

February 14, 2025

The Honorable Brett Guthrie  
Chairman  
Energy and Commerce Committee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Frank Pallone  
Ranking Member  
Energy and Commerce Committee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Jason Smith  
Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairman Guthrie, Ranking Member Pallone, Chairman Smith and Ranking Member Neal:

The undersigned cardiovascular medical societies representing virtually all practicing cardiologists in the United States write in regard to the *Lower Costs, More Transparency Act* (H.R. 5378) as passed by the House in December 2023. Specifically, we write with regard to Sec. 103, “Imaging Price Transparency.”

Our societies agree 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, **we believe the requirements of Sec. 103 are misplaced and request revisions to this section should there be efforts to reintroduce the bill in the 119th Congress.**

We are concerned regarding the implications of Sec. 103, which **poses an unnecessary administrative burden on already strained physician practices** and will not result in a patient-centric solution to price transparency. Sec. 103 would likely impact the vast majority of physicians, ranging from small family practices to specialists—many of whom provide imaging services in the office setting. According to the proposed Sec. 103, providers and suppliers of certain “shoppable” imaging services will be required to disclose: 1) the discounted cash price for such service (or, if no such price exists, the gross charge for such service); and 2) if required by the Secretary, the de-identified minimum payer-specific negotiated charge for such service and the de-identified maximum payer-specific negotiated charge for such service.

**While we appreciate the discretion afforded to the Secretary in requiring providers to disclose de-identified minimum and maximum payer-specific negotiated charges, we ask that physician offices be excluded from this requirement.**

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.

**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.

**Finally, we commend the work of the Congress and previous Administrations 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.**<sup>1</sup> Effective January 1, 2024, health plans and issuers were required to 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, and less useful, 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 health care price

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

transparency while not adding additional burdens to physician practices that will only threaten patient access to care.

Our organizations 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, policy advisor, American Society of Nuclear Cardiology, at (202) 320-3658 or [cbonta@summithealthconsulting.com](mailto:cbonta@summithealthconsulting.com) or Adrienne Mortimer, Associate Director, Legislative Affairs for the American College of Cardiology, at (202) 375-6676 or [amortimer@acc.org](mailto:amortimer@acc.org).

Sincerely,

American College of Cardiology

American Society of Echocardiography

American Society of Nuclear Cardiology

Heart Rhythm Advocates

Society for Cardiovascular Angiography and Interventions

Society of Cardiovascular Computed Tomography

Society for Cardiovascular Magnetic Resonance