

Status Report on the 104th Congress

GETTING GOVERNMENT INFORMATION ON-LINE

As bills are passed in the House and Senate and rewritten in conferences between the two bodies, information can become quickly outdated. One of the best and easiest ways to stay informed of the day-to-day changes is through the World Wide Web.

• Thomas

<http://thomas.loc.gov>
Based at the Library of Congress, the Thomas Web site offers access to congressional legislation. Users can conduct full-text searches of bills and can scan the Congressional Record. Bills from the House and Senate can be searched either by number or by key words.

• House of Representatives

<http://www.house.gov>
The House home page offers access to a wide variety of congressional documents as well as direct access to individual members' home pages.

• Senate

The Senate plans to have its own home page established within the next few months. Legislative search capabilities probably will not be offered initially. For now, Senate information can be accessed through the Internet site (gopher.senate.gov).

(Continued on page 26N)

It's hard to believe that just one year ago the Republicans introduced their "Contract with America", promising broad legislative reform as they swept into Congress on a tide of national discontent with the political system. The first 100 days brought a frenzy of legislation that could have dramatically affected the nuclear

medicine community with bills calling for the demise of the Department of Energy (DOE) to those that would have reduced the regulatory power of the Food and Drug Administration (FDA) and Nuclear Regulatory Commission (NRC). Yet most of the dramatic initiatives that came out of the House were either defeated, delayed or diluted by the Senate. Entering the final stretch of the long legislative year, both the House and the Senate are now grappling with big items such as the Budget Reconciliation bill and Medicare reform. "It's been an interesting year and most likely only the beginning of several years of legislative focus on issues affecting nuclear medicine including FDA reform," said David Nichols, Associate Director of Government Relations for ACNP/SNM. Here are how things are shaping up and the potential impact on nuclear physicians.

Revamping Medicare

The plan, which Republican legislators began to outline in September, would permit seniors to stay in the traditional Medicare program but would encourage them to join managed care networks by having the government pay the premiums. The House and Senate are both working on plans on which, as of presstime, they had still not voted. GOP legislators stress that the final plan will not result in cutbacks to doctors or hospitals but would merely slow the rate of increases. This would include potential freezes in conversion factors used for reimbursement figures. If, however, the plan

falls short of the \$270 billion savings target—which could happen if not enough elderly people join the private, less costly managed care plans—the bill would require the secretary of health and human services to cut fees to doctors, hospitals and other health care providers to make up for the shortfall.

The following are some proposals now being considered:

- Overall, the plan likely will include as much as \$110 billion in reduced payments to doctors and hospitals. Although Republicans say providers would get more that they do currently, the rate of increase would be reduced.

- A recent provision added to the bill has a big plus for physicians: It allows doctors and hospitals to create their own private Medicare networks and health plans without having to use an insurance company or managed care organization as an intermediary.

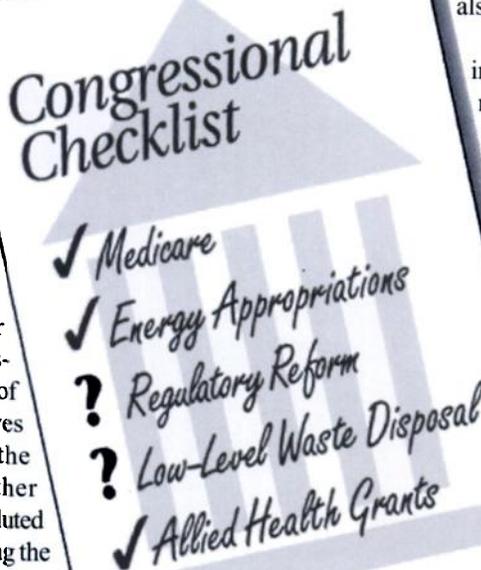
These independent networks would be able to compete with HMO's and other private plans.

- The Republican plans include altering the way Medicare subsidizes graduate medical education through direct and indirect payments to hospitals to the tune of \$6 billion in fiscal year 1995. Some options in the various plans include phasing out funding for residency programs for foreign physicians and trying to promote primary care by eliminating subsidies that attract doctors to specialized fields such as nuclear medicine.

- A provision also included in many plans would automatically reduce funding for services and providers if their costs exceeded set spending growth rates. Areas that could be affected include inpatient hospital costs, doctors' fees, lab services and medical equipment such as wheelchairs, hospital beds and imaging cameras.

