



May 13, 2025

The Honorable Mark Green
U.S. House of Representatives
2446 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Kim Schrier
U.S. House of Representatives
1110 Longworth House Office Building
Washington, D.C. 20515

The Honorable Greg Murphy
U.S. House of Representatives
407 Cannon House Office Building
Washington, D.C. 20515

Dear Congressman Green, Congresswoman Schrier and Congressman Murphy,

The American Society of Nuclear Cardiology (ASNC) is pleased to offer its endorsement of the *Reducing Medically Unnecessary Delays in Care Act of 2025* (H.R. 2433). We are grateful for your leadership and for prioritizing the need for policy changes that help to ensure our nation's seniors receive timely access to medically necessary care.

Heart disease is the leading cause of death for men and women in the United States. There are many tests that can be used to diagnose cardiovascular diseases and conditions. Which test is ordered by a physician should be based on a variety of factors including symptoms, medical history and an individual's physical characteristics. Too often, however, decisions are taken out of the hands of physicians and made solely on the basis of cost.

Prior authorization policies that deviate from Medicare coverage criteria ignore current evidence, disregard the value of shared decision-making, are disruptive to patient care and add burden to clinicians who spend countless hours every week appealing to payers to cover prescribed tests and treatments. New requirements for prior authorization decisions by Medicare contractors, Medicare Advantage (MA) plans and prescription drug plans are needed, such as those in H.R. 2433 which stipulate that prior authorization decisions be based on evidenced-based standards and with the input from physicians.

Among the important provisions in your bill is the requirement that preauthorizations and adverse determinations be made by a licensed, board-certified physician who "typically manages the medical condition or disease or provides the health care service" being requested. Cardiovascular disease is complex and every patient is different. For cardiovascular diagnostic imaging, it has become concerningly common for health plans to require a single imaging modality as a first-line test for every patient. This is not good patient care and reform is needed to end these types of harmful practices.

Without enactment of prior authorization reforms, such as those contained in H.R. 2433, patients will remain vulnerable to care delays and inappropriate coverage denials. ASNC members will



be on Capitol Hill on June 3, and we intend to make cosponsorship of H.R. 2433 a top request of congressional offices. Should you require additional information, please contact ASNC policy advisor Camille Bonta at (202) 320-3658 or at cbonta@summithealthconsulting.com.

Sincerely,

A handwritten signature in black ink, reading "Panithaya Chareonthaitawee".

Panithaya Chareonthaitawee, MD
President
American Society of Nuclear Cardiology