

RADVOCACY NEWSLETTER



American College
of Radiology™
Radiology Advocacy Network



Hello Radvocates,

We are off the heels of an invigorating and reenergizing ACR 2026 where we had a very successful Advocacy Session highlighting amazing radvocates Drs. Leah Davis and Neal Davey and a very well attended and engaged RAN Meeting with radiologists and radiation oncologists of all career levels joining us. We also had a very successful RADPAC Gala and even met our annual meeting fundraising goal! However, in an election year where we support pro radiology candidates, staying engaged and contributing when you can, whether it's your time or financially, are crucial to ensure our patients' voices and of the profession are heard.

On that note, our presence was strong on The Hill on ACR Hill Day 2026. Over 400 radiologists met with over 200 congressional offices advocating for the passage of The No Surprises Act Enforcement Act, The ROOT Act, and long-term Medicare reform. For those of you who participated, your dedication and enthusiasm were palpable, and we appreciate your time and effort that day.

We will continue to improve our communication and ways you can support our efforts through our comprehensive RADVOCACY Newsletter. Also, we invite you to share any advocacy activities and or victories so that we can highlight you in the newsletter. I hope that the more radvocates we highlight doing incredible work across the country, the more it will inspire those who might be on the fence regarding participating in advocacy endeavors to take that leap with us. We need you, now more than ever, to be a part of the radvocacy movement.

In the meantime, it's important we all play a role in continuing to contact our lawmakers and respond to Calls-to-Action when any legislation arises which proposes potential decreases to any access-to-care to our patients or reimbursement for the services we provide. Your voice matters, and these CTAs are incredibly important. If you are not receiving these CTAs, contact [Melody](#) Ballesteros to ensure you do.

And as always...

RESPONDING TO CALLS-TO-ACTION AND CONTRIBUTING TO RADPAC ARE TWO OF THE MOST POWERFUL WAYS YOU CAN SHOW YOUR SUPPORT TO OUR PATIENTS AND PROFESSION.

Sincerely,
Amy K. Patel, M.D.
Chair, ACRa RAN & RADPAC

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)

FEDERAL LEGISLATIVE UPDATE



American College
of Radiology™
Radiology Advocacy Network

CONGRESSIONAL OUTLOOK

Since January, Congress has been consumed by overlapping fights over funding deadlines, stalled health care negotiations, and renewed interest in budget reconciliation. Early in the year, lawmakers struggled to finalize appropriations ahead of a partial government shutdown, while bipartisan talks to extend Affordable Care Act subsidies collapsed. Although immigration enforcement funding within the Department of Homeland Security (DHS) was a sticking point, Congress approved and the President signed into law a \$1.2 trillion appropriations package in February that included funding for key health programs, ending the partial government shutdown that began January 31.

Provisions in the package supported by ACR provide \$47.2 billion for NIH's base budget, including \$415 million (0.9%) in new discretionary spending for the agency, as compared to \$46.8 billion total for NIH in fiscal year (FY) 2025. It maintains funding for the Advanced Research Projects Agency for Health (ARPA-H) at the FY 2025 total of \$1.5 billion. The package rejects the FY 2026 President's Budget Request proposal of a \$18 billion cut to NIH and a cut of more than \$500 million to ARPA-H. Additionally, the package preserves support for facilities and administrative (F&A) expenses, extending statutory language preventing the Administration from imposing a 15% cap on F&A cost reimbursement.

While DHS is no longer in a full shutdown, the immigration enforcement funding is still tied up in partisan debate and republicans are using reconciliation as a strategy. However, as the list of congressional priorities grows and the midterm elections near, timing and internal divisions within the Republican party, as well as procedural barriers in the Senate, will likely complicate progress on reconciliation.

PROGRESS ON MEDICARE PAYMENT REFORM & ROOT ACT

The House Doc Caucus released a Medicare physician payment reform *discussion draft* that includes the ROOT Act. This is a tremendous step forward in advancing the ROOT Act. Some of the other policies in the *discussion draft* include provisions to update the conversion factor with an inflation-based update tied to the Medicare Economic Index (MEI), funding for primary care, and reforms for the Merit-based Incentive Payment System (MIPS).

