



March 2, 2010

Susan Nolan
NCOIL Executive Director
385 Jordan Road
Troy, NY 12180

Dear Ms. Nolan:

RE: COMMENTS ON DRAFT NCOIL MODEL

The American College of Radiology (ACR)—a professional organization representing more than 36,000 radiologists, radiation oncologists, medical physicists, interventional radiologists and nuclear medicine physicians—appreciates the opportunity to comment on the draft NCOIL model legislation for balance billing.

While we support efforts to promote transparency in health care, our members have expressed concern over modeling future language after laws recently passed in Louisiana and Texas. We feel that inadequate time has passed to determine whether the laws in Louisiana and Texas have unintended consequences on delivery and standards of care. As such, we would respectfully urge you to consider limiting the scope of the model legislation to provisions related to health insurers.

We believe health insurers are in the best position to educate consumers about their coverage limits and financial responsibilities they may incur when exceeding or going outside of those coverage limitations. Although we believe that patients who choose to pay higher premiums for health policies that cover out-of-network services should not face additional hospital charges that exceed those outlined in the particular policy, we also believe the burden of ensuring the patient does not get balance billed rests with the insurer. We would recommend that the language from the American Medical Association's model bills on Accurate Provider Directories and Network Standards be considered for inclusion in the proposed legislation.

Health insurers must commit to offering providers fair market value reimbursement in order to create adequate provider networks for their consumers. While we acknowledge that balance billing is a concern, the hospital-based physicians who provide care to patients deserve the right to bill and to be reimbursed for their services. We are concerned that the physician's ability to negotiate fair market value contracts is significantly diminished by the increased pressure to accept the rates offered by the health insurers and to be pressured into network participation. If the underlying goal is to establish a transparent and extensive network of participating physicians, there should be

equal pressure on health insurers to negotiate fair market value reimbursement rates with providers.

We find that the option of providing patients with "good faith estimates" prior to receiving medical treatment will prove to be a significant burden. We must underline that due to the nature of the sub-specialty radiologists are not on the front line of interaction with patients and may not always be aware of what coverage the patient has purchased. Moreover, prior to performing diagnostic imaging procedures, the orders of the referring physician may be changed to receive the optimum image results. Implementation of this concept, as outlined in the model legislation, will strain hospital and provider groups' resources and has the potential to ultimately interfere with the delivery of timely care to patients.

The ACR welcomes the opportunity for continued dialogue with the NCOIL on this or other issues of mutual interest. Should you have any questions on the comments addressed herein, or if we can otherwise be of assistance, please do not hesitate to contact me or Eugenia Krimer Brandt at ebrandt@acr-arrs.org, or at (703) 715-4398.

Sincerely,

A handwritten signature in cursive script that reads "James H. Thrall M.D.".

James H. Thrall, M.D., FACR
Chair, Board of Chancellors