

NUCLEAR MEDICINE AND HEALTH CARE REFORM

WE ARE AT A CRITICAL juncture in the history of medicine. In all likelihood, some form of health care reform legislation will be passed before the current Congressional session ends in August. Following the release of President Clinton's "Health Security Act" this past October, a myriad of



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other health care reform proposals have been presented by members of both parties. It is now up to several key committees in the Senate and the House of Representatives to sort out these proposals and work up a compromise bill which will be able to capture the required number of votes in Congress.

We in nuclear medicine have the best opportunity ever to improve the public's access to high quality nuclear medicine. The Commission on Health Care Policy has identified five goals which we would like see included in health care reform. These goals are important to the future of nuclear medicine. As Chairman of the Health Care Reform Committee of the Commission on Health Care Policy, I recommend that all nuclear physicians, technologists, and others interested in affecting the outcome of health care reform contact their congressional representatives to express support for the concepts following.

1. Protection of Patient Choice.

Whatever legislation is passed, the patient's ability to select his or her own nuclear medicine physician must be protected. All managed care and insurance plans should have open access for all willing and professionally qualified nuclear medicine physicians to participate as providers.

2. Inclusion of Nuclear Medicine in the Basic Benefits Package. The basic health care benefits package described in the proposed legislation and guidelines should include nuclear medicine by name. It is not enough to state only that "radiology procedures" will be included. Never before has there been greater need for nuclear medicine to speak with an autonomous voice while teaming with other specialists in a "partnership for action."

3. Anti-trust Reform. S. 1658 and H.R. 3486 were introduced in November by Senators Hatch and Thurmond and Representative Archer. These bills would provide increased protection to the formation of physicians' networks. To negotiate effectively with health planning organizations, nuclear medicine physicians should be encouraged to form independent professional associations (IPA's), either comprised solely of nuclear medicine physicians or multi-specialty associations. The same principles are supported in the bill by Representative Thomas and Senator Chafee (H.R. 3704 and S. 1770).

4. Increased Funding for Medical Research. Funding for medical research should be increased. Medical research plays an important role in controlling

health care expenditures. Representative Harkin and Senator Hatfield have introduced an amendment to the Clinton Health Security Act which would establish the Fund for Health Research. Monies for the fund would be generated by setting aside one percent of premiums collected by the alliances and by reestablishing a check-off for health research on federal income-tax forms. This fund would increase NIH funding by 50 percent.

5. Increased Funding for Health Services Research. Part of the premiums paid to alliances or other insurers should be allocated to support health care services research. The Health Security Act proposed by the Clinton administration (H.R. 3600) allocated \$600,000,000 per year for this research, which is essential for the advancement of nuclear medicine procedures in health care delivery.

We must act now if we want to influence the content of the health care reform legislation. I urge members to contact the office of their representatives and senators and schedule a personal visit or telephone call. One may wish to contact their congressmen during the congressional recess; the Washington offices can provide the local telephone number. If one cannot schedule a personal discussion, a brief, one-page letter may suffice.

For further information, contact Sheryl Stern, Associate Director of SNM Division: Health Care Policy, at (212) 889-0717. We are interested in learning the outcome of any dialogue.

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NEWS BRIEFS

Ward Valley Site Receives Court Approval

In the continuing battle over a California low-level radioactive waste disposal site in Ward Valley (see *Newsline*, December 1993, p 17N), Los Angeles Superior court Judge Robert H. O'Brien stated that by law the California Department of Health Services (DHS) did not have to hold an adjudicatory hearing on whether it should issue a license to U.S. Ecology for the site. DHS issued the license last fall. Site opponents had pressed for such a hearing, as it would allow a chance for

their more recently gathered information about the site to surface and perhaps help their case, and last November U.S. Interior Secretary Bruce Babbitt had delayed sale of the land to California until after the court ruling in case it called for a more extensive hearing on the land sale than the one he had proposed.

"Based on the extensiveness of the