PHYSICIAN WORKFORCE

ACR continues to advocate for solutions to address radiology shortages. This includes supporting legislation to increase the number of Medicare funded Graduate Medical Education (GME) positions and efforts to address barriers to visa authorization, including legislation aimed at ensuring international medical students can stay in U.S. after their residency and expediting the visa authorization process for qualified physicians stuck overseas due to backlogs.

There have been Trump administration policies impacting foreign medical doctors and some welcomed recent changes. The administration has resumed visa processing for physicians after previously halting applications under a broader travel restriction affecting 39 countries. The earlier freeze disrupted hospitals and sidelined some physicians.

The U.S. Citizenship and Immigration Services (UCIS) updated its guidance without a formal announcement, its website confirming that an internal review process for lifting holds on individual or group cases for various parties, including medical physicians, is now in place.

Last year, there was a similar interruption related to the processing of J-1 visas for international medical graduates that was lifted. ACR continues to advocate for exceptions to some of the administration's immigration policies impacting the physician workforce, including the \$100,000 H1-B visa fee that remains in place.

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)



American College
of Radiology™
Radiology Advocacy Network

FEDERAL LEGISLATIVE UPDATE

SUCCESSFUL ACR HILL DAY 2026



More than 400 ACR® members took to Capitol Hill May 6 as part of the annual “Hill Day” during ACR 2026, the College’s annual meeting in Washington, DC. Wearing their white coats, members advocated for the No Surprises Act Enforcement Act (NSAEA), the Radiology Outpatient Ordering Transmission (ROOT) Act, and long-term Medicare payment reform.

Participants urged lawmakers to cosponsor NSAEA, which would strengthen the No Surprises Act by ensuring timely payment after dispute resolution decisions and hold insurers accountable with penalties for late or nonpayment. Complementing these efforts, a medical society letter with nearly 100 signatures, including the College, was sent to congressional leaders in support of the NSAEA.

Members also worked to gather cosponsors for the ROOT Act. This legislation would remove barriers that have delayed the implementation of the PAMA Appropriate Use Criteria (AUC) program. If passed, the ROOT Act would help ensure the correct imaging exam is ordered the first time and save Medicare and patients money.

Finally, Hill Day participants called for long term Medicare payment stability, including: addition of an inflationary based update; changes to how Medicare applies budget neutrality in the Medicare Physician Fee Schedule (MPFS), the process by which payment increases are offset by cuts elsewhere in the MPFS; and a review of policies implemented by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

BOOKMARKS

- Federal Legislative Update
- State Legislative Update
- Regulatory Update
- Economics Update
- Radvocacy Update
- RADPAC



STATE LEGISLATIVE UPDATE

LEGISLATIVE ROUND-UP

The 2026 state legislative session has continued to be a busy one on the healthcare front! While some state legislatures have adjourned for the year, some are still in session. ACR State GR staff tracked hundreds of bills, including bills on Scope of Practice, measures on breast health (i.e., diagnostic mammography and supplemental imaging coverage, measures to limit out-of-pocket co-pays for patients seeking essential breast screenings beyond a mammogram), AI in Healthcare, and others.

Scope of Practice (SOP) Grants & Overview

- ACRA SOP grant—For the 2026 state legislative cycle, awarded \$32,750 to 4 state radiological chapters (AL, CT, NY, WA).
- Currently tracking over 175 SOP-related bills in 36 states.
- This includes SOP expansion by APRNs, PAs, chiropractors, PTs, CRNAs, and naturopaths.

