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Editor-in-Chief, *Journal of Neuroimaging*Joseph Masdeu, MD, PhD

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Dear Fellow Neurologist,

Neuroimaging is crucial to our ability to treat our patients. As Neurology has evolved, many neurologists have obtained training and certification in neuroimaging, and have incorporated medical imaging into their practices. This allows them to enhance their care of patients, and provide yet another level of integrated care in the lower cost outpatient setting.

The In-Office Ancillary Services Exception (IOASE) to the Stark law makes this integrated care possible. But in an effort to cut costs by cutting delivery of care, the President's proposed budget threatens this Exception. The unintended consequences of this will be: 1) a marked increase in costs, 2) fragmentation of services, and 3) reduction of access to neurology care for Medicare patients.

In addition, elimination of the IOASE would have far reaching consequences for Neurology as a specialty. The IOASE currently allows Neurology residents to be trained in Neuroimaging by subspecialists trained in both imaging and the clinical care of Neurology patients. This results in streamlined and better patient care. In most cases, Neuroimaging would then be controlled by Radiologists, most of whom have neither the training nor interest in training our Neurology colleagues in this crucial discipline.

A detailed analysis of the flaws in the analysis that led to the budget proposal, as well as a comprehensive compilation of the consequences of the elimination of the IOASE, can be found on the ASN website in the letter to Congress from the CPCI. (Go to <a href="https://www.asnweb.org">www.asnweb.org</a>, click on "Letter to finance committee regarding IOASE and the FY2014 budget") This letter has been signed by twenty three professional societies, including both AAN and ASN, all of whom strongly support maintaining the IOSASE.

This letter demonstrates the marked increase in the cost to Medicare beneficiaries and the Medicare Program which would result if this successful Exception is abandoned. It would also result in reducing competition in the outpatient environment, and bolster the

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monopolistic practices of many hospital systems. CMS itself does not want the abandonment of this Exception.

The ASN strongly supports the ability of organ-specific imagers to provide access to imaging services for prevention, early detection, diagnosis and treatment of diseases that patients rely upon every day. The combination use of Decision Support Systems and Episode-of-Care monitoring are a more effective means to protect against abuse without stripping important tools from experts. Please write your members of Congress to explain that the IOASE must be preserved to continue to reduce the cost of medical care for our patients. Tell them that abandonment of the IOASE would be another in a line of devastating blows to our subspecialty of Neurology and to our patients. And do it now!

Sincerely,

Laozlo Mechel Me.

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