**Additional Issue Background and ACR Position**

(Issues/Legislation you may be asked about during your meeting)

**Artificial Intelligence (AI)**

The ACR, with its Data Science Institute (DSI), has long advocated the radiology perspective on AI safety and performance, model transparency, bias mitigation/nondiscrimination, responsible medical use, radiologist access to useful innovation, and appropriate payment policy.

ACR Position: Many radiologists are using AI in their practices and as Congress works to develop policies and guidelines around use of AI, the ACR is a valuable resource.

**Find it Early Act**

The Find it Early Act requires coverage with no cost sharing for additional screening and diagnostic breast imaging exams for the detection of breast cancer for certain individuals assessed to be at greater risk for breast cancer.

The coverage requirement would apply to private insurance, Medicare, Medicare Advantage, Medicaid, TRICARE, and the Department of Veterans Affairs.

ACR Position: Support pending review

**Medicaid**

As part of budget reconciliation, Congress will explore reducing federal spending on Medicaid. Congress has repeatedly said they will focus on reining in waste, fraud and abuse, however, there is growing concern that these efforts could negatively impact Medicaid beneficiaries and providers.

ACR Position: Congress should ensure Medicaid beneficiaries maintain access to quality care.

**The National Institutes of Health (NIH) FY 26 Appropriations**

ACR urges Congress to provide at least $51.3 billion to NIH for FY 2026. Funding for NIH and our national research infrastructure allows for the continued advancement of scientific discoveries and breakthroughs, improving the lives of patients with a wide spectrum of diseases and disorders, many of whom depend on radiology tools for prevention, diagnosis, and treatment of disease. Congress’ continued commitment to a strong federal investment in the United States biomedical research enterprise is vital to improve our nation's health, propel the economy, and keep the United States at the forefront of innovation in funding biomedical research efforts. Additionally, ACR is asking for $1.5 billion for the Advanced Research Projects Agency for Health (ARPA-H). The College advocates that ARPA-H funding must be maintained in a separate appropriation, outside of the NIH base budget.

ACR Position:Support

**NIH – Indirect Costs Reduction**

The White House directed NIH to release a notice of its intent to cut reimbursement of research facilities and administrative (F&A) costs, often referred to as indirect costs, to a standard rate of 15% for institutes of higher education, despite already determined contracts. The FY2025 CR extends statutory language preventing the Administration from imposing a 15% cap on F&A cost reimbursement. Multiple lawsuits were filed, and a federal judge issued a permanent injunction seeking to halt the Administration’s planned cuts, stating the notice was unlawful and would result in irreparable harm to the research mission at institutions.

ACR Position:Oppose

**No Surprises Act Enforcement Act**

Legislation to strengthen compliance with the provisions of the No Surprises Act is forthcoming. The No Surprises Act Enforcement Act would financially penalize health insurance companies that fail to pay physicians within 30 days of the conclusion of the independent dispute resolution (IDR) process.

ACR Position: Support

**Nuclear Medicine Clarification Act of 2025 (H.R. 2541)**

H.R. 2541 would drastically change Nuclear Regulatory Commission (NRC) rules to require controversial injection site measurements and “extravasation” dosimetry of unclear accuracy or significance during up to 20 million nuclear medicine (NM) procedures annually. The bill—which would impact all healthcare facilities that provide NM imaging or therapy (including PET, SPECT, RPTs, etc.)—is championed by a device vendor that sells nuclear uptake probes and dose estimation software. H.R. 2541 would have unintended negative consequences for cancer patients and NM providers via substantial compliance costs, reduced patient access to NM procedures, local NM scheduling limitations based on compliance tool availability, and a nationwide device supply dependency. It would ignore standards of care and medical physics, financially benefiting a single device vendor at the direct expense of cancer patients and NM providers.

ACR Position:Oppose

**ROCR Value Based Program Act (S.1031/ H.R. 2120)**

The Radiation Oncology Case Rate (ROCR) Value Based Payment Program Act (S.1031 / H.R.2120) was reintroduced by Sen. Thom Tillis (R-NC), Sen. Gary Peters (D-MI), Rep. Brian Fitzpatrick (R-PA), Rep. Jimmy Panetta (D-CA), Rep. John Joyce, MD (R-PA) and Rep. Paul Tonko (D-NY) in March 2025.

ROCR would change radiation oncology payment from per fraction to per patient and encourage stable payments, higher quality care and reduced disparities. ROCR uses a more simplified approach than the CMS RO model and unifies payment that levels the playing field across care delivery settings.

ACR Position: Support