LEGISLATIVE ROUND-UP

Licensure Compacts & Automated Credentialing

- **Arizona HB 2190 - PA Licensure Compact** (*Signed into law, February 20, 2026*): Enjoins Arizona in the Physician Assistant (PA) licensure compact. This compact allows PAs who meet eligibility requirements to practice in other compact states.
- **North Dakota HB 1622 - PA Licensure Compact** (*Signed into law, January 23, 2026*): Enjoins North Dakota into the Physician Assistant (PA) licensure compact, allowing qualifying PAs to practice transparently across participating compact states.
- **Michigan HB 5455 - Interstate Medical Licensure Compact** (*Signed into law, April 14, 2026*): Enjoins Michigan into the interstate medical licensure compact, allowing eligible physicians who meet specific benchmarks to practice in other participating compact jurisdictions.
- **New Mexico SB 1 - Interstate Medical Licensure Compact** (*Signed into law, February 5, 2026*): Enjoins New Mexico into the interstate medical licensure compact, streamlining cross-state medical practice options for qualified physicians.
- **Georgia SB 162 - Automated Credentialing System for Health Care Providers** (*Act 408; enacted, May 5, 2026*): Requires the Georgia Composite Medical Board to upgrade its data management system to automate and streamline licensing and credentialing for health care providers, including physicians, physician assistants, and anesthesiologist assistants. Designed to reduce redundant facility credentials; must be operational by January 1, 2027, subject to dedicated funding.

ARTIFICIAL INTELLIGENCE HIGHLIGHTS

Enacted bills from 2025

- Arizona — HB 2175 (Chapter 165) Requires an insurer medical director to conduct an individual review before denying for medical necessity. Signed 5/12/2025; effective after 6/30/2026.
- California — SB 1120 (“Physicians Make Decisions Act”) Prevents AI from being the decision-maker for medical-necessity determinations & requires licensed clinician oversight. Signed 9/28/2024; effective 1/1/2025.

BOOKMARKS

- Federal Legislative Update
- State Legislative Update
- Regulatory Update
- Economics Update
- Radvocacy Update
- RADPAC



American College
of Radiology™
Radiology Advocacy Network

STATE LEGISLATIVE UPDATE

- Maryland — HB 820 (Chapter 747) Requires decisions be based on the patient’s clinical record and prohibits AI-only adverse determinations in the utilization review context. Signed 5/20/2025; effective 10/1/2025.
- Nebraska — LB 77 “Ensuring Transparency in Prior Authorization Act” (includes AI transparency/limitations in prior authorization/utilization review). Enacted June 2025.
- North Dakota — SB 2280 Requires denials to be issued only by a licensed physician (effective in 2026). Enacted; effective 2026.
- Texas — SB 815 Bars utilization review agents from using AI as the sole basis to deny/delay/modify & adds disclosure and audit authority (TDI). Effective 9/1/2025.

BREAST HEALTH HIGHLIGHTS

Enacted Cost-sharing measures from 2025

- Arkansas — HB 1309 (Act 268): removes cost-sharing for screening mammograms/ultrasounds and bars higher cost-sharing for diagnostic exams.
- Colorado — SB 25-296: expanded preventive-care coverage to include diagnostic & supplemental breast exams with no cost-share.
- Florida — SB 158 (Ch. 2025-44): eliminates cost-sharing for diagnostic & supplemental breast exams in the state group insurance program; effective 1/1/2026.
- Oklahoma — HB 1389: requires coverage for supplemental breast imaging without cost-sharing; enacted via veto override; effective 11/1/2025.
- Virginia — HB 1828 / SB 1238 (Ch. 485): prohibits cost-sharing for diagnostic & supplemental breast exams under plans issued/renewed on/after 1/1/2026.

Enacted measures to align breast density reporting/disclosure with federal language

- Utah — HB 146 (2025): repealed the state-specific notification to align with FDA language.
- Texas — SB 1084: updated mammography report requirements; effective 9/1/2025.
- Missouri — SS#2/SB 79: repealed Missouri’s patient notice statute; signed 7/14/2025.

For more information, contact:

- [Eugenia Brandt](#), Senior Government Affairs Director
- [Dillon Harp](#), Senior State Government Relations Specialist

View all tracked legislation by ACR [here](#).

BOOKMARKS

- Federal Legislative Update
- State Legislative Update
- Regulatory Update
- Economics Update
- Radvocacy Update
- RADPAC



American College
of Radiology™
Radiology Advocacy Network

REGULATORY UPDATE

ACR ADVISES HHS ON AI, IMAGE EXCHANGE, & INFORMATION BLOCKING

ACR [provided input](#) to the HHS Office of the National Coordinator (ONC) in response to a Request for Information (RFI), which sought input on various regulation, reimbursement, and research and development issues to advance artificial intelligence (AI) used in patient care. In its comments, ACR recommended that HHS increase research investments and enhance regulatory oversight of AI-enabled medical devices and non-devices to support good AI governance, model transparency, and post-deployment monitoring in clinical settings.

