

Public Affairs Update

SNM's Departments of Health Care Policy and Government Relations were recently merged into the "Department of Public Affairs," both as a reflection of new initiatives sparked by the SNM Strategic Plan and as a response to staff reorganization at national headquarters.

Coming to the Society in April, William Uffelman, SNM director of public affairs and general counsel, will now oversee all programs both in health care policy and government relations. The SNM Department of Public Affairs will also undertake various projects formerly under the aegis of the Division of Public Relations, including press relations and coverage of the Annual Meeting.

Assisting Uffelman will be Sandra Griffith, CNMT, project manager for health care policy, and Amanda Sullivan, public affairs assistant. Joining the department in October will be Mark Rotman, as associate director, public policy.

As of this issue of Newsline, the "Public Affairs Update" section will combine coverage formerly appearing in "CHCPP News" and "Government Relations Update."

A variety of key congressional and federal agency actions occurred over the summer. Following is a summary.

Licensure Push Begins

On June 18, members of the Alliance for Quality Imaging and Radiation Therapy met in Chicago to discuss moving the national licensure initiative forward. Representing SNM technologists at this meeting were Cynthia Wharton, Mickey Clarke, Valerie Cronin and Bill Uffelman.

The bill would require revision of existing rules governing accreditation of educational institutions and credentialing of licensed personnel, with the alliance strongly supporting passage. A task force chaired by ACNP/SNM Director of Public Affairs William Uffelman has been created to review and prepare recommended changes on 42 CFR Part 75. The results of the task force will be discussed at the next alliance meeting.

In a section-by-section review of the legislation, changes were made to the draft bill that included exclusion of sonography and clarifications concerning occupations and practices that would require licensure.

Past language in the bill made enforcement problematic, and at the suggestion of a potential congressional sponsor, the penalty for a state's failure to require licensure was set as a prohibition on granting state Medicaid waivers. The penalty addresses enforcement hurdles but does not interfere with Medicaid payments to individual providers.

Representatives Rick Lazio (R-NY) and Nancy

Johnson (R-CT) have tentatively agreed to sponsor the bill. Alliance members will encourage additional House members to sign on as co-sponsors once the bill has been introduced. Until then, technologists are asked to contact representatives, urging them to support the bill. Full text of the bill appears on the "Government Relations" section of the SNM web site.

DOE Budget Alert

On June 16, the Senate passed the Energy and Water FY 2000 Appropriations bill (S 1186) by a 97-2 margin. Among other items in the Energy Department's \$12.4 billion share of the bill is \$2.5 million for the Advanced Nuclear Medicine Initiative, a provision that SNM/ACNP has been actively supporting. The action then shifted to the House Appropriations Subcommittee on Energy and Water Development, chaired by Congressman Ron Packard (R-CA).

Early reports suggested that the House wanted to consider the ANMI as new money and because the House has taken the stand of "no new funding," the ANMI provision was in jeopardy. In fact, the ANMI was not new funding but was a reallocation of funds, money from previous budgets that was rolled over into the new budget.

To prevent the House from removing the ANMI funds, ACNP/SNM members were asked to contact the House Appropriations Subcommittee on Energy and Water Development and request them to keep ANMI funding in the bill. This effort was successful. The House approved the ANMI package with the DOE budget on July 27. In total, the House version approved \$20.2 billion for energy and water projects.

The House and Senate versions contain a number of differences. For example, the House bill tends to fund water projects more than energy. Differences like this will be ironed out during a joint conference. Sources say that while the House funding levels for isotope projects are lower than the Senate amounts, the money included in the conference bill should allot more money for isotope programs.

Presidential Plan to Modernize Medicare

On June 29, President Clinton released an initiative to modernize Medicare. Minority staff members of the Commerce Committee on Health provided SNM with an advance copy of the bill and the following highlights.

- The President's proposal would set aside 15% of the surplus, or \$794 billion, to ensure Medicare's solvency until 2027.
- It would also modernize the Medicare benefit package, including a prescription drug benefit and benefits for preventive care. The drug benefit would cover 50% of the cost of prescription drugs up to a maximum of \$5000 when fully phased in. The premium would be shared equally between the beneficiary and the government. In 2002, the first year of the benefit, the premium for the beneficiary would be \$24. The prescription drug benefit includes full premium and copayment assistance for low-income beneficiaries up to 135% of the federal poverty level.
- Cost-sharing would be eliminated for Medicare preventive benefits, including mammograms, diabetes self-management and colorectal and prostate screenings.
- The proposal would provide an additional \$7.5 billion for Congress to use for assistance to providers, like nursing homes and hospitals, who have been affected by the 1997 Balanced Budget Act.
- Provisions would give private-sector Medicare providers purchasing tools to improve program cost and quality.
- Finally, the proposal would reform payment rates to managed care plans and would include Medigap reforms to parallel those changes. The Medigap reforms would also include protections for disabled beneficiaries and beneficiaries who returned to fee-for-service as a result of an HMO withdrawal from the program.

To view the entire plan, visit the SNM web site.

