RADVOCACY NEWSLETTER

American College of Radiology™
Radiology Advocacy Network

Hello Radvocates,

It was a lively 2025 on the advocacy front, both at the state and federal level. At times, you may and continue to feel frustrated or uncertain when advocating for our patients and profession, but our commitment must not waver. Consequently, we are busy at work providing support and assistance to all at the state and federal level, and we will continue to build on our efforts in 2026. We are also amplifying our efforts when it comes to our presence, who we are, and the integral role we play in the House of Radiology and Medicine.

We will continue to improve our communication and ways you can support our efforts through our comprehensive RADVOCACY Newsletter, now under the leadership of our Communications Chair and Editor, Dr. Alex Podlaski. I am so appreciative to him and the other members on the committee who are ensuring up-to-date, relevant content is available to you at all career levels. We are also working to optimize our website www.radvocacy.org.

In the meantime, it's important we continue 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.

We will continue to press on to ensure our patients have access to the care they deserve and we are fairly reimbursed for the services we provide. As always, 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. **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.**

We continue to need you now, more than ever, and in a political and healthcare climate where at times, we may feel all hope is lost, we must continue to solider on and not let our foot off the pedal. Our patients and profession deserve this from us. Thank you for all you do.

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

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FEDERAL LEGISLATIVE UPDATE

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GOVERNMENT SHUTDOWN AND FUNDING BATTLE

The longest government shutdown in U.S. history concluded after 43 days when the president signed legislation on November 12 to restore government funding. At the heart of the shutdown was a legislative impasse primarily centered on the extension of expiring Affordable Care Act (ACA) health insurance subsidies.

The law funding the government retroactively restores the ability for providers to bill for telehealth services under COVID-era rules that were in place prior to Oct. 1 and retroactively restores the minimum Medicare Geographic Price Cost Index (GPCI) floor to 1.0 through Jan. 30. Additionally, the law funds quality measure endorsement, input and selection, and makes additional funding available to the U.S. Department of Health and Human Services for implementation of the No Surprises Act.

The law stops implementation of statutory Pay-As-You-Go (PAYGO), a budget mechanism that would have resulted in a -2% across the board Medicare cut triggered by the One Big Beautiful Bill Act.

This law also includes fiscal year 2026 funding for three of the 12 government appropriation bills (Agriculture–FDA, Military Construction–Veterans Affairs, and the legislative branch). The Ag-FDA bill provides $7 billion for the FDA, compared to $6.7 billion in the House proposal and $7.1 billion in the Senate proposal. All remaining agencies, including NIH, ARPA-H, CDC and AHRQ are flat funded through Jan. 30.

The law did not address the expiring ACA subsidies which if Congress does not act, will go into effect January 1, 2026. Policy solutions, however, continue to be debated and negotiations are ongoing.

RADIOLOGY OUTPATIENT ORDERING TRANSMISSION ACT (ROOT ACT)

The ACR continues to urge Congress to pass the Radiology Outpatient Ordering Transmission (ROOT) Act, legislation to ensure seniors receive the most appropriate imaging for their condition, reduce unnecessary radiation exposure, and lower Medicare spending on low-value scans.

Introduced in the House October 10 by Rep. Diana Harshbarger (R-TN) and cosponsor Rep. Blake Moore (R-UT), the ROOT Act (H.R. 5737) would amend the Protecting Access to Medicare Act (PAMA) of 2014 to ease AUC implementation requirements. The legislation stipulates that providers consult physician-developed AUC before ordering advanced diagnostic imaging for Medicare beneficiaries.

This is a companion bill to S.1692, introduced by Sens. Marsha Blackburn (R-TN) and Catherine Cortez Masto (D-NV) earlier this year.

Although Congress directed the AUC program to begin in 2017, regulatory delays and a 2023 indefinite pause by the Centers for Medicare and Medicaid Services (CMS) stalled progress—despite CMS acknowledging the program's potential to save more than $700 million annually. The ROOT Act proposes several technical changes to PAMA to ensure timely and efficient implementation of the AUC program.

AUC-based clinical decision support systems allow providers to access and consult AUC at the point of care without delaying treatment or interfering with clinical judgment. Providers are not required to follow AUC recommendations, only to demonstrate consultation.

