

RADVOCACY NEWSLETTER



American College
of Radiology™
Radiology Advocacy Network



Hello Radvocates,

I hope that you all are doing well as we approach the busiest part of the year clinically. It is also busy for our government relations team with the upcoming midterm elections. In fact, October 1 kicks off the RAD, White, & Blue RADPAC250 Campaign, working off the theme of America's 250th birthday this year. We are asking for contributions to make our final fundraising push leading up to the November elections. RADPAC has already contributed \$607,000 to campaigns and political committees of radiology-friendly and influential members of congress while raising just over \$500,000, so fundraising is imperative, now more than ever. We are also attempting to recruit 250 NEW contributors. For more information, please visit radiologyadvocacy.org and click on the RADPAC section.

We continue to advocate for important pieces of legislation including the Patients First Act, REDI Act, and Find it Early Act as well as be persistent in our support of NIH funding with Congressional approval. We will also continue to be at the forefront of critical discussions affecting the radiology workforce at the federal level.

As always, we are available to provide support and assistance to all at the state and federal level, including through calls-to-action at both levels!

We will continue to soldier on, regardless of Congressional climate, to ensure our patients have access to the care they deserve and that we are fairly reimbursed for the services we provide. With the swearing in of the 120th Congress in the months ahead, we have a wonderful opportunity to continue to strengthen relationships and develop new ones with members of congress in the name of patient care and access.

We hope you will continue to join our ranks and recruit others in the process. It takes a village, and we cannot be successful at our radvocacy endeavors without every one of you, regardless of career level or practice type.

As I have said before, calls-to-action and contributing to RADPAC are two of the most powerful ways you can show your support to our patients and profession.

Thank you for all that you do.

Sincerely,

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

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- **Federal Legislative Update**
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FEDERAL LEGISLATIVE UPDATE



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PATIENTS FIRST ACT INTRODUCED, INCLUDES ACR-SUPPORTED ROOT ACT

In July, the bipartisan Patients First Act (H.R. 9693) was introduced in Congress and includes several Medicare reforms aimed at improving physician payment stability and refining value-based care. The legislation also incorporates the Radiology Outpatient Ordering Transmission (ROOT) Act, a key ACR priority that would modernize Medicare's imaging Appropriate Use Criteria program and promote appropriate, evidence-based imaging. Its inclusion in the broader package represents a significant step forward for ACR's advocacy efforts as the College continues to work with lawmakers to advance the bill.

H.R. 9693 not only modernizes the AUC program but also includes reforms to 1) provide annual physician payment updates tied to inflation, 2) create a physician-led CMS task force to streamline quality measurement and reduce administrative burden, and 3) adjust Medicare budget-neutrality policies to help reduce harmful payment fluctuations and promote long-term payment stability.

A call to action was sent to ACR members asking them to urge their Representatives to cosponsor H.R. 9693.

The next likely opportunity for Congress to enact health care policy is at the end of the year and ACR is advocating for inclusion of the ROOT Act.

NO SURPRISES ACT UPDATE: ACR CONTINUES TO PUSH

ACR remains actively engaged in ongoing efforts to improve implementation and enforcement of the No Surprises Act (NSA). One of ACR's top priorities is advancing the bipartisan No Surprises Act Enforcement Act (NSAEA or H.R. 4710/S.2420). The legislation would establish financial penalties for health plans that fail or delay in paying independent dispute resolution (IDR) awards and would hold insurers accountable for actions that increase patient cost-sharing. The bill aims to create stronger enforcement mechanisms for insurers similar to those already applied to physicians and other healthcare providers.

ACR and other physician organizations welcomed the May release of the IDR Operations Rule, which includes changes to improve transparency and efficiency in the federal dispute resolution process. The rule standardizes communication between insurers and providers, establishes clearer timelines for eligibility determinations, reduces administrative fees, and helps providers better understand whether claims qualify for the federal IDR process.