ACR also co-led an effort with the Radiological Society of North America, alongside partner radiology and nuclear medicine organizations, to [respond to an ONC RFI](#) on advancing electronic exchange of diagnostic quality images. The letter urged HHS to use existing federal programs and initiatives, such as health IT certification, national data standards and network-to-network exchange, to support disc-free image sharing. The letter stressed that electronic image exchange would reduce burdens on patients and providers, improve access to complete medical records and support timely, high-quality care.

Lastly, in response to a proposed rule on [information blocking](#), ACR [urged](#) ONC to codify the previously-proposed requestor preference exception, which would allow a provider to tailor a patient's access to their electronic health information (such as images) based on the patient's preference. This exception would ensure providers can ethically share test results based on the patient's timeframe without engaging in information blocking.

For questions about these activities, contact [Lindsay Robbins](#), ACR Regulatory Policy Specialist.

ACR ADVOCATES FOR FEDERAL RESEARCH FUNDING IN FY 2027 BUDGET



ACR continues to advocate for critical research funding and engage with coalition partners, including the Ad Hoc Group for Medical Research and the Academy for Radiology and Biomedical Imaging Research. ACR has also continued to engage with the Joint Associations Group (JAG), who are working with Congress and the Office of Management and Budget to design a new structure for facilities and administrative (F&A) costs, and provide an alternative to the Administration's proposed 15 percent cap on reimbursement.

The President's Budget Request (PBR) for Fiscal Year (FY) 2027 included a cut to the National Institutes of Health (NIH) by 12%, which would fund the agency at \$41.4 billion. ACR urges Congress to fund NIH at \$51.3 billion in FY 2027 and reject the PBR. ACR also asks Congress to fund the Advanced Research Projects Agency for Health (ARPA-H) at \$1.7 billion (currently funded at \$1.5 billion), again rejecting the PBR figure of \$945 million. [ACR submitted Congressional testimony](#) to the U.S. House and Senate Appropriations Committees, advocating for these increases and highlighting imaging and radiology advances made possible by federal research dollars.

For more information on federal research funding, contact [Katie Grady](#), ACR Government Affairs Director.

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)

REGULATORY UPDATE



American College
of Radiology™
Radiology Advocacy Network

ACR BULLETIN HIGHLIGHTS B READER ADVOCACY EFFORTS

The NIOSH B-Reader Certification Program: ACR Education and Advocacy

The ACR believes that its SOP advocacy campaign and involvement in maintaining the B-reader course are critical public health initiatives.



Paul E. Wallner, DO, FACR



Matthew Brady, MD, FACR



Jeffrey Kanne, MD, FACR



Cristopher A. Meyer, MD

Paul Wallner, DO, FACR, Chair of the ACR Federal Regulatory Committee, wrote an [ACR Bulletin article](#) highlighting successful advocacy efforts against non-physician eligibility for certification as part of the National Institute for Occupational Safety and Health (NIOSH) B Reader program. Matthew Brady, MD, FACR, Jeffrey Kane, MD, FACR, and Christopher Meyer, MD, co-authored the article.

In December 2024, NIOSH released an RFI proposing to open the B-Reader program to non-physician practitioners (NPPs). In response to this RFI, the ACR GR alerted the radiology community and requested input from B-readers and members to inform ACR's comments. Using the detailed feedback it received, ACR recommended improvements to the B reader program such as better case distribution, enhanced incentives, longer certification cycles, and modernization efforts (including assistive AI tools), instead of expanding eligibility. The ACR RAN also issued a Call to Action to empower members to respond to the RFI with their own feedback. Public feedback strongly aligned with ACR's stance: NIOSH received about 1,270 comments, roughly 79% of which opposed allowing NPPs to participate.