The ACR will continue to advocate that Congress includes the ROOT Act in any end-of-year health care package or government funding bill in January. Please be on the lookout for and respond to Calls to Action, or CTAs, requesting members of congress and senators cosponsor the ROOT Act.

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PHYSICIAN WORKFORCE

Physician workforce policy solutions are at the forefront of the ACR advocacy priorities. The College continues to advocate for additional Medicare funded Graduate Medical Education (GME) positions for radiology and supports efforts to address barriers to visa authorization, including legislation aimed at ensuring international medical students are able to stay in U.S. after their residency and expediting the visa authorization process for qualified physicians stuck overseas due to backlogs. Addressing specialty shortages is also a key priority. Some of the workforce bills supported by the ACR include:

- Resident Physician Shortage Reduction Act of 2025 (H.R. 4731, S. 2439): This bipartisan legislation would increase the number of federally supported medical residency positions by 2,000 annually for seven years.
- Conrad State 30 and Physician Access Reauthorization Act (H.R. 1585, S. 709): This legislation would reauthorize and strengthen the Conrad 30 program by making minor improvements to its functioning. Currently, the Conrad 30 program allows 30 qualified residents per state to remain in the U.S. if they agree to practice in a medically underserved area for three years. The legislation would expand the number of waivers each state receives up to 45 if certain nationwide thresholds are met.
- Healthcare Workforce Resilience Act (H.R. 5283/S. 2759): Aimed at expediting the visa authorization process, this legislation would impact both physicians stuck overseas due to administrative backlogs, as well international physicians currently working in the U.S. on temporary visas with approved immigrant petitions. The bills would initiate a one-time recapture of up to 40,000 unused employment-based visas – 25,000 for foreign-born nurses and 15,000 for foreign-born physicians.
- Specialty Physicians Advancing Rural Care Act (H.R. 4681, S. 1380): Aimed at addressing the shortage of specialists in rural areas by establishing a student loan repayment program. The bipartisan legislation would provide up to $250,000 over six years to specialty physicians and non-physician specialists who agree to work in designated rural health shortage areas, incentivizing them to serve in underserved communities.

In September, the administration announced changes to the H1-B program, primarily through a new $100,000 fee for new H-1B petitions. This will likely have a negative impact on the ability to hire physicians from other countries. The ACR has recommended flexibility with health care workers, asking the administration and the Department of Homeland Security (DHS) for an exemption to the fee requirement for radiologists and other physicians.

INCREASING ACCESS TO LUNG CANCER SCREENING ACT INTRODUCED DURING LUNG CANCER AWARENESS MONTH

The Increasing Access to Lung Cancer Screening Act was introduced in the U.S. House of Representatives Nov. 20, by Reps. Brian Fitzpatrick (R-PA) and Kathy Castor (D-FL).

This bill would require all state Medicaid programs to cover lung cancer screening for eligible enrollees without cost-sharing, expand coverage for tobacco cessation, and prohibit payers from subjecting annual lung cancer screening to prior authorization.

Long supported by the ACR, CEO Dana H. Smetherman, MD, MPH, MBA, FACR, was quoted in the bill sponsors' press release:

"This legislation will remove financial barriers to screening, improve access for more people who need this care, and enable patients and providers to strike a major blow against the nation's leading cancer killer," said American College of Radiology CEO Dana H. Smetherman, MD, MPH, MBA, FACR. "Coupled with education about the importance of screening, this expanded coverage will help ensure early detection for more people, address disparities in lung cancer outcomes, and save more lives from this terrible disease."

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STATE LEGISLATIVE UPDATE

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LEGISLATIVE ROUND-UP

The 2025 state legislative season proved to be another busy healthcare-related 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.

