ACR ECONOMICS AND HEALTH POLICY

CPT Editorial Panel Meeting
The ACR worked with a number of other specialty societies (such as ACC, ARRS, ASNR, RSNA, SIR, SNM, SVS) and presented four proposals at the February 2012 CPT Editorial Panel meeting for possible bundling or revision in 2013. These requests are in response to the Relativity Assessment Workgroup (RAW) request to specialty societies to move forward with code change proposals to address codes caught in screens to identify possibly mis-valued codes.

The proposals presented included code requests for: Chest Tube Placement Intervention to appropriately describe the types of procedures performed today; Cervicocerebral Angiography - the ACR was 1 of 10 specialty societies who presented this complex proposal in response to the RAW mandate to bundle codes; and Endocrine and Parathyroid Imaging proposals to revise and consolidate the endocrine codes to reflect currently accepted practice.

During the February CPT Editorial Panel meeting, the ACR CPT advisor also met with the other radiology CPT advisors to discuss the new requests from the RAW for the 2014 CPT code cycle and how we will move forward.

Meeting with the Medicare Payment Advisory Committee (MedPAC) Staff
On January 23rd, Doctors McGinty and Allen met with MedPAC staff to discuss their latest Initiative follow-up testing and how this will impact diagnostic imaging. The ACR became aware of this issue during the December 15th public MedPAC meeting where they laid out plans to work with a contractor on this issue describing it at the Repeat Testing Initiative. During this meeting we wanted to make MedPAC aware of the fact that follow-up examinations initiated by radiologists account for a relatively small volume of follow-up examinations, most of which are clearly appropriate. We also reminded MedPAC staff that the ACR has been and continues to be committed to eliminating inappropriate follow-up imaging.

The ACR plans to continue to work closely with MedPAC staff on this issue.

LEGISLATIVE

Congress Passes Conference Committee Legislation; SGR Cuts Averted for 10 Months
In a rare demonstration of bipartisanship and compromise, the House and Senate passed a revised version of H.R. 3630, the Middle Class Tax Relief and Job Creation Act of 2012, which ensures that physicians will avoid a 27.4 percent cut in Medicare reimbursement for an additional 10 months. In lieu of the schedule cuts which were expected to be enacted on March 1st, physician payment rates will be frozen at their current level through December 31, 2012. Passage of H.R. 3630 followed almost two months of negotiations by a bicameral, bipartisan Conference Committee. In addition to addressing the latest cuts attributed to the flawed Sustainable Growth Rate (SGR) formula, the 20 members of Congress participating in the Conference Committee were also tasked with developing a
Recognizing the key role Radiology plays in the health care delivery process, federal lawmakers did not include any cuts to diagnostic imaging services within H.R. 3630. Lawmakers ultimately settled on another, short-term SGR “patch” because the high cost of a permanently repealing the flawed formula is estimated to cost $319 billion dollars. Although appreciative of the temporary patch, ACR encourages Members of the House and Senate to make the fiscally responsible choice and permanently repeal the SGR.

In the end, the members of the Conference Committee chose to keep the scope of H.R. 3630 focused on preventing the SGR cuts, as well as extending unemployment insurance benefits and the payroll tax holiday. As a result, H.R. 3269, the Diagnostic Imaging Services Access Protection Act, was not added to the final legislation passed by the House and Senate on Friday, February 17th. Yet, H.R. 3269 and the effort to block the 25 percent multiple procedure payment reduction (MPPR) to the professional component (PC) of advanced diagnostic imaging services continues to gain tremendous momentum in the House of Representatives and now has generated 196 bipartisan cosponsors. The growing number of cosponsors in the House may allow ACR to take advantage of other legislative opportunities. ACR's Government Relations staff is in the process of duplicating the success of its House effort in the Senate and is diligently lobbying members of the Senate to introduce a companion.

For more information on H.R. 3269 and the PC MPPR, log onto www.radiologysaveslives.org.

**H.R. 3269 Closes in on 190 Cosponsors**

As of mid-February, H.R. 3269, the Diagnostic Imaging Services Access Protection Act, has garnered 188 bipartisan cosponsors in the House of Representatives. Although many of our cosponsors come from Members of Congress who are either physicians or serve on key committees with direct jurisdiction over Medicare issues, specifically the House Energy and Commerce and Ways and Means Committees, we’re still hoping to add more supporters. Click on this link, Cosponsors, to see if your Member of Congress has cosponsored this important bill.

If your Representative has not yet cosponsored this important legislation blocking the multiple procedure payment reduction (MPPR) to the professional component (PC) of advanced diagnostic imaging services, please contact him or her immediately. Visit http://action.acr.org/ enter your zip code, and follow the instructions to make your voice heard! To date, 2,407 letters have been sent to the House of Representatives and we greatly appreciate the strong grassroots response from all ACR members.

**RADPAC**

**RADPAC 2012 Statistics**

*Contributions raised in 2012 as of 1/31/2012:*

- Hard money contributions: $164,600.24
- Soft money contributions: $0.00
- Total contributions: $164,600.24

*Total number of contributors in 2012 as of 1/31/2012:*

- Hard money contributors: 516 (393 in ’11)
  
  - Goal for 2012: 3,000 hard money contributors
In 2012 RADPAC has contributed $34,000 to federal candidates and has attended 20 fundraising events.