NRC Approves Canadian License

The NRC has agreed to grant a five-year license authorizing the shipment of High Enriched Uranium (HEU) targets to Nordion's Maple 1 and 2 reactors in Canada. ACNP/SNM participated in this successful effort to convince NRC commissioners to approve Transnuclear, Inc.'s license.

The Nuclear Control Institute sought limits,

arguing that the development of Low Enriched Uranium (LEU) target material required by the Schumer Act was not proceeding quickly enough. Commissioners Diaz and McGaffigan, believing that the commission had not received adequate assurance that the development of LEU targets would proceed, voted to limit the license to 60% of the requested HEU amount. In the end, the NRC decided to include a stipulation in the license that requires Nordion and the State Department to report annually on LEU progress. The first report is expected 60 days prior to the first shipment after July 1, 2000.

To view the Commissioners' memorandum, visit the SNM web site.

HCFA/Ambulatory Patient Codes

According to Gordon B. Schatz, of the Nuclear Medicine APC Task Force, HCFA has published a proposed rule correcting certain features of the September 8, 1998 proposal. Some of the nuclear medicine APC payment levels have been lowered, and others are higher, as shown in Table 1.

Currently, it is uncertain how HCFA arrived at these figures, but once data have been analyzed and ACNP/SNM has decided on a course of action, further comment will be forthcoming.

In other HCFA news, the agency released the following documents in July:

July 22: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2000

July 30: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities—Update; Final Rule and Notice

July 30: Medicare Program: Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal 2000 Rates.

More information will appear on the SNM web site and in *Newsline* once a review of the documents has been completed.

In July, Kenneth McKusick, MD, chair of the Nuclear Medicine Task Force, R. Edward Coleman, MD, William Van Decker, MD, Denise Merlino, CNMT, Bernard Patashnik, Gordon Schatz, Jack Slosky, PhD, Ruth Tesar, William Uffelman and Rich White met with HCFA representatives. While discussing their concerns about bundling radiopharmaceuticals into nuclear medicine APCs, Janet Wellham, Division of Practitioner and Ambulatory Care, requested a list be composed connecting radiopharmaceuticals and related drugs with the procedures in nuclear medicine that use them. On

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July 29th, the APC Task Force mailed her a draft version of the requested document. (To view the task force's comment letter or the Draft Radiopharmaceutical List, contact the Public Affairs Department at 703-708-9773.)

ACNP/SNM Submits Letter of Disapproval on Part 35

In a letter to the NRC, the Society and College stated that the Final Draft Rule for Part 35 was unnecessary, unduly prescriptive and that it fell short of the directives given at the start of the process. Furthermore, in the absence of a risk-based study, ACNP/SNM said, the NRC's regulation was "wholly unsupported and dangerous."

Revisions to 10 CFR Part 35 have gone on for almost two years, with the final rule released to the NRC in August 1999. The process began with the understanding that revisions would take into consideration the risk incurred from the modality, but the NRC has never completed a risk assessment. Earlier this year, Chairman Shirley Jackson told Congress that the rule, while not being "risk-based," was "risk-informed." The NRC apparently side-stepped the presumption that both of these methodologies begin with a risk assessment by stating that a risk analysis was not necessary. The analysis, the NRC claimed, would be expensive and delay enactment of the rule. The commission went on to argue that the benefit of such a study was outweighed by the benefits of moving forward with the current document. ACNP/SNM, however, countered that without such an assessment the regulation is in danger of being founded on guesswork.

The SNM Public Affairs Department has completed an initial review of how the final document compares to previous ACNP/SNM

comments to the NRC. It appears that the NRC document apparently ignored most of these comments, as well as most of the comments made by other stakeholder groups.

ACNP/SNM Urge Congress to Oppose Bill

HR 1827, the "Government Waste Corrections Act of 1999," was recently passed through the House Government Reform Subcommittee in an attempt to curb possible fraudulent claims by physicians. While ACNP and SNM obviously do not condone such fraudulent claims, both groups believe that this bill will only exacerbate an already difficult situation.

Recently, SNM and other specialty societies contacted the House Committee on Government Reform explaining their reasons for opposing HR 1827. To learn more about this bill and efforts to stop it, readers may contact the SNM Public Affairs Department at 703-708-9773, or visit the American Medical Associations web site at www.ama-assn.org/ama/basic/article/0,1059,202-481-1,00.html.

Coding Policy Changes Reviewed

In July, the National Correct Coding Policy Manual for Part B Medicare Carriers released version 5.2. With the exception of one comprehensive code pair being added, a review found that little had been changed since the April version. The new comprehensive code pair for 780007 is 780010.

Please see the "Policy and Practice" portion of the SNM web site (http://www.snm.org/policy/new_policy_gov_1.html) for a wide range of documents available on these and other policy-related topics.

—William Uffelman and Amanda Sullivan

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Table 1. Changes in APC levels, 1998-1999

APC	September 8, 1998	June 30, 1999
760	\$874.55	\$765.64
761	\$103.37	\$92.56
762	\$90.19	\$103.87
771	\$191.53	\$195.91
772	\$213.83	\$219.05
781	\$266.52	\$279.21
782	\$470.21	\$462.78
791	\$802.10	\$757.93
792	243.21	\$247.33