



## The Society For Pediatric Radiology

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## The SPR Research and Education Foundation

January 19, 2017

The Honorable Paul Ryan  
Speaker, U.S. House of Representatives

The Honorable Mitch McConnell  
Majority Leader, U.S. Senate

The Honorable Nancy Pelosi  
Minority Leader, U.S. House of Representatives

The Honorable Charles Schumer  
Minority Leader, U.S. Senate

The Honorable Kevin McCarthy  
Majority Leader, U.S. House of Representatives

The Honorable John Cornyn  
Majority Whip, U.S. Senate

The Honorable Steny Hoyer  
Minority Whip, U.S. House of Representatives

The Honorable Richard Durbin  
Minority Whip, U.S. Senate

Dear Speaker Ryan, Majority Leader McConnell, Minority Leader Pelosi, Minority Leader Schumer, Majority Leader McCarthy, Majority Whip Cornyn, Minority Whip Hoyer, and Minority Whip Durbin:

The members and leaders of The Society for Pediatric Radiology (SPR) representing over 2,000 physicians dedicated to excellence in pediatric medical imaging, look forward to working with the 115<sup>th</sup> Congress to ensure our small patients and their families continue to have access to affordable, high-quality health coverage, preventive services, and patient-centered care. The SPR members, together with the majority of the nation's pediatric specialty physicians, stress the importance of access to meaningful health coverage for all Americans – including children.

We urge the utmost caution with respect to the repeal of the Patient Protection and Affordable Care Act (ACA). We fear abrupt action would have a profoundly negative impact on our entire health care system and could have the immediate impact of reducing access to care for children and for the 200 million + people who currently have health care coverage through the individual, small group, and employer-based markets, as well as Medicaid.

We urge similar caution in the reduction in funding to CHGME – (Children's Hospital Graduate Medical Education). Note: access issues are not limited to primary care. Specialty shortages and payer network exclusions limit children's access to age-appropriate and timely health care services. Pediatric specialists are in short supply in key specialties, including mental and behavioral health. Training dollars for graduate medical education in pediatrics through the CHGME program are less than half of comparable dollars for training providers through Medicare Graduate Medical Education (GME). Furthermore, nationally defined health care network adequacy standards for children lack meaningful pediatric specificity. These standards are modeled on adult programs and result in children's limited access to pediatric providers. Growing, developing children have different health care needs than adults, and the lack of pediatric specificity complicates these financial, access and training challenges.

Over the past two decades our nation has made significant progress towards extending health care coverage to the uninsured and children. We have implemented reforms providing patient-centered protections that prohibit predatory practices by insurance companies that make the acquisition of health coverage overly complex and difficult for individuals. Pediatric specialty organizations have long supported policies that promote access to health care coverage for all Americans. We remain committed to that goal. Key reforms enacted over the past decade, specifically those included in the ACA and Children's Health Insurance Program (CHIP) have driven the uninsured rate to historic lows, helped ensure access to essential benefits, and strengthened consumer protections for all Americans.

Our view is that these are steps in the right direction but, as with any innovation, there have been ample opportunities to learn, especially, how the ACA could have been different and better. We encourage the 115<sup>th</sup> Congress to take historic action that builds upon the progress in access to care, fosters competition and choice, ensures well-functioning insurance markets, promotes patient-centered care, and encourages innovation.

Our organization's members are the specialty physicians who provide care each day to your constituents – children – in communities large and small, rural and urban, wealthy and poor across the country. We are clinicians and patient advocates. We are the physicians families come to when their children are sick. Every day our members see the importance of access to high-quality, cost-efficient health care for our patients and their families.

We are committed to working with you to identify and discuss policies that will ensure accessibility and affordability for individuals and families at all income levels. As you consider reforms and revisions to current law and our current health care system, we ask you to consider:

- Do not increase the number of uninsured: Individuals with health insurance coverage should not become uninsured as a result of any legislative or administrative short-term actions or inactions. Individuals, who have already secured health care coverage, including those insured as a result of Medicaid expansion, should retain that coverage. Furthermore, individuals should be protected from loss of coverage that could result in a destabilized individual and small group market. Consider the stress on families already burdened with sick children.
- Ensure a viable health care safety net. There should be a viable, equitable safety-net health care program for low-income children, youth and adults including those enrolled in Medicaid. We urge you to ensure that the basic functions of the safety-net are universal, meaning low income individuals are guaranteed health care coverage that is equitable to such coverage in any other state. We support continuation of incentives for additional states to expand Medicaid and those that have expanded to keep it. Proposals to promote state innovation should be considered provided that they do not weaken this safety-net.
- Ensure vital patient protections in the health insurance marketplace, including:
  - Policies prohibiting health insurers from imposing annual and lifetime caps on benefits should be retained and made applicable to all insurers, public and private. A child with cancer could expend his/her lifetime cap for coverage before reaching puberty.
  - Insurance reforms that prevent discrimination against individuals in the insurance market must be preserved. Specifically, individuals should not be denied health care coverage, charged higher premiums, or have their coverage canceled based upon a current or preexisting health care condition, color, national origin, sex, disability, family history, race, or gender.
  - All health insurance products should cover fundamental benefits including coverage, at no out-of-pockets cost to insured persons, to those preventive care and vaccines identified by the United States Preventive Services Task Force, the Advisory Committee on Immunization Practices, the Women's Preventive Services Initiative, Bright Futures, and other designated evidence-based assessment entities. We oppose changes in covered benefits that could undermine women's access to care, including elimination of contraception and maternity care as covered essential benefits.
  - Premium assistance and cost-sharing reduction subsidies aimed at assisting qualifying individuals with the purchase of health care coverage and/or paying their deductibles and co-pays should be preserved; any proposals to alter such subsidies should provide, at minimum, comparable assistance especially for lower-income persons who otherwise would be unable to afford coverage and services.
  - The individual and small group markets should be protected. Our organization is deeply concerned that legislative actions may de-stabilize the insurance market, driving insurers out of the individual and small group markets, thus decreasing access to health care coverage and raising costs for millions of people.

We support consideration of proposals to stabilize insurance markets by providing eligible persons more choice of insurance plans that offer coverage that is comparable to the benefit, cost-sharing, and consumer protections established by current law, and that encourage younger people to participate without undermining protections for older and sicker persons.

Our members urge you to work collaboratively, in a bipartisan manner to ensure that current essential patient-centered protections created by the ACA and other laws, especially those cited above, are preserved. Pediatric Radiologists stand ready to work with you to recognize and support the vital role that specialty care physicians play in providing high-quality, accessible and cost-effective care to all types of patients.

Thank you for the opportunity to share these concerns and recommendations. Please consider us a resource as you move forward. Our members would be happy to partner with you to preserve the health care coverage gains achieved, and to continue to find ways to improve the quality of health care for all Americans.

The American people need your help.

Respectfully,



James S. Donaldson, MD, FACR  
Chair, SPR Board of Directors  
Chairman, Department of Medical Imaging  
Ann & Robert H. Lurie Children's Hospital of Chicago



Diego Jaramillo, MD, MPH  
President, The Society for Pediatric  
Radiology

Cc: The Honorable Tom Price