NIOSH leaders published an editorial in late 2025 indicating they will not pursue NPP B-Reader eligibility. As of 2026 no regulatory changes have been implemented, and NIOSH has indicated it is considering implementing several of ACR's recommendations moving forward. For more information related to ACR's advocacy efforts on the B Reader program, contact [Mike Peters](#), ACR Senior Director, Government Affairs.

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocate Update](#)
- [RADPAC](#)



American College
of Radiology™
Radiology Advocacy Network

ECONOMICS UPDATE

MEDICARE RULEMAKING FOR CALENDAR YEAR 2027

The calendar year 2027 Medicare Physician Fee Schedule and Hospital Outpatient Prospective Payment System proposed rules are both under review by the Office of Management and Budget and are expected to be released in early-mid July. Summaries of the proposed rules will be posted on our website when they are available.

For more information, contact [Katie Keysor](#), ACR Senior Director, Economic Policy.

NEW RESOURCE EMPOWERS THE ACR MEMBERS TO SHAPE MEDICARE POLICY

The ACR® has released a new recruitment [brochure](#) aimed at strengthening its [Contractor Advisory Committee \(CAC\)](#) Network — a critical initiative that amplifies radiology’s voice in Medicare coverage decisions.

For more information, contact [Alicia Blakey](#), Principal Economic Policy Analyst, Economics and Health Policy.

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)

RADVOCACY UPDATES



American College
of Radiology™
Radiology Advocacy Network

ADVOCACY CURRICULUM SUMMARY

The ACR Advocacy Curriculum's two-part "Hill Day 101" series provides radiologists with a practical roadmap for effective Capitol Hill advocacy, beginning with how to prepare for meetings and continuing through what to do during and after Hill Day. In [Part 1, Mark Yeh, MD, MS, MBA, FACR](#), and Dan Rodgers, MD, outline how advocates can get started by understanding the issues, preparing concise personal stories, coordinating with ACR/RADPAC resources, and approaching meetings with confidence. In [Part 2, Yeh and Loralie Ma, MD, PhD, FACR](#), focus on execution and follow-up, including how to communicate clearly with legislators and staff, stay on message, make a specific ask, build relationships, and continue advocacy after the meeting ends. Together, the videos reinforce that Hill Day is not just a one-time visit, but an opportunity for radiologists to become trusted physician voices on patient access, imaging policy, reimbursement, and the future of the specialty.

The ACR's Advocacy Curriculum can be found [here](#).

DEVELOPING ADVOCACY SKILLS IN BREAST RADIOLOGISTS

A recent article published in The Journal of Breast Imaging emphasizes that advocacy is an essential professional responsibility for breast radiologists, whether the goal is improving patient access to medically indicated imaging, securing resources for evidence-based care, or shaping policies that affect breast cancer screening and diagnosis. The authors include RAN Board members Drs. Fatima Elahi, Amy Patel, and Priscilla Slantez. They describe five core pillars of effective advocacy: leadership, communication, personal and practice branding, media and social media engagement, and legislative advocacy. They highlight that breast radiologists are uniquely positioned to translate clinical experience into meaningful action for patients, policymakers, institutions, and the broader profession.

The article provides practical examples of advocacy in action, including efforts to expand insurance coverage for digital breast tomosynthesis, integrate nurse navigators into breast imaging practices, and use social media to educate patients and counter misinformation. A central message is that advocacy does not require radiologists to become policy experts overnight, but it does require preparation, clear communication, and sustained engagement. By building these skills, breast radiologists can become more effective voices for patients, improve access to timely breast imaging care, and strengthen the future of the specialty.

Read the full article [here](#).

INTERESTED IN ADVOCACY BUT DON'T KNOW WHERE TO START?

The **Radiology Advocacy Network (RAN)** is looking for residents, fellows, and attendings to serve as RAN Representatives.

The commitment is minimal, but the impact is huge. All you need to do is share important Calls-to-Action and policy updates with your practice, program, or state. It's the perfect, low-stress way to get involved and learn the ropes.

