



May 8, 2020

We are writing on behalf of the nuclear medicine industry, healthcare providers, and patients, to thank you for the efforts to provide much needed resources to hospitals, physicians and the healthcare professionals that are on the frontline helping patients combat COVID-19 infections. As hospitals adjust to maintaining surge capacity to treat COVID-19 patients, many are reopening their facilities to non-COVID-19 patients. We urge you to take immediate action to ensure patient access to diagnostic radiopharmaceutical drugs involved in precision medicine that aid in the detection of cancers, cardiovascular conditions and neurological disorders that could be exacerbated by COVID-19 and its impact on access to treatments.

Over 20 million Americans benefit annually from nuclear medicine procedures. Diagnostic radiopharmaceuticals are FDA-approved drugs used in all nuclear medicine imaging studies to diagnose the severity of disease. These high-precision, diagnostic drugs both image an organ's anatomy and determine its function optimizing a physician's ability to evaluate and provide effective therapies for patients suffering from Alzheimer's, Parkinson's, cardiovascular conditions, cancer, and other diseases.

Nuclear medicine and molecular imaging procedures are safe, non-invasive, and often cost-effective: they provide medical information that would otherwise be unavailable – or that would be available only through surgery or more expensive diagnostic tests. With some molecular imaging procedures, physicians can determine – almost in real-time – the effectiveness of a treatment, allowing them to offer patients highly-targeted therapies and to ensure that higher doses of medicine are directed more precisely at problem areas.

There is emerging evidence that COVID-19 infection is not limited to the respiratory system, but in fact, may directly infect and damage the heart and other organs systems. Reports in [The New York Times](#), [The Washington Post](#) and medical journals chronicle experiences of patients that present to emergency departments with apparent cardiac and neurological ailments and, after diagnosis, are found to be COVID-related conditions. While the long-term effects of this disease are still unknown, patients that survive COVID-19 may eventually benefit from further diagnosis using nuclear medicine.

The coronavirus pandemic and surge of COVID-19 cases have forced many healthcare providers to make difficult decisions about reducing operations, taking pay cuts, and furloughing staff. Experts from Yale School of Management [are predicting](#) radiology practices and radiology departments could expect volume decreases as high as 70% for the next several months, depending on their state and their ability to provide services with the appropriate level of infection control. Some hospital systems are projecting [losses in the billions](#) as routine health services are cut, and many small practices are [struggling](#) to meet short-term obligations, such as payroll and rent. Even as non-emergent elective procedures are made available again, infection control for imaging services will increase overall costs – putting further stress on available resources.

Nuclear medicine was already facing significant reimbursement challenges for innovative, precision diagnostic drugs that hindered patient access at readily accessible healthcare facilities and limited the ability of new, more effective diagnostic imaging technologies to penetrate the market. The Centers of Medicare and Medicaid services (CMS) began policy packaging all diagnostic radiopharmaceuticals in 2008 and often times that reimbursed rate of the bundle is less than the cost of the innovative diagnostic radiopharmaceutical drug, which results in underpayments to hospitals.

The undersigned organizations have been working in a coalition with patient groups to support the “Medicare Diagnostic Radiopharmaceutical Payment Equity Act of 2019” (H.R. 3772), which would safeguard access to the most appropriate diagnostic radiopharmaceuticals and encourage innovation and development of additional imaging drugs that will be used in the future to improve patient care. With the enhanced financial pressure hospitals are under as a result of the COVID-19 pandemic, we are concerned hospitals will be reluctant to again offer innovative nuclear medicine services because of inadequate reimbursement imposed by existing Medicare policy payment methodologies.

As Congress contemplates additional policies to support the healthcare system, it is necessary to ensure that Americans continue to have access to the most effective diagnostic drugs available today to better understand the scope of COVID-19 on survivors of the disease. We must also meet the demand to diagnose heart disease, cancer, neurological and other conditions that have gone undiagnosed and untreated due to the cancellation of non-emergent elective procedures. Therefore, we urge Congress to consider including H.R. 3772 in the next COVID-19 relief package.

Thank you for your consideration of this important matter.