
NEWS BRIEFS

**Administration Releases
1991 DOE Budget Request**

The Bush Administration delivered its 1991 budget request to Congress in late January. The package includes \$17,479,467,000 for the Department of Energy (DOE). The President requested \$37.0 million for the Medical Applications Program, formerly called the Nuclear Medicine Program (see *Newsline* box, p. 19A). The program had received \$36.2 million in fiscal year 1989 and \$37.3 million in fiscal year 1990.

According to James Robertson, MD, PhD, director of the human health and assessments division within the DOE's Office of Health and Energy Research, the DOE's target budget for the Medical Applications Program was \$39.5 million, but the Office of Management and Budget, which reviews agency proposals and makes recommendations to the President, scaled the budget down. Dr. Robertson noted that the Congressional target budget for the Medical Applications Program is \$37.015 million.

Dr. Robertson told *Newsline*, "The decrease reflects a change in the needs for supporting neutron capture therapy," rather than a general paring down of funds for nuclear medicine. "Most of the nuclear medicine projects are either unchanged or slightly increased."

The Presidential budget request for DOE also included \$16.243 million for the Isotope Production and Distribution Fund. The Administration expects this revolving fund to achieve full cost recovery and result in no net burden to the government (see *Newsline*, p. 13A).

The final budget will not be decided until after Congressional hearings expected to take place during the spring. In addition, respective appropriations committees must give the budget further consideration. The budgeting process for the government agencies typically continues through the summer. ■

**DOE Secretary Approves
Restart of HFIR**

Secretary of Energy James D. Watkins approved the restart of the High Flux Isotope Reactor (HFIR) at Oak Ridge National Laboratory (ORNL) on January 22. Jack Richard, director of reactor operations at ORNL, says, the HFIR will begin a nine-week training period on January 29, after which the reactor will reach 85 megawatt (MW) rated power level. (The reactor has a full power level of 100 MW.)

John Bigelow, ScD, transuranic materials coordinator at ORNL, says that because of "budgetary crunches . . . I don't believe that in fiscal 1990 there will be any capability to produce isotopes and distribute them for nuclear medicine." He noted, however, that several transuranic isotopes, californium-252 (^{252}Cf), einsteinium-253 (^{253}Es), and fermium-255 (^{255}Fm), will also be available sometime in the fall. ^{252}Cf , which has a half-life of about 2½ years, has been available throughout the shutdown. HFIR is the nation's only source of ^{252}Ca . Dr. Bigelow says that the lack of funding for isotopes may have been due, in part, to the shutdown of the reactor, so that funding for fiscal 1991 might be likely.

The reactor has been shut down essentially since November 1986, when workers noted greater than expected radiation-induced embrittlement of its pressure vessel (The reactor ran for three weeks in the spring of 1989 but was shut down again due to an operator error). A DOE-directed review conducted in 1986 also uncovered deficiencies in management and oversight programs. Since that time, according to the DOE, studies have confirmed the integrity of the pressure vessel for continued opera-

tions at the reduced power level. The DOE has also addressed the management and oversight problems. ■

**Appropriations for Allied
Health Approved**

President Bush signed into law an appropriations bill for the Departments of Labor, Health and Human Services, Education, and related agencies in November 1989 that includes \$750,000 in appropriations for allied health project grants and contracts under Title VII of the Public Health Service Act.

Title VII authorizes the award of grants and contracts for projects that improve and strengthen the effectiveness of allied health administration, program directors, and faculty; improve and expand program enrollments in those professions in greatest demand and whose services most impact the elderly; strengthen interdisciplinary training programs that promote effectiveness of allied health practitioners in geriatric assessment and the rehabilitation of the elderly; create demonstration centers that emphasize models linking the clinical practice, education, and research of allied health professions; strengthen allied health program curriculums so that they include prevention and health promotion, geriatrics, long-term care, home health and hospice care, and ethics; and recruit individuals into the allied health professions.