Ready to make a difference? Reach out to one of the following to join us:

Resident or Fellows: [Jineet Patel](#)

Attending physicians: [Natasha Monga or Kirang Patel](#)

BOOKMARKS

- Federal Legislative Update
- State Legislative Update
- Regulatory Update
- Economics Update
- Radvocacy Update
- RADPAC

RADVOCACY LEADER CERTIFICATE 2026 RECIPIENTS

- Leah Davis, MD
- Connie Lu, MD
- Sally Midani, MD
- Mary Scanlon, MD,
FACR

RADVOCACY UPDATES



American College
of Radiology™
Radiology Advocacy Network

AMY K. PATEL, MD RECEIVES UMKC ALUMNA OF THE YEAR AWARD



[Amy K. Patel MD](#), [chair of ACR RAN](#) and RADPAC, was honored as the 2026 University of Missouri-Kansas City (UMKC) Alumna of the Year April 17. Patel was recognized for her advocacy work at the local, state, and national level in closing the gap to breast care disparities.

Patel also served as a UMKC Commencement Speaker to the Schools of Medicine, Law, Pharmacy, Dentistry, Nursing and Health Studies, Business, Education, Social Work and Psychological Sciences, and Humanities and Social Sciences. She is a former ACR® Advocate of the Year Awardee and RADPAC Achievement Award recipient as well as being the recipient of numerous other awards, including the Kansas City Medical Society Patient and Community Advocate of the Year, Lamar Hunt Legacy Honoree, The Kansas City Chiefs Fan of the Year, and Radiology Business 40 under 40.

ADVOCACY MADE SIMPLE

How A Shrinking Medicare Conversion Factor Hurts Patients

Imagine Medicare physician payment as a simple math problem. Every service a physician provides, including interpreting an MRI, performing an image guided biopsy, or reading a CT scan in the emergency department, is assigned a few “points” based on the work, practice expense, and malpractice cost involved. Medicare then multiplies those points by a dollar amount called the conversion factor. When the conversion factor goes down, the same care is paid less, even if the cost of providing that care has gone up. For radiology practices, that means lower reimbursement for the imaging services patients rely on every day. CMS finalized a 2.83 percent decrease in the 2025 conversion factor, and while 2026 includes a temporary increase, physician payment still lacks a reliable inflation-based update.

Put more simply: if a sandwich restaurant earns less for every sandwich sold, but bread, vegetables, condiments, and rent all cost more, eventually the stand must make hard choices. It may shorten its hours, hire fewer workers, buy less equipment, or close one of its locations. Medical practices face the same problem. Radiology groups still must pay for technologists, nurses, radiologists, IT systems, contrast safety infrastructure, mammography equipment, PACS, cybersecurity, call coverage, and regulatory compliance. When Medicare payments fail to keep up with those costs, practices have fewer resources to maintain capacity. For patients, that can mean longer waits for imaging appointments, delayed diagnoses, reduced access to community-based imaging centers, fewer available interventional radiology procedures, and more pressure on already crowded hospitals.

This is why Medicare physician payment reform is not just a “doctor payment” issue. It is a patient access issue. Radiologists are often the first physicians to detect cancer, stroke, pulmonary embolism, appendicitis, trauma, and countless other time sensitive conditions. If payment policy

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)

RADVOCACY LEADER CERTIFICATE 2025 AWARDEES

- [Leah Davis, MD](#)
- [Connie Lu, MD](#)
- [Sally Midani, MD](#)
- [Mary Scanlon, MD, FACR](#)

RADVOCACY UPDATES



American College
of Radiology™
Radiology Advocacy Network

makes it harder for practices to recruit radiologists, staff imaging centers, maintain modern equipment, or keep services available in rural and underserved communities, patients are the ones who feel the consequences. A stable Medicare Physician Fee Schedule conversion factor that keeps pace with inflation would help preserve access to timely imaging, support high quality care, and ensure that patients can get the right diagnosis at the right time, regardless of where they live.