Recent court decisions have also highlighted ongoing concerns with insurer payment practices. In the latest NSA legal victory for physicians (rehearing of TMA III appeal), the Fifth Circuit Court of Appeals struck down key federal policies governing the calculation of the Qualified Payment Amount (QPA), a benchmark used in determining IDR payment. The court ruled that insurers should not include so-called "ghost rates" for services physicians do not provide and that bonus and incentive payments must be included when calculating QPAs. ACR joined the American Society of Anesthesiologists and the American College of Emergency Physicians in supporting the case through an amicus brief. ACR is now urging CMS to ensure insurers comply with the ruling.

ACR will continue working with policymakers, regulators and coalition partners to protect patients, improve transparency and make sure health plans are held accountable.

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FEDERAL LEGISLATIVE UPDATE

PHYSICIAN WORKFORCE

ACR has continued to highlight the growing physician and radiologist workforce shortage with policymakers and is supporting legislation to expand residency training opportunities and preserve pathways for international physicians, including the Resident Physician Shortage Reduction Act, the Rural Residency Planning and Development Act, and the H1Bs for Physicians and the Healthcare Workforce Act. The ROOT Act, included in the Patients First Act, would complement these efforts by promoting appropriate imaging and reducing low-value tests, helping ease pressure on an already strained radiology workforce while improving timely access to care.

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STATE LEGISLATIVE UPDATE

LEGISLATIVE ROUND-UP

As much of the 2026 state legislative session has ended for the year, we are looking forward to a busy 2027 state legislative cycle! In 2026, 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.
- Be on the lookout for an interview with the 2026 grant winners in the December issue of ACR’s Bulletin!

LEGISLATIVE ROUND-UP

Licensure Compacts & Automated Credentialing

- **Arizona HB 21G0** - 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*): Enrolls 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*): Enrolls 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.

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- California — SB 1120 (“Physicians Make Decisions Act”) prevents AI from being the decision-maker for medical-necessity determinations; C requires licensed clinician oversight. Signed 9/28/2024; effective 1/1/2025.

OCTOBER IS BREAST CANCER AWARENESS MONTH

October is Breast Cancer Awareness month and ACR® Government Affairs provides an update on state breast health bills enacted this year. The College is committed to, and works with, ACR chapters in support of state-level advocacy efforts.

Breast Health Bills Enacted in 2026

- [Alabama HB 300](#) prohibits health benefit plans serving Alabama residents from imposing deductibles, copayments, coinsurance, or similar cost-sharing for medically necessary supplemental or diagnostic breast examinations beginning Jan. 1, 2027. Enacted March 5.
- [Arizona SB 1165](#) prohibits Arizona health insurers from imposing cost sharing for screening mammography or medically necessary diagnostic or supplemental breast examinations needed to complete breast cancer screening beginning Jan. 1, 2027. Enacted June 19.
- [Arizona SB 1318](#) repeals Arizona Revised Statutes § 36-415, a provision concerning mammography results notices. This measure aligns AZ statutes with federally mandated breast density notification. Enacted June 19.
- [Illinois HB 5001](#) requires breast cancer screening coverage to follow evidence-based clinical guidelines, including National Comprehensive Cancer Network guidelines, and the treating health care provider’s determination. Existing age provisions may not limit otherwise required coverage. The law takes effect on Jan. 1, 2028. Enacted Aug. 7.
- [Maryland HB 1364](#) required mammography centers to include a breast arterial calcification notice in patient screening result letters effective Oct. 1. The notice explains that calcification may signal increased cardiovascular risk and encourages discussion with a physician. Enacted May 26.
- [Missouri HB 2372](#) amends Missouri’s existing breast examination cost-sharing law to expressly include contrast-enhanced mammography in diagnostic and supplemental breast examination definitions and revises the supplemental examination criteria. The legislation was enacted July 13 and became effective Aug. 28.
- [Utah HB 468](#) requires health plans that cover mammography to cover qualifying mobile mammography screenings in rural areas and reimburse approved mobile units at the same rate as an in-network screening in another setting. The law takes effect Jan. 1. Enacted March 18.
- [Wisconsin SB 264](#) requires health insurance policies, self-insured governmental plans and Medicaid to cover diagnostic breast examinations and supplemental breast screening examinations for people at increased risk or with dense breasts. Cost sharing is generally prohibited, subject to a federal health savings account eligibility exception. Enacted March 19.