A summary of actions concerning those issues is below:

- ACRA Scope of Practice Grant for the 2025 state legislative cycle awarded grant funds to six state radiological chapters (IA, MI, NY, TN, TX, WI)
    - We have received reports back from the following: IA, MI, NY, TX
        - MI used grant dollars to contract with a digital marketing firm to continue building the SOP website *MiRadiologist*- https://www.miradiologists.com/ (still in session but no harmful SOP legislation has passed)
        - TX used grant dollars to also contract with a digital marketing firm to continue their SOP digital ad campaign- https://www.txrad.org/page/LegislativeSession (All harmful SOP legislation was stopped)
        - NY used grant dollars for the following: developed educational SOP materials, developed 15 memoranda opposing SOP & launched a digital advertising campaign (see attached)
        - IA used grant dollars for the following: to hire a lobbyist (for the first time & the lobbyist used to work for the IA Medical Society)- who was able to focus on SOP issues and lean on his relationships to thwart SOP legislation in IA (Lobbyist was able to persuade key legislators to not move forward on a proposed SOP bill)
- ACR did/is currently tracking over 100 SOP bills in thirty-seven different states, which have the potential to impact on the field of radiology.
    - AK, AR, AZ, CA, CO, CT, FL, GA, HI, IA, ID, IL, IN, KS, KY, MA, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NY, OH, OK, PA, RI, SC, SD, TX, WA, WY
    - This includes SOP expansion by APRNs, PAs, chiropractors, PTs, CRNAs, and naturopaths.
    - Problem-Some SOP legislation has passed in the following: AZ, MT, ND, SD, OK (SOP legislation was originally vetoed by the Governor but was overridden by the state legislature), ME, NH
- Dillon Harp joined Ted Burns on his Radvocacy podcast to talk about state advocacy in the 2025 state legislative session.

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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.
- 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.

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THE ACR ADVOCATES FOR GREATER OVERSIGHT AND EVALUATION OF CLINICAL AI

The ACR provided recommendations to the White House Office of Science and Technology Policy in response to a Request for Information (RFI) as part of the White House AI Action Plan. In its comments, the ACR recommended that the FDA should enhance post-market AI device oversight mechanisms, and emphasized the need for CMS to implement appropriate reimbursement policies for the qualified use of AI tools in clinical settings.

The ACR also responded to a series of questions in an FDA RFI regarding measuring and evaluating the performance of AI-enabled medical devices to help inform the FDA's efforts to strengthen oversight of emerging AI technologies. The ACR provided FDA with input on AI evaluation methods and quality management and emphasized the ACR Data Science Institute programs designed to support safe and effective AI implementation, including Assess-AI and ARCH-AI.

The ACR will continue to provide feedback to the FDA and other agencies on healthcare AI policy topics. For questions about federal AI policy, contact Michael Peters, ACR Senior Director, Government Affairs.

THE ACR ADVOCATES FOR FEDERAL RESEARCH FUNDING IN FY 2026 BUDGET

The 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. This year, the ACR also has engaged 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 House and Senate have both released fiscal year (FY) 2026 spending bills that maintain funding for the NIH and reject the President's Budget Request that would have cut NIH funds by 40 percent. The House bill provides $48 billion for the NIH base budget, while the Senate bill provides $48.7 billion. In addition to the NIH, the House bill would reduce ARPA-H's budget to $945 million, while the Senate bill would maintain ARPA-H's current budget of $1.5 billion. The ACR continues to work with coalition partners on advocacy efforts.

HHS is operating under a continuing resolution until January 30, 2026. The ACR, along with the medical research community, will continue to advocate for the Senate bill that would maintain NIH and ARPA-H funds and would prohibit the Trump administration from making changes to the F&A cost structure in NIH grants or restructuring NIH's 27 institutes and centers without collaborating with the appropriate congressional authorizing committees.

For more information on federal research funding, contact Katie Grady, ACR Government Affairs Director.

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NUCLEAR REGULATORY COMMISSION (NRC) ACIVITIES ANTICIPATED IN 2026:

In May 2025, the Trump Administration released several executive orders (EOs) relevant to the NRC, including ordering the reform of the NRC and instructing the agency to reevaluate the linear-no-threshold (LNT) model for radiation exposure and the "as low as reasonably achievable" (ALARA) standard. While these EOs are designed to advance nuclear reactors and increase the production of nuclear energy, the changes could potentially impact the medical use of radioactive materials. For example, NRC reforms could result in reduced resources for the NRC Advisory Committee on the Medical Uses of Isotopes (ACMUI), and changes to public and occupational dose limits could impact medical regulations and guidance, including on the NRC's patient release criteria. The ACR expects the NRC to release a proposed rule on these reforms in Spring 2026.