HPI STUDY ON MISSOURI LAW FOR BREAST CANCER SCREENING

Missouri Law Expanding Mammography Coverage Linked to Increased Screening and 3D Breast Tomosynthesis Use



A new study by the Neiman Health Policy Institute, published in the *Journal of the American College of Radiology*, finds that Missouri's 2019 law expanding mammography coverage—including annual screenings starting at age 40 and 3D breast tomosynthesis—significantly increased screening rates. Medicaid-insured women in Missouri were 45% more likely to be screened than their Medicare Advantage peers and 9% more likely than Medicaid patients in neighboring states. The law also drove higher adoption of advanced imaging. Lead author Dr. Amy Patel noted, “This shows how targeted state policy can reduce disparities and move the needle in the right direction on breast cancer outcomes.”

MEET OUR RFS ADVOCACY LIAISON FOR '26-'27



Hello! My name is Jineet Patel. I grew up in the Triangle region of North Carolina before attending Cornell University for undergrad and then the Medical College of Virginia/VCU for medical school. I am currently a PGY-3 radiology resident at the University of Virginia and serve as the Advocacy Liaison on the '26-27 ACR Resident and Fellow Section Executive Committee. In this role, my longstanding interests in health policy and advocacy intersect with related efforts within organized medicine and radiology, particularly at the trainee level.

My path to advocacy started well before medical school, when I interned as a high schooler for my local state senator. That early exposure to the legislative process combined with an interest in medicine led me to study healthcare policy and work in government healthcare consulting before medical school. Once in medical school, that interest became more hands-on through organized medicine, where I served as co-president of my medical school's AMA and Medical Society of Virginia chapter, represented VCU/MCV as a student delegate at the state medical society meeting, and helped lead engagement around AMA meetings and associated lobby days. Now in

BOOKMARKS

- Federal Legislative Update
- State Legislative Update
- Regulatory Update
- Economics Update
- Radvocacy Update
- RADPAC

RADVOCACY LEADER CERTIFICATE 2026 RECIPIENTS

- Leah Davis, MD
- Connie Lu, MD
- Sally Midani, MD
- Mary Scanlon, MD,
FACR

RADVOCACY UPDATES



American College
of Radiology™
Radiology Advocacy Network

residency, it was a natural progression to continue these experiences through involvement in ACR and my state radiological society, VRS, and associated state and national advocacy efforts. My interest in advocacy also led me to serve on my institution's GME House Staff Council, representing my fellow radiology trainees, and working with other specialty representatives on solutions to issues affecting trainees.

As Advocacy Liaison, I feel like my primary goal is to help make the world of advocacy accessible to residents and fellows in the context of state and national healthcare policy issues affected medicine and particularly the evolving practice environment of radiology and our patients' access to imaging. Within this goal, specifically I hope to rebuild and re-energize the Radiology Advocacy Network by providing a platform for interested trainees to serve as program representatives to connect training programs across the country. This network would allow for two-way communication and initiatives: helping residents and fellows stay plugged into important policy, advocacy, and practice issues, while also ensuring that trainee perspectives are heard by the broader radiology advocacy community. I also hope this network can help highlight and spread the word about positive, impactful resident involvement — whether through state lobby day wins, national advocacy successes, AMA or state medical society initiatives, or other examples of trainees helping move the field forward whether in their institutions or at the state or national level. As trainees complete their training and transition into early attendings, I feel that it is especially important that all of us understand not only the clinical practice of radiology, but also the forces shaping the future of our profession and our patients' access to imaging.

I am excited to serve in this role and work toward a more connected, informed, and empowered trainee advocacy community that can help shape the future of radiology.

THE HOWARD FLEISHON ADVOCATE OF THE YEAR AWARD

Presented to Raymond K. Tu, MD, FACR



It is a profound honor for the Radiology Advocacy Network to present the **Howard Fleishon Advocate of the Year Award** to Dr. Raymond K. Tu.

Dr. Tu's career is a masterclass in how physician leadership can transcend the reading room to transform national policy. Whether serving as Chief of Radiology at Cedar Hill Regional Medical Center or representing the specialty on the AMA Council on Science & Public Health, he consistently ensures that medicine remains sustainable and accessible to all.

A tireless champion for the underserved, Dr. Tu's "community-first" philosophy has been pivotal—from navigating the complexities of the CPT Editorial Panel to serving on the DC Commission on Health Care Transformation. As a national authority on Medicaid and health equity, he has been instrumental in dismantling barriers to care through his work with the Radiology Health Equity Coalition.