ACR has resources available to chapters through the [State Issues](#) page and is available to assist with the delivery of legislative calls-to-action and grassroots mobilization.

If ACR members or state radiological chapters need more information about these bills, contact [Eugenia Brandt](#), ACR Senior Government Relations Director.

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REGULATORY UPDATE



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ACR ADVISES NRC ON RADIATION SAFETY AND MEDICAL USE LICENSING

ACR provided input to the Nuclear Regulatory Commission (NRC) on several proposed rules that are part of the Agency's efforts to conduct a wholesale review of its regulations. In early summer, ACR submitted comments on proposals involving [security of nuclear materials](#) and [materials licensing](#).

More recently, ACR responded to the NRC's [proposed rule](#) that would replace the agency's longstanding "as low as reasonably achievable" (ALARA) standard with a new graded approach to dose management. The proposal also would change nuclear medicine patient release criteria by allowing a consenting caregiver to receive a higher radiation dose than the general public from a patient (i.e., to simplify patient release determinations). In its comments, ACR said that radiation safety is fundamental to the use of radiation in clinical practice, and that the medical community will continue to prioritize the health and safety of their patients by minimizing unnecessary radiation exposure.

Additionally, ACR offered several recommendations regarding the NRC's proposed changes to the nuclear medicine patient release criteria, including by providing comments in response to the patient release draft guidance, which provides voluntary ways in which medical licensees could comply with the proposed changes to the criteria for determining radiation dose to caregivers and other members of the public from released patients.

Finally, ACR provided input on the NRC's medical use [proposed rule](#), which addresses several subtopics, including training and experience requirements for authorized users, residency-based pathways to eligibility, medical event reporting, emerging medical technologies, and licensing requirements, among other issues. In its comments, ACR offered recommendations to enhance the proposed rule and support safe, effective patient care.

For more information, contact [Michael Peters](#), ACR Senior Director of Government Affairs, or [Lindsay Robbins](#), ACR Regulatory Policy Specialist.

ACR ADVOCATES FOR FUNDING FOR BIOMEDICAL IMAGING

ACR attended a meeting at NIH headquarters with the National Institute for Biomedical Imaging and Bioengineering in August as part of the Friends of NIBIB (FoNIBIB) coalition. FoNIBIB is a coalition of specialty societies that supports NIBIB through advocacy, education and public awareness. ACR joined the coalition in 2025.

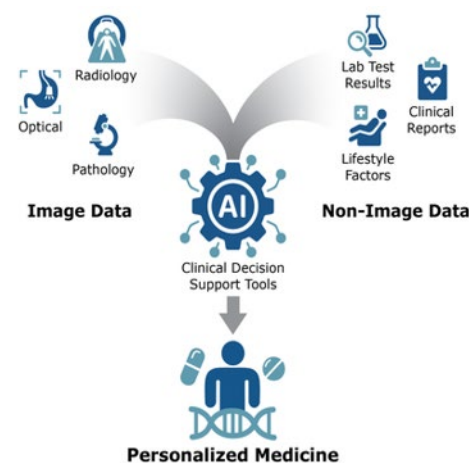
During the meeting, the NIBIB director thanked coalition members for helping raise awareness of NIBIB initiatives. ACR also met with NIBIB staff and leadership to discuss upcoming programs that could benefit radiology. One key initiative is the [Precision Medicine with AI: Integrating Imaging with Multimodal Data \(PRIMED-AI\)](#) program. The program will combine medical imaging with other health data to develop artificial intelligence-powered clinical decision support tools.

