CMS Reopens NCD for β-Amyloid PET in Dementia and Neurodegenerative Disease

On June 16, the Centers for Medicare & Medicaid Services (CMS) began a formal reconsideration process for its National Coverage Determination (NCD) for Beta-Amyloid (β-Amyloid) PET in Dementia and Neurodegenerative Disease (CAG-00431R). The current NCD 220.6.20 covers 1 β-amyloid PET scan per patient in CMS-approved studies under coverage with evidence development (CED). CMS opened the NCD analysis based on stakeholder feedback, including public comments received during and after the April 7 finalization of the NCD for Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer’s Disease. The purpose of the NCD reconsideration is to determine whether the current policy of 1 scan per patient per lifetime should be revised.

In a statement released after the April 7 NCD finalization, SNMMI noted that, “unfortunately, the decision included no additional coverage for β-amyloid PET scans; they will continue to be subject to the current policy, which covers them only as required by clinical trial protocol, and, even then, only 1 per patient per lifetime. In stark contrast, the decision explicitly covers other tests for detection of β-amyloid (e.g., cerebral spinal fluid) without limitation, despite the fact that β-amyloid PET is the standard of care—and, in fact, the only test approved by the U.S. Food and Drug Administration—for detecting β-amyloid.”

The 30-day public comment period for the formal reconsideration ended on July 15, during which period SNMMI submitted additional comments. The proposed decision by CMS is expected by December 16, with finalization by March 16, 2023.

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CMS Releases CY 2023 Medicare Physician Fee Schedule Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) released on July 7 its 2023 Medicare Physician Fee Schedule (MPFS) Proposed Rule, along with a 2023 MPFS fact sheet. Unlike the CY2021 and CY2022 MPFSs, which included significant changes for PET (particularly nononcologic PET), the CY 2023 proposed rule included few changes. The removal or retirement of national noncoverage for amyloid PET or retiring national noncoverage for NaF PET were not mentioned in the new rule.

An SNMMI release on July 14 noted that the society had held multiple meetings with CMS and submitted formal comments on the negative impact of national noncoverage determinations for both NaF and amyloid tracers and would continue to advocate for associated changes in coverage.

SNMMI pointed out several items of interest to the nuclear medicine community in the new rule, including proposed changes related to:

- Conversion factors: A preliminary summary of the proposed rule proposes a 3.0775 PFS conversion factor in 2023, which is a $1.53 decrease from the 2022 PFS. CMS estimates the overall impact of the MPFS proposed changes to radiology and nuclear medicine to be a 3% decrease and to radiation oncology and radiation therapy centers a 1% decrease, if the rule is finalized.

- Clinical labor changes: CMS proposes continuing to move forward with y 2 of the 4-y transition to updated clinical labor input values. CMS proposed updated wages for a few clinical staff types based on information submitted by stakeholders. The agency will continue to consider public comment related to wage updates for clinical staff during the remainder of the 4-y phase-in.

- Practice expense (PE) data collection and calculation methodology: CMS is seeking public comment on strategies for updates to PE data collection and methodology. The agency plans to move forward to a standardized and routine approach to valuation of indirect PE and has asked for feedback from stakeholders on what this might entail. The agency plans to propose the new approach to valuation of indirect PE in future rulemaking. A survey on indirect PE may be disseminated in the future.

The MPFS proposed rule does not mention the Appropriate Use Criteria Program or Clinical Decision Support implementation. However, CMS published a statement saying that the associated payment penalty phase will not begin on January 1, 2023, even if the Public Health Emergency for COVID-19 ends in 2022. Until further notice, the educational and operations testing period will continue. CMS added that they are unable to forecast when the payment penalty phase will begin.

SNMMI indicated that the society will continue to review the proposed rule and will provide formal comments.

A chart comparing important nuclear medicine services in the CY 2022 and CY 2023 MPFSs is available at: http://www.snmmi.org/IssuesAdvocacy/content.aspx?ItemNumber=6502&navItemNumber=24949.

SNMMI
Centers for Medicare & Medicaid Services

COVID-19–Triggered Immune Response and Neurologic Damage

In a study published on July 5 ahead of print in *Brain*, Lee et al. from the National Institute of Neurological Disorders and Stroke (NINDS, Bethesda, MD), the Uniformed Services University of the Health Sciences (Bethesda, MD), the Defense Health Agency (Silver...
COVID-19 patients, resulting in neuronal injury,” said Nath. “There could be a small indolent immune response that is continuing, which means that immunomodulating therapies might help these patients. So these findings have very important therapeutic implications.”