Dr. Tu is the quintessential "physician's physician". For his transformative leadership and unwavering advocacy, we are proud to name him our **Advocate of the Year**.

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)

RADVOCACY LEADER CERTIFICATE 2026 RECIPIENTS

- [Leah Davis, MD](#)
- [Connie Lu, MD](#)
- [Sally Midani, MD](#)
- [Mary Scanlon, MD, FACR](#)



American College
of Radiology™
Radiology Advocacy Network

RADVOCACY UPDATES

HILL DAY PICTURE CONTEST

For the 10th year in a row, our incredible Hill Day attendees captured the energy of advocacy for our annual **Hill Day Picture Contest**. While Mother Nature brought a rainy and dreary day to Washington, it couldn't dampen the spirits of our 400+ unstoppable participants. Armed with umbrellas and boundless enthusiasm, they kept their spirits bright and sunny regardless of the weather!

A massive thank you to everyone who shared their moments, and a huge congratulations to our standout photographers.

We proudly recognize this year's Hill Day Picture Contest winners:



[Shannon Farmakis, MD, FSPR, FAAP \(MO\)](#)



[Juan D. Guerrero-Calderon, MD \(GA\)](#)



[Elizabeth Maltin, MD \(NY\)](#)

BOOKMARKS

- Federal Legislative Update
- State Legislative Update
- Regulatory Update
- Economics Update
- Radvocacy Update
- RADPAC

RADVOCACY LEADER CERTIFICATE 2026 RECIPIENTS

- Leah Davis, MD
- Connie Lu, MD
- Sally Midani, MD
- Mary Scanlon, MD, FACR

RADPAC UPDATE



RADVOCACY PODCAST

In the first RADVOCACY podcast episode of 2026, host Ted Burnes speaks with Dr. Sam McCown, a diagnostic radiologist, entrepreneur, and Republican candidate for South Carolina's 1st Congressional District. McCown discusses how the childhood loss of his sister helped inspire his career in medicine, his training and practice in radiology, and his decision to run for Congress after years of seeing physicians and patients burdened by regulation, reimbursement challenges, and administrative interference. Framing himself as a political outsider with real-world experience in medicine, business, hospital leadership, payer negotiations, and health care innovation, McCown emphasizes the need for more physician voices in Congress and says he hopes to bring a problem-solving, patient-centered perspective to federal policymaking.

The episode can be found on [Spotify](#) and [Apple](#) platforms.

RADPAC AWARDS

At the ACR 2025 Annual Meeting, RADPAC changed the name of its Achievement Award to the Mary H. Scanlon, MD, FACR, Achievement Award to honor Dr. Scanlon's service as RADPAC's Treasurer for the past nine years. The winner of the award for 2025 was Robert Optican, MD, FACR for his exemplary work in supporting the efforts of RADPAC.

[Winners for March Radness in 2026:](#)

Division A: Maine Radiological Society, Division B: Mississippi Radiological Society, Division C: Maryland Radiological Society, Division D: Colorado Radiological Society & the Radiological Society of New Jersey and Division E: California Radiological Society.

RADPAC STATUS

In 2025, RADPAC raised \$722,723 from 1,944 contributors, ranking it fifth among more than 35 specialty physician PACs. RADPAC's 2025 Chapter Champions Cup winners were the North Carolina Radiological Society for most contributors and Utah Radiological Society with highest percentage of RADPAC contributors.

RADPAC's Annual March Radness Campaign was a huge success! RADPAC's March Radness Campaign in 2026 raised over \$145,000, which is \$30,000 more than the 2025 Campaign.

Amy Patel, MD, the chair of RADPAC, set a goal to raise \$50,000 during the ACR Meeting and RADPAC met that goal on the last day of the meeting!

For questions, contact [Ted Burnes](#), Senior Director of Political Affairs & RADPAC.

BOOKMARKS

- [Federal Legislative Update](#)
- [State Legislative Update](#)
- [Regulatory Update](#)
- [Economics Update](#)
- [Radvocacy Update](#)
- [RADPAC](#)