ACR also recently participated in the Rally for Medical Research, an annual event of hundreds of advocates, patients and scientists advocating for at least \$51.3 billion for NIH in fiscal year (FY) 2027. The event included a Hill Day where participants met with lawmakers and staff to discuss the importance of NIH research, and an evening reception. Advocates also urged the continuation of the bipartisan congressional prohibition on the implementation of the Office of Management and Budget's (OMB) proposed rule in any subsequent continuing resolution and in the final FY2027 appropriations law, preventing the OMB from finalizing or implementing the rule for several months. [ACR® previously shared concerns](#) about the proposed OMB rule and submitted comments.

ACR will continue to advocate for increased funding for biomedical research, including through Congressional appropriations. For more information, contact [Katie Grady](#), ACR Government Affairs Director.

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NO SURPRISES ACT: MAJOR COURT VICTORY FOR PHYSICIANS

In the latest No Surprises Act legal victory for ACR® members and their practices, the Fifth Circuit Court of Appeals ruled against key federal independent dispute resolution (IDR) policies that had negatively impacted physician reimbursement calculations. ACR joined the American Society of Anesthesiologists (ASA) and the American College of Emergency Physicians (ACEP) in filing a friend-of-the-court brief supporting the Texas Medical Association in the “TMA III” case — part of a coordinated advocacy effort to ensure fair reimbursement for out of network care.

In its new TMA III decision, a majority of the court ruled for TMA on two key issues. First, the court held that federal regulators unlawfully required insurers to include “ghost rates” in Qualifying Payment Amount (QPA) calculations—rates for services that physicians do not actually provide. Because physicians have no economic reason to negotiate rates for services they do not perform, those rates may be well below market and, in some cases, as low as \$0 or \$1. The court concluded that including those rates distorted the QPA and undermined the NSA’s requirement that reimbursement benchmarks reflect market-based payment levels.

The majority further emphasized the practical consequences of artificially low QPAs on the IDR process. For instance, the court noted that a significantly larger than expected volume of IDR arbitrations with physicians and providers prevailing in more than 80 percent of those cases, and arbitrators selecting reimbursement amounts above the QPA in “a whopping” 85 percent of them. QPAs reflecting accurate median in-network rates should lead to decreased volume of IDR arbitrations.

Second, the court ruled that the government’s 2021 regulation violated the NSA by excluding bonuses and incentive payments from QPA calculations. The NSA requires each contracted rate used in the QPA calculation to reflect the “total maximum payment” for an item or service. The court agreed with TMA and ACR that “total” means “all,” including risk-sharing, bonus, and other incentive arrangements. Excluding those payments would improperly suppress the QPA and fail to reflect the actual maximum payment available under payer contracts. The court majority nationally vacated the portion of the government’s 2021 rule requiring insurers to include ghost rates. It also reinforced that the government may use enforcement discretion to allow insurers to continue using current QPAs temporarily while new QPAs are calculated in compliance with the NSA. Congress enacted the NSA to reduce unexpected, or surprise, medical bills from out-of-network physicians and providers, particularly in emergency situations. The TMA III lawsuit challenged the federal government’s methodology for calculating the QPA, a central benchmark used in determining out-of-network physician reimbursement under the NSA. Physicians and insurers negotiate those rates through the IDR process, in which the QPA has significant practical influence.

In 2024, a three-judge panel of the Fifth Circuit upheld the government’s QPA methodology. TMA sought rehearing before the full appellate court, which granted review and issued its new decision this week. ACR looks forward to CMS auditing insurers’ QPA calculations and directing them to meet the court’s ruling. ACR will also continue advocating for Congress to enact H.R. 4710 to strengthen NSA enforcement and impose appropriate penalties on insurers that fail to comply with the law.

The College will continue to monitor the TMA III decision with ASA and ACEP colleagues. For questions, contact [Tom Hoffman](#), ACR General Counsel or [Katie Keysor](#), Vice President, Economic Policy.