IAEA Partners with GE Healthcare in Global Training

The International Atomic Energy Agency (IAEA) announced on July 14 a partnership with GE Healthcare to train professionals in medical imaging under Rays of Hope, the IAEA’s initiative to address global inequity in access to life-saving cancer diagnosis and treatment. It is the first such agreement with a private company under Rays of Hope. Under a 1-y partnership with GE Healthcare, radiologists and nuclear medicine professionals from Africa and Latin America will receive in-person and online training in diagnostic techniques. “A well-trained workforce is a must for a functioning medical sector. Our work together with GE Healthcare will provide these professionals with the necessary skills and knowledge to help save lives,” said IAEA Director General Rafael Mariano Grossi during the partnership launch at IAEA headquarters in Vienna. “As part of the IAEA’s determined efforts under Rays of Hope to address global imbalances in access to cancer care, we are reaching out to potential partners also in the private sector, which has an indispensable role to play. Our partnership with GE Healthcare is a milestone in this respect and it will be followed by others.”

The traditional source of IAEA funding is from its Member States. Earlier this year, 6 countries, including France, Japan, Monaco, the Republic of Korea, Sweden, and the United States, pledged more than $9 million to the program. “I’m very encouraged by the generous support we have received from our Member States and from the private sector. Much more will be needed in the coming months and years to deliver on our pledge to reduce the global gap in access to cancer care, but this is a very promising start,” said Grossi.

As a part of the partnership, cutting-edge training will be provided at Zurich University Hospital in Switzerland, the GE Healthcare’s partner institution with expertise in PET imaging. The first medical professionals from Kenya will begin their 4-wk training session in September, focusing on PET/CT and PET/MR imaging.

U.S. Life Expectancy, 2000–2019

In an article published on July 16 in The Lancet (2022;400[10345]:P25–P38), experts from the Institute for Health Metrics and Evaluation (IHME) at the University of Washington School of Medicine (Seattle), in collaboration with researchers from the National Institutes of Health (NIH), reported that overall life expectancy in the United States increased by 2.3 y in the decade from 2000 to 2019 but that this increase was not consistent among racial and ethnic groups or by geographic area. The study included results at the county level in each state. Most of the gains in life expectancy appear to have been achieved before 2010.

“These varied outcomes in life expectancy raise significant questions. Why is life expectancy worse for some and better for others? The novel details in this study provide us the opportunity to evaluate the impact of social and structural determinants on health outcomes in unprecedented ways. This in turn allows us to better identify responsive and enduring interventions for local communities,” said Eliseo J. Pérez-Stable, MD, coauthor and director of the NIH National Institute on Minority Health and Health Disparities.

Among the key findings at the national level, between 2000 and 2019, life expectancy increased most for the Black population (3.9 y), the Asian population (2.9 y), and the Latino population (2.7 y). At the same time, the increase in life expectancy for the white population was more moderate (1.7 y). No improvement in life expectancy was noted for American Indian and Alaskan
Native (AIAN) populations. In 2019, overall life expectancy was 85.7 y for Asian, 82.2 y for Latino, 78.9 y for white, 75.3 y for Black, and 73.1 y for AIAN populations. At the county level, 88% of U.S. counties saw an increase in life expectancy during the 20-y study period; however, most of these gains were from 2000 to 2010. Almost 60% of U.S. counties saw a decrease in life expectancy in the study’s second decade. The range of life expectancy varied widely among counties, ranging from <65 y in some to >90 y in others.

In an accompanying press release, NIH emphasized the importance of this study in establishing a baseline for the 2 decades preceding the COVID-19 pandemic and providing context for subsequent changes in mortality and disparities. Provisional estimates for 2020 show substantial declines in life expectancy overall, with declines larger in the Latino and Black populations. “The pandemic exposed stressors and weaknesses in local and national systems that continuously put our most vulnerable populations at risk. These findings offer county, state, and federal leaders a unique look at the pervasiveness of health disparities in their respective communities,” said Laura Dwyer-Lindgren, PhD, lead author and assistant professor of health metrics at the IHME.

Detailed county-level results are available from the IHME at www.healthdata.org/data-visualization/us-health-map.

The Lancet
National Institutes of Health

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**Safe and Equitable Health Care for All: SNMMI Position on the Doctor–Patient Relationship**

*On July 8, SNMMI leadership released the following statement:*

SNMMI believes that physicians must be able to provide safe, effective, and accessible evidence-based health care to patients without the threat of nonmedical outside interference. We condemn any interference with the doctor–patient relationship outside of public health measures and acknowledge that such interference can disproportionately impact historically and economically marginalized and disadvantaged populations. Physicians, legislators, regulators, and patients must work together to ensure safe and equitable health care for all.