The ACR also anticipates that NRC will undergo rulemaking on licensing of emerging medical technologies (EMT) in Spring 2026. The College will continue to track these regulatory actions and communicate with the NRC and other stakeholders. For questions regarding NRC activities, contact Michael Peters, ACR Senior Director, Government Affairs, or Lindsay Robbins, Regulatory Policy Specialist.

THE ACR COMMENTS ON DEPARTMENT OF COMMERCE (DOC) MEDICAL DEVICE INVESTIGATION

In September 2025, the DOC announced an investigation to determine effects of imports of personal protective equipment (PPE), medical consumables and medical equipment (including devices) on national security. The ACR provided comments to inform DOC of the financial burden that tariffs could impose on clinicians practicing diagnostic and interventional radiology, radiation oncology, nuclear medicine and medical physics. The College also recommended that the DOC differentiate medical devices from PPE and medical consumables in its investigation. The ACR will continue to follow this investigation and any drug/device tariff policies that may impact radiology.

For more information on the DOC investigation, contact Lindsay Robbins, ACR Regulatory Policy Specialist.

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2026 MEDICARE PAYMENT FINAL RULE

The 2026 Medicare Physician Fee Schedule (MPFS) final rule introduces significant changes impacting radiology and related specialties, effective January 1, 2026.

The overall payment impact for radiology is estimated to be -2%, with nuclear medicine at -1%, radiation oncology at -1%, and interventional radiology at 2%.

A major policy change is the implementation of a -2.5% efficiency adjustment to the work Relative Value Units (RVUs) for most non-time-based codes, including many radiology services, beginning in 2026.

In a move to modernize the Quality Payment Program (QPP), CMS is introducing six new MIPS Value Pathways (MVPs) for voluntary reporting, including dedicated pathways for Diagnostic Radiology and Interventional Radiology.

CMS also finalized policies that allow for direct supervision using two-way, real-time audio/video technology in most circumstances, a flexibility supported by the American College of Radiology (ACR). Additionally, new codes for Lower Extremity Revascularization and Irreversible Electroporation of Tumors (liver and prostate) were finalized with their recommended RVUs.

To read the full analysis please click here.

For more information, contact Angela Kim, ACR Senior Director, Economic Policy.

CY 2026 HOPPS FINAL RULE

The Centers for Medicare and Medicaid Services (CMS) has released the Calendar Year (CY) 2026 Hospital Outpatient Prospective Payment System (HOPPS) final rule, effective January 1, 2026.

This detailed summary highlights major updates, including:

- Conversion Factor Increase: The conversion factor will increase by 2.6 percent to $91.415 for CY 2026[2]. Hospitals failing to meet quality reporting requirements face a further reduction, resulting in a CF of $89.632.
- Imaging APC Changes: CMS did not finalize new changes to the seven-category APC structure for imaging codes, but codes have been moved within these categories to address two-times rule violations, which will impact reimbursement.
    - Specific Updates: Includes payment rates for CT Lung Cancer Screening [5], Medical 3D Printing Services [6666], and a change in APC assignment for Non-Cardiac Contrast Enhanced Ultrasound (CEUS) (CPT 76978) to APC 5572.
- Elimination of the Inpatient-Only (IPO) List: CMS finalized the plan to eliminate the IPO list over a 3-year transition, starting with the removal of

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- Payment for Software as a Service (SaaS): CMS finalized New Technology APC assignments for several imaging-related SaaS codes, often utilizing equitable adjustment authority to set rates higher than those suggested by limited claims data.
- Virtual Supervision: CMS finalized making the availability of virtual direct supervision of diagnostic services permanent.
- Quality Reporting (OQR) Program: A new voluntary measure, OP-40-Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults, is added to the Hospital OQR Program, and the measure OP-10 (Abdomen CT) is removed

To read the full analysis please click here.

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.

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ALEX PODLASKI, MD – COMMUNICATIONS CHAIR & EDITOR OF THE RADVOCACY NEWSLETTER

Alex Podlaski has transitioned into the role of Communications Chair of the RAN and will be serving as the Editor of the Quarterly RAN Newsletter moving forward. He aims to bring insightful updates to the Newsletter with engaging and informative content that will help all Radiologists become better advocates. If you would like a local/state/national policy issue or victory to be featured in a future Newsletter, please reach out to him at Alexander.Podlaski@rutgers.edu.