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2027 MEDICARE PHYSICIAN FEE SCHEDULE (MPFS)

ACR® developed a detailed summary of the 2027 Medicare Physician Fee Schedule (MPFS) proposed rule that outlines Medicare payment provisions and updates to the Quality Payment Program, focusing on provisions that impact imaging services. If finalized, the updates and changes included in the proposed rule, released by CMS July 14, take effect Jan. 1.

One key change in the rule is CMS's proposal to modernize the practice expense methodology by gradually removing reliance on specialty surveys and replacing them with a system based more on current, auditable cost data. CMS expressed concern with the accuracy of data collected through the most recent AMA Physician Practice Information Survey. The agency contracted with RAND Corporation to review the practice expense methodology and consider alternative methods to improve its accuracy. In its report, *Expanding Technical and Professional Components to all Medicare Physician Fee Schedule Services*, RAND discusses its findings and proposals about how to improve the accuracy of MPFS payments.

As a result, CMS proposes to remove the steps from the current practice expense methodology that rely on survey data and transition this change over two years. In addition, the proposal includes application of a stabilization adjustment to the practice expense relative value units to reduce volatility by capping any increase or decrease to these relative value units at 5% each year.

ACR continues to run analysis on the impact of the proposed changes on radiology. However, CMS estimates that the relative value unit changes have a positive impact on radiology, interventional radiology, nuclear medicine and radiation oncology.

If you have questions about the proposed rule or for more information, contact [Katie Keysor](#), Vice President of Economic Policy.

CMS RELEASES CY 2027 HOPPS PROPOSED RULE

CMS has released the CY 2027 Hospital Outpatient Prospective Payment System (HOPPS) proposed rule, which includes updates to hospital outpatient payment rates and policies affecting radiology, radiation oncology and other outpatient services. The proposed changes would take effect Jan. 1, 2027, with the final rule expected to be released this fall.

To help navigate the proposed policies, ACR staff developed the following resources:

- [ACR Initial Summary](#)
- [ACR Detailed Summary](#)

ACR also submitted comments to CMS on several issues of importance to radiology, including the proposed site-neutral payment policy for certain imaging services provided in off-campus hospital outpatient departments, APC assignments, Software as a Medical Service (SaMS), diagnostic radiopharmaceutical payment, the 340B remedy offset and Hospital Outpatient Quality Reporting Program updates. ACR urged CMS to protect access to preventive imaging services, establish safeguards against excessive payment reductions and pursue more targeted approaches to reducing unnecessary imaging utilization.

- [ACR Comment Letter to CMS](#)

Please contact [Kimberly Greck](#) with any questions related to the HOPPS rules.

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CMS PROPOSES RAPID PATHWAY FOR FASTER DEVICE COVERAGE

RAPID pathway could streamline Medicare coverage decisions for eligible breakthrough devices through earlier review alignment.

ACR® urges members to review the proposal and consider its potential impact on access to innovative medical technologies and future Medicare coverage policy. The College prepared a detailed summary of the new coverage pathway and its implications.

ACR will submit comments by Oct. 13.

[Read the ACR article](#)
[Read the detailed summary](#)

For more information, contact [Alicia Blakey](#), ACR Manager of Economic Policy.

ACR SUPPORTS LCD REFORM LEGISLATION H.R. 8500

As part of its ongoing leadership of the CAC Engagement Coalition, ACR® has joined a multispecialty effort supporting H.R. 8500, the Timely Access to Coverage Decisions Act of 2026. In August, ACR joined 30+ national healthcare organizations in a letter thanking Representatives Neal Dunn, Nanette Barragán and Claudia Tenney for introducing the legislation and for their leadership on Medicare coverage reform.

Led by the College of American Pathologists, the legislation would improve transparency, stakeholder engagement, and timeliness in the Medicare Local Coverage Determination (LCD) process, a key ACR advocacy priority. ACR® is pleased to support this effort alongside other healthcare organizations working to improve the Medicare coverage process for physicians and patients. [Learn more.](#)

[View H.R. 8500 on Congress.gov](#)

SEPTEMBER 2026 CPT EDITORIAL PANEL MEETING

At the September 2026 CPT Editorial Panel meeting in Minneapolis, the ACR collaborated with specialty societies to present code change proposals for Deep Venous Arterialization, Central Venous Catheter (CVC) procedures, Breast Malignancy Risk Score assessment, and Anatomical Model 3D Printing. If approved, the new Category I codes will become effective January 1, 2028, while the Category III codes will become effective January 1, 2027.

