requirements of health plans and issuers to make price information available to their enrollees for all covered items and services, if the Secretary utilizes the authority to require all imaging providers to post the de-identified minimum and maximum payer-specific negotiated charge for specific services, it would be duplicative of payer requirements, imposing an unnecessary administrative burden on physician practices, including because of the large number of insurers and health plan policies that any one physician practice may accept.

We firmly believe it should be the responsibility of health plans and issuers to provide price information to their enrollees. Consumers must be able to compare prices among in-network providers which is most easily facilitated by the health plan or issuer. It is unclear how de-identified minimum and maximum payer-specific negotiated charges for specific services, which could include pricing for multiple payers and plans, made available by the imaging provider or

¹ <https://www.cms.gov/healthplan-price-transparency/plans-and-issuers>



practice will facilitate consumer decision-making, and, could instead lead to consumer confusion.

Most physician practices already make cash price information to patients upon request. Any requirements in this regard should be accompanied with the least amount of administrative burden possible on physician practices.

Section 103 would likely impact the vast majority of physicians, ranging from family practice to specialists — all who provide imaging services in the office setting. We respectfully request that Congress not create the potential for unnecessary administrative burden on physician practices.

ASNC is hopeful for an opportunity to continue dialogue on this issue and offers itself and its 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.

Sincerely,

Mouaz Al-Mallah, MD
President, American Society of Nuclear Cardiology

cc: Ways and Means Chairman Jason Smith
 Ways and Means Ranking Member Richard Neal
 Energy and Commerce Chairman Cathy McMorris Rodgers
 Energy and Commerce Ranking Member Frank Pallone