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June 3, 2025

The Honorable Secretary Robert F. Kennedy Jr.
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Response to HHS RFI on Deregulatory Plans

RE: Request to Make Permanent Virtual Direct Supervision for Diagnostic Imaging Studies with Contrast

Dear Secretary Kennedy,

On behalf of the Radiology Business Management Association (RBMA), We respectfully urge the Department of Health and Human Services (HHS) to direct the Centers for Medicare & Medicaid Services (CMS) to make permanent the policy allowing virtual direct supervision via real-time audio/video communication technology for contrasted imaging studies.

Established in 1968, RBMA is a professional association that consists of nearly 2,000 radiology practice business leaders who represent over 1,200 radiology practices in all 50 states. This includes diagnostic radiology, interventional radiology, nuclear medicine, Independent Diagnostic Testing Facilities (IDTFs) and radiation oncology.

RBMA is the trusted partner of radiology professionals, advancing the industry and broadening our members' capacity to provide superior patient experiences.

On May 14, 2025, the Department of Health and Human Services (HHS) issued a request for information seeking input from the American public on how to deregulate across all the areas the Department touches. HHH's goal is to "address regulations that are unnecessary, inconsistent with the law, overly

burdensome, outdated, out of alignment with current executive orders, or otherwise unsound."

The RFI poses questions and asks respondents to describe how their issue would lead to cost savings, address regulations that impose undue burden on small business and private enterprise, impede access to delivery or care of services, are obsolete and/or interfere with the public or private sector's ability to address chronic health conditions or otherwise promote the health and wellbeing of Americans.

RBMA addresses questions 3 & 4, in this comment letter. Specifically:
3. What regulations should be reconsidered, that relate to E.O. 14192?
4. What alternative approaches could be taken to achieve or accomplish the same goal with a lesser burden? What would the impact on cost and savings be?

Background:

During the COVID-19 Public Health Emergency (PHE), CMS revised Title 42 of the Code of Federal Regulations Section 410.32 (b)(3)(ii) to allow the supervising physician or non-physician practitioner of level 2 diagnostic tests to be "immediately available" through virtual presence using real-time audio/visual communication technology. This policy is currently extended through December 31, 2025, and has proven to be both safe and effective.

Issue:

During the past four years, outpatient hospital departments, physician offices and freestanding independent diagnostic testing facilities have safely and effectively implemented virtual direct supervision models and have shown that deploying virtual direct supervision is an excellent innovation that drives patient access while at the same time improving patient safety without a threat to program integrity or overutilization.

In deploying virtual direct supervision models, imaging providers must ensure that appropriate protocols are in place to train qualified persons on site as well as the physician providing virtual direct supervision in an emergency response. RBMA members report that they are better prepared to response to contrast reactions by maintaining crash carts, evaluating patients,

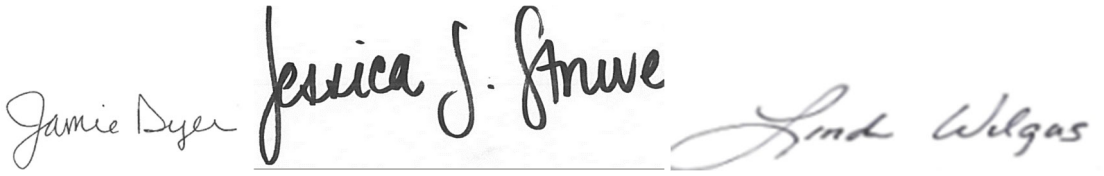
and diagnosing and differentiating different types of adverse reactions to contrast material. Evidence continues to demonstrate that virtual supervision has not compromised patient safety. Radiologists, while highly trained in diagnostic interpretation, do not receive specialized training in managing contrast reactions.

The radiology field is currently facing a severe workforce shortage. Virtual supervision has become a critical tool that enables practices to meet the growing demand for imaging services while maintaining high standards of care. Eliminating this flexibility would significantly reduce outpatient imaging capacity, forcing many patients to seek services in hospital-based settings. This shift would not only increase healthcare costs but also reduce access and convenience for patients. Additionally, allowing remote supervision of contrast studies is necessary for those practices that deliver care to rural or underserved areas where challenges to access to care persist.

Conclusion

We strongly believe that making virtual direct supervision a permanent option is essential to sustaining access to timely, high-quality outpatient imaging services.

Thank you for your attention to this important matter. We welcome the opportunity to discuss this further and provide any additional information that may assist in your decision-making.



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