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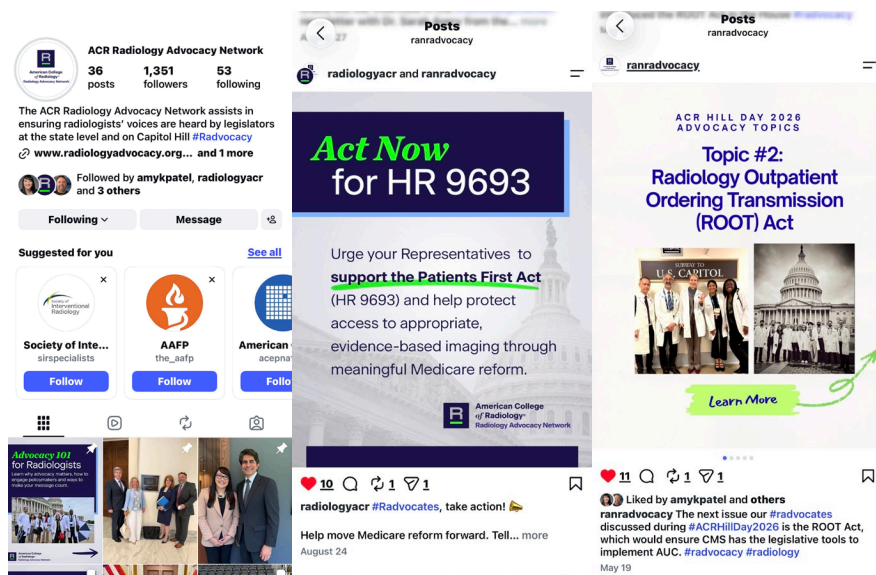
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AMPLIFYING ADVOCACY: INSIDE THE RAN INSTA ACCOUNT



Created during the end of ACR 2026, the Radiology Advocacy Network Instagram account aims to establish a powerful, visually driven communication channel that amplifies the American College of Radiology's (ACR) Governmental Relations initiatives. The account will educate members on policy, drive grassroots action, showcase legislative victories, and demystify the advocacy sphere for radiologists, residents, and medical students.

To get a closer look at the strategy behind the new platform, we spoke with [Lindsay Robbins](#), Staff Lead and ACR Regulatory Policy Specialist, about her role in bringing this initiative to life.

The Inspiration Behind the Account

According to Robbins, the platform was created to showcase the incredible behind-the-scenes advocacy work occurring within the field. The account serves as an opportunity to highlight the tireless efforts of physician volunteers, state chapter leaders, and ACR staff. Beyond recognition, the platform is designed to engage younger members and ensure they know that their voices and experiences are incredibly valuable to the College.

Translating Complex Policy for Social Media

Because policy and regulatory topics in radiology can be highly technical, translating them into engaging social media posts requires a specific approach. Robbins notes that being able to condense complex policy issues into "bite-size pieces" is a crucial but often overlooked aspect of advocacy work.

"When you're speaking with a government official, a lawmaker, or someone at a partner organization, you typically don't have a lot of time, so being concise but effective is crucial," Robbins explained, noting that social media requires a similar strategy. Because Instagram only captures a user's attention for a couple of seconds, the team must figure out how to make an impact in a very short window. To achieve this, Robbins credits the ACR communications and social media team, whose help has been vital in breaking down complex topics to make the content interesting and engaging.

Fostering Community Engagement and Measuring Success

Moving forward, the account plans to continue posting about House and Senate bills that impact radiologists. By highlighting these issues, the team hopes to increase the number of members who respond to policies by

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RADVOCACY LEADER CERTIFICATE 2026 AWARDEES

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

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calling or engaging with their elected officials. Additionally, the account hopes to encourage more involvement with state chapters, as a significant amount of critical change happens at the state and local levels.