SCOPE OF PRACTICE

A team of physicians (including Radiologists Dr. Sharon D'Souza and Dr. Phill Shaffer) have recently published an article entitled *Autonomous nurse practitioners in Florida frequently practice outside their legal scope of primary care: a cross-sectional study.* Published in Family Practice, this paper examines Florida's nurse practitioner unsupervised practice law and raises important questions for physicians and trainees about scope of practice and enforcement. Although Florida law allows autonomous NPs to practice independently only within primary care, investigators found that a majority of sampled autonomous NP practices were operating in non primary care clinical settings, including cosmetic medicine, psychiatry and addiction medicine, emergency and urgent care, inpatient medicine, and cardiology. Only about one third of autonomous NPs were practicing in primary care, with others working in specialty or non clinical roles. These findings suggest widespread deviation from the intent of the law and underscore the need for stronger oversight and enforcement to ensure that scope of practice aligns with training, patient safety, and legislative intent, a core advocacy issue for radiologists and the Radiology Advocacy Network.

RADVOCACY PODCAST

In the newest RADVOCACY podcast, host Ted Burns speaks with Dr. Priscilla Slanetz, MD, FACR, about her journey from Long Island to Harvard Medical School and eventually into radiology, highlighting how early experiences (including passing a state safety bill and discovering radiology through public health) shaped her advocacy path. Dr. Slanetz discusses her leadership role on the ACR Board of Chancellors and her vision for a formal advocacy curriculum within the College which is designed to equip radiologists with essential skills across leadership, communication, media engagement, and health policy. It is also designed to help both trainees and practicing radiologists become more effective advocates for patients and the profession.

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RADVOCACY LEADER CERTIFICATE 2025 RECIPIENTS

- Tilden Childs, MD, FACR
- Loralie Ma, MD, FACR
- Christopher McAdams, MD
- Monica Wood, MD

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THE ACR ADVOCACY CURRICULUM

The ACR Advocacy Curriculum is designed to build your knowledge of advocacy — what it is and why it is important — but goes a step further to help enhance your skills in all the related disciplines that can make or break your advocacy efforts, including communication, leadership, branding and media.

"Focused. Forward. Together." isn't just the ACR tagline, it's also the inspiration for the curriculum. Built by advocacy experts and fellow radiologists, this ongoing program delivers brief lessons to provide clarity to elements of advocacy that can be confusing or intimidating. Now, those beginning their advocacy journey as well as experienced advocates can move forward to focus on the future of radiology, together.

Advocacy Is for Everyone
Current Lessons:

What Is Advocacy and Why Does It Matter?
By Priscilla J. Slanetz, MD, MPH, FACR, chair, ACR Commission on Publications and Lifelong Learning, and Kirang Patel, MD, member of the Radiology Advocacy Network
Watch video

How to Speak to a Legislator
By Amy K. Patel, MD, chair of the Radiology Advocacy Network
Watch video

How to Give an Elevator Pitch
By Alex Podlaski, MD, member of the Radiology Advocacy Network, and Fatima Elahi, MD, chair of the RFS Executive Committee
Watch video

Building a Grassroots Coalition
By Sharon D'Souza, MD, MPH, president of the Oklahoma State Radiological Society
Watch video

Pearls and Pitfalls of Public Speaking
By Phillip Boiselle, MD, professor of radiology, Columbia University, and Omer Awan, MD, MPH, CIIP, professor of radiology, University of Maryland School of Medicine
Watch video

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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."

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RADPAC UPDATE

RADPAC Award, New Name and Recipient

At the ACR Annual Meeting in May, 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 2024 was **Samir B. Patel, MD, FACR,** in appreciation for his commitment, leadership and dedication to RADPAC.

RADPAC's March RADness

Congrats to California, Kansas, Maryland, New Jersey & Rhode Island for winning their divisions in RADPAC's annual March Radness Chapter Challenge. Each of these chapters received $500 FROM RADPAC to put towards future chapter resident programming.

For questions, contact Ted Burnes, Senior Director of Political Affairs & RADPAC.

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