The appropriations bill passed by President Bush, which became Public Law (PL) 101-166, addresses the funding for fiscal year 1990. During April 1990, the House Appropriation Subcommittee on Labor, Health and Human Services, Education, and Related Agencies expects to hold allied health appropriation hearings for fiscal

NEWS BRIEFS

year 1991. Kevin M. Brooks, CNMT, director of nuclear imaging, Zynaxis Cell Science, Inc., chairman of the Government Relations Committee, Technologist Section of The Society of Nuclear Medicine (SNM), has requested the opportunity to testify at the hearings on behalf of SNM. Mr. Brooks will brief the Subcommittee on the current state of recruitment and retention of nuclear medicine technologists as well as the expected demand for technologists in the 1990s. ■

Technical Component Payment Cap Proposed

The Bush Administration's 1991 Medicare budget blueprint, which was delivered to Congress in late January, contains a proposal to put a cap on the payment for the technical component of diagnostic services, including radiologic procedures. The Omnibus Budget Reconciliation Act includes provisions to cap the payment for the technical (non-physician) component of radiologic diagnostic services at 100% of the national median, irrespective of geographical adjustments or considerations.

The Society of Nuclear Medicine (SNM) and the American College of Nuclear Physicians (ACNP) have expressed some concern about the cap. They argue that the proposal contradicts earlier congressional recognition of geographic differentials, as seen in the proposed 1992 implementation of the resource-based relative value scales (RBRVS) payment scheme for physicians. Both SNM and ACNP expect a compromise to emerge whereby the cap on the technical component would be slightly higher, perhaps at 110% or 115% of the national median.

Corresponding global fee allowances would consequently be re-

computed in acknowledgment of the technical component limit. In contrast to the professional component of a diagnostic service, the technical component includes payments for the technologist and the often large capital costs for equipment used.

Richard A. Holmes, MD, chief of the nuclear medicine department, University of Missouri-Columbia, President of SNM, testified on behalf of the nuclear medicine community before the Physician Payment Review Commission (PPRC), an advisory group that makes recommendations to Congress on Medicare payment issues. Dr. Holmes expects the measure to be passed. "The Reconciliation Act would ignore regional differences and ultimately establish a nationwide, standardized payment scheme for diagnostic procedures," he told *Newsline*. "The essential motivation behind all these moves is the government's perception that the cost of medical care in general is too high and must be curbed."

Currently, Medicare's reimbursement method for the technical components of radiologic diagnostic services is determined by a carrier-specific fee schedule. SNM and ACNP anticipate that the pending Reconciliation bill will reduce radiology technical component fees both nationally and geographically.

The bill will also impose a nationwide payment cap of 100% of the national median on the technical components of non-radiologic diagnostic procedures, such as electrocardiograms (ECG) and ambulatory cardiac monitoring. At present, Medicare uses the prevailing charge method system to pay for such services.

Medicare fees for certain diagnostic tests are known to fluctuate significantly by geographic locale. For example, the cost of an ECG may vary

from \$10 to \$50, while the average fee is \$20 to \$25. The government seeks to establish a nationwide cost parity for diagnostic procedures. ■

Advisory Committee on Scientific Integrity Established

On December 2, 1989, the Department of Health and Human Services (HHS) announced the establishment of an Advisory Committee on Scientific Integrity. The purpose of the Committee is to provide advice to the Secretary and the Assistant Secretary of HHS on the issues involved in actions taken by HHS to detect, deter, investigate, and resolve allegations of misconduct in science. The Committee's creation was mandated by the amended HHS misconduct regulations, which were given final approval in November 1989 (see *Newsline* November 1989, p. 1761).

The Committee will be terminated on December 2, 1991 unless action for its renewal is taken before then. ■

SNM Associate Executive Director Recertified

Virginia M. Pappas, associate executive director of The Society of Nuclear Medicine, administrator of the SNM Technologist Section, was among the 221 individuals who were recertified as Certified Association Executives (CAE) by the American Society of Association Executives (ASAE) in 1990. The CAE designation demonstrates skill in leadership, activity in community affairs, and expertise in association management. To maintain certification, association executives must accumulate professional credits every three years based on their work in association management continuing education and the profession. ■