When it comes to measuring success, Robbins has a clear benchmark: "If we can get even one more member involved in advocacy through content on the account, then I would say the account is a success, but we definitely want to reach as many members (or potential members) as we can!"

Balancing Policy Work with Content Creation

Robbins brings a strong background in healthcare policy to the role, which allows her to deeply understand and accurately communicate the policies being worked on across the entire ACR advocacy portfolio—even issues outside her specific purview. However, she emphasizes that it is a collaborative effort, noting she is constantly impressed by the depth of knowledge provided by the government relations and economic teams.

Taking on the dual role of regulatory policy work and digital content creation has been highly rewarding. Robbins shared that she has always had an artsy and creative side, and this project has allowed her to embrace that creativity while brainstorming new ways to get members interested in advocacy. Seeing members interact with the account has been a highlight, as it demonstrates a clear desire among the membership for this type of advocacy engagement.

Beyond the Screen

When she is not tracking regulatory policy or curating posts for the Radiology Advocacy Network, readers might be surprised to learn that Robbins is a massive nature lover. She loves hiking and camping; and is currently building a pollinator garden in her front yard utilizing native plant species. To date, she has visited 20 national parks—15 of them with her husband—and she plans to visit at least two more next year.

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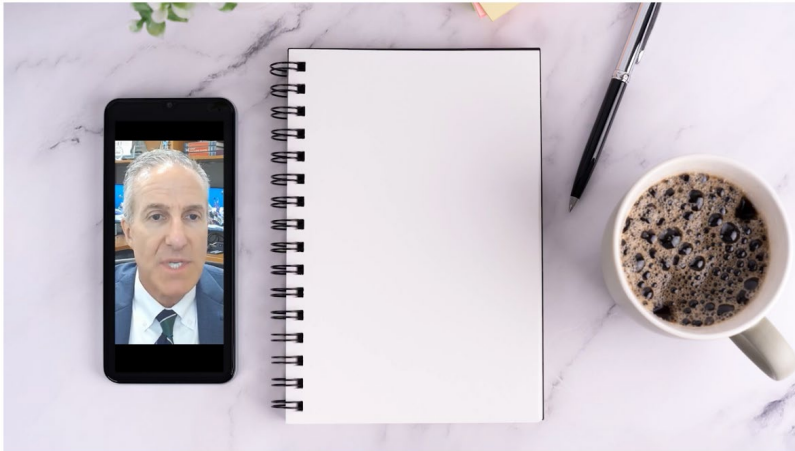
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ADVOCACY CURRICULUM: HOW TO BUILD A LEADERSHIP CAREER



In this ACR [Advocacy Curriculum video](#), Dr. Rich Duszak, Chair of the ACR Commission on Leadership and Practice Development, offers practical guidance for radiologists interested in expanding their careers beyond traditional clinical roles. Drawing on his own experience in private practice, academic leadership, payment policy, research, and national service, Duszak emphasizes the importance of curiosity, honest self-assessment, understanding personal risk tolerance, finding trusted mentors, and committing to lifelong professional development. He highlights volunteer opportunities within the ACR and local health systems as valuable ways to build leadership experience, while also pointing to the ACR Radiology Leadership Institute as a resource for developing the skills, networks, and experience needed to pursue larger nonclinical roles. The video reinforces that leadership pathways can allow radiologists to broaden their impact on colleagues, health systems, and patients while encouraging physicians to thoughtfully consider how those opportunities align with their individual career goals.

