

on a competitive scientific review of the proposals, then the Administration would be asked in fiscal 1993 to appropriate funds for construction, which would take at least four years. Although the DOE has not made the NBTf a priority, some 40 members of Congress have responded to the letter-writing campaign by calling the Joint Office of Government Relations.

LOW-LEVEL RADIOACTIVE WASTE

Repository Closures

The South Carolina State Legislature voted in June to let the Barnwell low-level waste repository remain in business until 1996. The site is scheduled to remain open to waste from states outside the Southeast Compact only until July 1, 1994. And starting in 1993, surcharges on out-of-compact waste shipped to Barnwell will increase to \$160 per cubic foot—an increase of \$40 per cubic foot. Starting January 1, 1993, the Beatty, Nevada low-level waste site will close and the Richland, Washington facility will accept only waste from states in the Rocky Mountain Compact and the Northwest Compact.

Waste Network

The U. S. Council for Energy Awareness, the public relations organization of the nuclear power industry, is developing a low-level radioactive waste network with representatives from all the major rad waste producers. This network, which includes the ACNP and SNM, will be used to provide resources to various organizations and institutions about the benefits of proper burial of LLRW and the important uses of radioactivity. The SNM and ACNP government relations office has served as a liaison between USCEA and the nuclear medicine community.

REIMBURSEMENT FOR HEALTH CARE

Medicare Fee Schedule

Government relations staff continue efforts to convince the Health Care Financing Administration (HCFA) to acknowledge that nuclear medicine services are undervalued in the final Medicare Fee Schedule published in November 1991. A special task force met during the ACNP annual meeting last February to formulate a response to HCFA.

Comments submitted in March 1992 on behalf of SNM and ACNP called for a general correction in the fee schedule for a series of nuclear medicine codes and corrections to the interim relative value units, or RVUs, which determine payment rates for specific physician services. The inequity of the current RVU system for nuclear medicine was illustrated through the analysis of payment for pulmonary perfusion imaging. A two-phase process for developing a radiopharmaceutical price resource was presented.

Government relations staff supplied phase one results to HCFA, including background information on radiopharma-

Presidential Budget Office Lambastes NRC's Quality Management Rule

The U.S. Office of Management and Budget in June resoundingly disapproved of the record-keeping requirements of the Nuclear Regulatory Commission's medical quality management program.

While the NRC can overturn the decision, the OMB's rejection of the record-keeping requirements bolsters claims by physicians that the NRC regulations will drain resources without improving safety. The OMB is an office under the President charged with assessing the burden of new Federal regulations.

After reviewing the requirements of the QM program, which became effective in January 1992, OMB officials found scant evidence that the regulations would prevent misadministrations and concluded that the NRC had not justified the burdens imposed on nuclear medicine.

The Society of Nuclear Medicine and the American College of Nuclear Physicians unsuccessfully petitioned a Federal court to void the QM program, which the two associations claimed was an unnecessary and costly intrusion into the practice of medicine. The case was decided in favor of the NRC in May 1992 (see *Newsline* July, 1992, p. 19N).

The head of OMB's Office of Information and Regulatory Affairs, James B. MacRae, Jr., said in a letter to the NRC, dated June 26, 1992, that "the reporting and record keeping requirements will have little if any practical utility furthering the goal of reducing injuries from misadministrations. Therefore, any significant burden is unreasonable, whether that burden amounts to 20,000 hours (as the NRC estimates) or 200,000 hours (as the professional association estimates)."

"The OMB decision confirms that the medical community is justified," says Kristen D.W. Morris, director of government relations for the SNM and ACNP. She says that the decision carries "enormous political clout" should the SNM and ACNP decide to seek help from Congress or the White House to limit the NRC's regulation of medicine.

The immediate effect of OMB's disapproval was to suspend the record-keeping requirements of the QM program, including misadministration reports. According to an internal memo, NRC lawyers have determined that agency is prohibited from enforcing the information collection requirements after June 26, 1992. All of the rule's other measures are still in effect, however, and licensees will be held accountable for reporting misadministrations and other required information from January 27, 1992 to June 26, 1992. The suspension will be lifted if the Commission decides to overrule the disapproval, which Ms. Morris says is likely.

"Although the NRC has the authority to overturn the OMB disapproval," says Stanley J. Goldsmith, MD, chairman of government relations for SNM, "it certainly should give the commissioners reason to pause and consider again the merits of the regulation before they vote to overturn the OMB."

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ceuticals and the factors influencing the costs to physicians furnishing radiopharmaceuticals, a listing of FDA-approved radiopharmaceuticals, and a description of the approach to determine radiopharmaceutical acquisition costs. The comments also requested that HCFA clarify its policy on payment