Department of Energy Funding

With House bills threatening the DOE's demise, the department managed to escape the chopping block with a massively scaled down budget. The Senate and House are currently in



(Continued from p. 24N)

All the major government agencies now offer Web pages that can be accessed through the following locators. Here are some that may provide relevant information to nuclear medicine practitioners.

- **Department of Agriculture**
http://www.usda.gov
- **Department of Commerce**
http://www.doc.gov
- **Department of Defense**
http://www.dtic.dla.mil/defenselink
- **Department of Education**
http://www.ed.gov/index.html
- **Department of Energy**
http://www.doe.gov
- **Environmental Protection Agency**
http://www.epa.gov
- **Health and Human Services**
http://www.os.dhhs.gov
- **Housing and Urban Development**
http://www.hud.gov
- **Department of the Interior**
http://www.usgs.gov/doi
- **Library of Congress**
http://lcweb.loc.gov
http://www.loc.gov
- **Legi-Slate**
http://gopher.legislate.com
- **Veterans Affairs**
http://www.va.gov

conference to come up with a final Energy and Water Appropriations bill that will be passed on to the White House. The House and Senate bills are at sharp odds in terms of spending on research and development (R&D). The House's bill would result in a 7.2% decrease in R&D, whereas the Senate's bill would allot \$6.5 billion to R&D, a surprising 4.1% increase over the previous year. As for nuclear medicine, the House would cut Biological and Environmental Research—which provides grants for radioisotope research—by 12.2%. The Senate bill would increase funding by 41.8%.

Regulatory Reform

One of the first items voted on in the Republicans' Contract with America would have eased regulatory burdens on nuclear medicine practitioners. The initial efforts looked promising: The House passed a bill (H.R. 450 last February that established a six-month moratorium on regulatory rulemaking actions that came from Federal agencies such as the NRC, FDA and EPA. The bill would have delayed the enforcement of new rules such as the NRC's radiopharmacy rule which specified new regulations for the medical use of byproduct material. A second bill which passed in the House (H.R. 1022) and was introduced in the Senate (S. 291) required government agencies to conduct a risk-assessment analysis to show that the health benefits of any new rule would outweigh the costs to industry. This bill would have shelved new regulations for months or even years. Unfortunately, the Senate failed to pass the first bill and stalled the debate on the second one. For now, regulatory reform efforts are on hold until the budget bill and Medicare reform are passed. This issue will probably resurface in the next session of Congress.

Both the House and Senate are working on separate efforts to introduce bills for FDA reform. The bills would expedite access to unapproved therapies, facilitate the approval of new drugs and reform clinical testing of new products by installing independent review boards. The ACNP/SNM Government Relations Office is lobbying Congress to have an amendment added to the FDA reform bills that would expedite the approval process for radiopharmaceuticals. Draft bills are expected by the end of the year.

Low-Level Waste Disposal

The Good News...In September, the House

Resources Committee approved the Budget Reconciliation Act, which included a provision (H.R. 2334) to sell 1000 acres of Federal land in Ward Valley to the State of California for the building of a low-level radioactive waste disposal facility. The land would be sold for \$500,100 and would revert back to the U.S. government if it was not used for the facility. The Senate is expected to approve a similar provision in their act. The need for this legislation was spurred by delays in the land transfer by the Department of the Interior. As of press time, the Budget Reconciliation Act had not come to the floor of the House or Senate for a vote.

The Bad News...The House voted on a motion to suspend the rules and pass the Texas Compact bill (H.R. 558), but the motion failed. The legislation would have allowed Texas, Maine and Vermont to enter into a compact and would have made Texas the host state for the low-level waste disposal facility. Although Texas state legislators approved of the bill, it was vehemently opposed by two House representatives from Texas. The bill has been shelved, and there is no indication when or if it will be voted on by House members.

Allied Health Grants

In a year of budget slashing, Congress appears to have left the funding for allied health grants intact. Although the House cut the funding for the Department of Health and Human Services (HHS) when they passed the Labor and Health and Human Services Appropriations bill (H.R. 2127), the allocation for allied health grants is expected to remain at \$3.5 million. These grants are used to fund educational programs for allied health professionals such as nuclear medicine technologists. Last year, the nuclear medicine field received about \$100,000 for six technologist programs. The Senate bill is still in committee and has not yet come to the floor for a vote. A draft of the bill, however, has reduced the House bill's \$279 million allocation for HHS by about 20%. The Senate bill also does not plan to authorize individual allocations for items such as allied health grants. The good news is a recent report from the Senate Committee on Appropriations stated that the committee supports these training grants and "expects that funding for allied health training will be maintained at last year's level."

Deborah Kotz