Check out this microlesson and others as part of the [ACR Advocacy Curriculum](#)

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](#)

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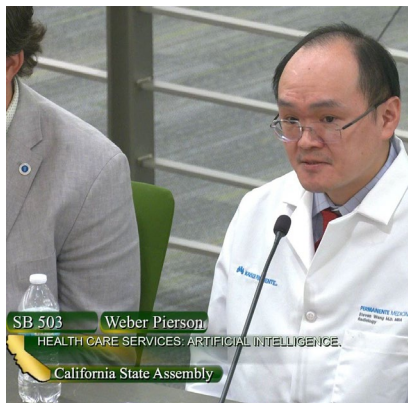
- [Leah Davis, MD](#)
- [Connie Lu, MD](#)
- [Sally Midani, MD](#)
- [Mary Scanlon, MD, FACR](#)

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RADIOLOGY'S VOICE IN THE FUTURE OF AI



Artificial intelligence (AI) is changing healthcare fast, but how do we make sure it stays safe and fair for patients? In a recent post, Dr. Steven Wang explains why radiologists need to help guide the future of AI.

Recently, California passed new laws to make sure AI in medicine is clear, unbiased, and closely watched by human experts. Dr. Wang reminds us that technology works best when it *helps* doctors, rather than trying to replace them. Because radiologists are already experts at working with new tech, they have a huge role to play in helping lawmakers write the rules.

Want to know how doctors are stepping up to protect patients and shape the future of medical technology?

[Click here to read the full article!](#)

ADVOCATING FOR OUR SPECIALTY: THE POWER OF THE ACR-AMA PARTNERSHIP



The world of medicine is changing fast! Instead of running their own small practices, many doctors are now working for big companies or as independent contractors. Because of these big shifts, radiologists need a strong voice to protect their profession and make sure patients get the best care possible.

This article explains that the best way for radiologists to be heard on a national level is by teaming up with the American Medical Association (AMA). By working together as a "team of teams," radiology leaders have been able to help shape important healthcare rules. To keep this teamwork going strong, the authors encourage all radiologists to become members of both the ACR and the AMA.

Want to learn more? [Click here to read the full article!](#)

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



RAD, White, & Blue RADPAC250 CAMPAIGN

Working off the theme of America's 250th birthday this July, the RADPAC250 Campaign is focused on making a final fundraising push starting October 1 through the election on November 3rd. The goal for the Campaign is to recruit 25 new contributors from each state. With this being an election year, RADPAC has contributed more than \$607,000 already to the campaigns and political committees of radiology-friendly and influential members of Congress while raising just over \$500,000. For RADPAC to continue to move the needle and be an impactful player during the elections, RADPAC needs the support of members of the College. So far RADPAC has 1,479 contributors, which is 74% of its goal of 2,000 contributors for 2026.

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



RADPAC @ Congressional Women's Softball Game

RADPAC teamed up with the American College of Radiology Association (ACRA) to sponsor the Congressional Women's Softball Game. For the past 17 years, female members of Congress and the Washington, DC, Press Corps battle it out on the softball field to raise funds and awareness for young women with breast cancer.



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RADPAC UPDATE



RADVOCACY PODCAST

In the latest episode of the RADVOCACY Podcast hosted by RADPAC, Ted Burnes speaks with [Katie Keysor](#), Vice President of Economics at the American College of Radiology, about several of the most important reimbursement and health policy issues currently facing radiology. Keysor explains the broad role of the ACR Economics Department in coding, valuation, Medicare coverage, reimbursement, and payer policy before breaking down key provisions in the latest CMS proposed rules, including site-neutral payment proposals, changes to the Medicare Physician Fee Schedule, and the potential impact on radiology, interventional radiology, nuclear medicine, and radiation oncology. The discussion also examines ongoing challenges with implementation of the No Surprises Act, including concerns surrounding qualifying payment amount calculations, the independent dispute resolution process, and payer compliance with arbitration decisions. Throughout the conversation, Keysor highlights the close connection between economics and advocacy and underscores the importance of continued ACR engagement with CMS, Congress, and private payers to protect fair reimbursement and patient access to radiologic care.

Check out the RADVOCACY Podcast wherever you get your podcasts:

[Apple Podcasts](#)

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[Youtube](#)

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- **Radvocracy Update**
- **RADPAC**

To learn more about RADPAC's activities, check out our [new webpage](#)