



March 31, 2025

The Honorable Doug Collins  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Ave NW  
Washington, DC 20420

Dear Secretary Collins:

The American College of Radiology (ACR), a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists, writes to express our support for the Veterans Health Administration's (VHA) National Teleradiology Program (NTP) and its critical necessity to Veterans' access to timely, high-quality care.

Since it was established in 2006, the NTP has become a crucial component of VHA imaging services. The program has grown to serve over 130 VA medical centers, as well as outpatient clinics and community-based outpatient clinics (CBOCs), and provides diagnostic and subspecialty imaging services. In addition to delivering imaging services during standard daytime hours, the NTP handles off-hours outpatient and hospital radiology services and allows for 24/7 coverage of imaging studies performed at emergency departments in the VA system.

ACR is concerned about the impact of the VA's implementation of the "Return to In-Person Work" memorandum on veteran patients who rely on the NTP for access to radiology physicians. These physicians remotely provide the professional component of veterans' radiology care, including interpretation of radiographs ("x-rays"), CT, ultrasound, nuclear medicine, mammography, and MRI studies, and other imaging exams. Without an appropriate exception for radiologists providing care under the NTP, veterans will face longer wait-times for imaging results, delays in diagnosis and treatment, and lower quality of care, all of which will lead to worse outcomes and an overall decline in veterans' health.

By removing access to remote radiologists, inpatient, outpatient, and emergency departments will experience delays in the interpretation of critical imaging studies, which are often needed immediately to make urgent clinical decisions or risk the negative consequences of delayed diagnosis. Additionally, if teleradiology services are restricted, the workload of on-site radiologists will increase, leading to further delays in timely study interpretations, burnout, and higher turnover rates. We respectfully ask that you minimize any disruptions to the NTP and the expeditious, timely care it enables veterans to receive.

The VA also plays a critical role in the training of physicians, including radiologists. The VA's implementation of this order could have a significant negative impact on these vital training programs. Without the NTP, there could be fewer radiologists to supervise trainees, less time for

each faculty member to devote to teaching, exposure to a smaller volume of cases for medical students and radiology residents, decreased availability of radiologists with expertise in different imaging subspecialties, and an overall lower quality educational experience.

Disruptions to the NTP will impact the efficiency of imaging services and have profound, long-term consequences on both patient outcomes and medical staff retention. Therefore, we respectfully urge you to take corrective action to ensure continued access to care for veteran patients.

The ACR greatly appreciates your careful consideration of this issue and your ongoing commitment to maintaining high-quality healthcare for America's veterans.

Sincerely,



Dana H. Smetherman, MD, MPH, MBA, FACR, FSBI  
Chief Executive Officer