**Important Note Regarding Format for RADPAC Events at 2012 AMCLC**

RADPAC will host its RADPAC Annual Reception on Tuesday, April 24 from 6:00pm to 7:00pm at the Washington Hilton. *This reception is open to all AMCLC attendees.*

And, like last year, immediately following the reception there will be a RADPAC Thank You Dinner available *ONLY* for those ACRA members who have contributed (or pledged) $1,000 in the 2012 calendar year by no later than Friday, April 6. *In addition, in order to be recognized on signage at the meeting as a contributor RADPAC will need to have your contribution pledged or given prior to March 16, 2012.*

Please note that contributions made at the AMCLC will *NOT* be counted for invitational purposes to this exclusive RADPAC Thank You Dinner. As an ACRA member, if you have a record of giving on a periodic basis to RADPAC and if you choose such a method again for 2012 you will qualify for the Thank You Dinner if your contribution totals $1,000 or more during this calendar year.

This year’s entertainment will be the Politicos. *Those who pledge/contribute at the $1,000 level or above will receive two tickets for this event - one for themselves and one for a guest. These tickets are non-transferable.*

For information on this special event, please contact Heather Kaiser at the ACRA office at 1-800-227-5463, ext. 4543.

**REGULATORY**

**National Accessibility Standards for Medical Diagnostic Equipment**

On Feb. 9, the U.S. Architectural and Transportation Barriers Compliance Board (Access Board) published its long-anticipated proposed rule on standards for medical diagnostic equipment related to accessibility for individuals with disabilities ([http://www.access-board.gov/mde/nprm.htm](http://www.access-board.gov/mde/nprm.htm)). The proposed standards address a wide variety of medical equipment, including examination tables, examination chairs, weight scales, mammography equipment and other imaging equipment.

The Access Board’s collaboration with the Food and Drug Administration on these standards was mandated by Section 4203 of the Affordable Care Act (or “healthcare reform”). The agencies held an initial public hearing prior to the rulemaking in July 2010 that included the American College of Radiology (ACR), imaging industry representatives, other organizations and advocacy groups.

The public comment period will close on June 8, 2012, and the Access Board will host two hearings in the interim to collect feedback from stakeholders. If you are interested in providing expertise and input for potential inclusion in ACR’s future draft comments, please contact Gloria Romanelli or Michael Peters in ACR’s Government Relations Department, at 1-202-223-1670; gromanelli@acr.org or mpeters@acr.org.

**ACR, RBMA, MGMA, and HBMA Meet With National Coordinator for HIT, CMS**

On January 19, representatives from the ACR IT and Informatics Committee, Healthcare Billing and Management Association (HBMA), Medical Group Management Association (MGMA), and Radiology Business Management Association (RBMA) met again with the Office of the National
Coordinator for HIT (ONC) to discuss Medicare EHR Incentive Program (“meaningful use,” or MU) compliance concerns specific to eligible professionals (EPs) in certain hospital settings. This time, the National Coordinator for HIT, Dr. Farzad Mostashari, and Centers for Medicare and Medicaid Services (CMS) staff participated in the discussions. The meeting was a follow-up to the December 12 meeting on the same topic, as well as to ACR’s October 12 meeting on radiology and MU. To read more about the meeting, please visit the Radiology and Health IT Blog:

ONC HIT Policy Committee-Meaningful Use Workgroup – Image Sharing
On February 7, the HHS ONC HIT Policy Committee-Meaningful Use (MU) Workgroup-Specialist Subgroup discussed a draft policy on image sharing and MU. When finalized, the draft policy will presumably guide the planned discussions on imaging standards later this year by the HIT Policy Committee and the HIT Standards Committee. The draft policy, which continues to be a work-in-progress, is accessible via ACR’s Radiology and Health IT Blog:

PCORI Draft National Priorities and Research Agenda
On January 23, the Patient Centered Outcomes Research Institute (PCORI)—an independent organization set up by the Affordable Care Act to standardize, fund, and disseminate information on patient centered comparative clinical effectiveness research—released its “Draft National Priorities and Research Agenda” (http://www.pcori.org/assets/PCORI-Draft-National-Priorities-and-Research-Agenda.pdf) for public comment. The ACR Commission on Clinical Research and IT is reviewing the document and leading efforts to solicit feedback from interested ACR members.

If you are interested in contributing to ACR’s future draft comments regarding the PCORI draft, please contact Mike Peters in the ACR Government Relations office at mpeters@acr.org / 202-223-1670 x4546 by February 27.

PCORI Board and Methodology Committee Meeting
The PCORI Board and Methodology Committee held a two-day public meeting on January 18-19 to discuss the status of that organization’s ongoing infrastructure and policy development efforts. Dr. Carolyn Clancy (Director, Agency for Healthcare Research and Quality) presented the draft national priorities and research agenda (see above).

NRC ACMUI Teleconference on Medical Events in Permanent Brachytherapy
On February 7, the U.S. Nuclear Regulatory Commission (NRC) met via teleconference to discuss a subcommittee report on defining medical events in permanent brachytherapy (http://pbadupws.nrc.gov/docs/ML1201/ML12019A196.pdf). The ACMUI approved the subcommittee’s report with a few minor wording changes.

NIH-National Institute of Biomedical Imaging and Bioengineering
On January 20, the NIH National Institute of Biomedical Imaging and Bioengineering (NIBIB) National Advisory Council for Biomedical Imaging and Bioengineering (NACBIB) held its regularly scheduled winter business meeting. Topics discussed include the budgetary status of NIH and NIBIB, intramural and extramural research activities supported by NIBIB, and hyperpolarized C-13 magnetic resonance metabolic imaging, among others.

U.S. CTO Stepping Down
The White House confirmed reports that Aneesh Chopra, U.S. Chief Technology Officer (Office of Science and Technology Policy) and member of the HHS ONC HIT Standards Committee, plans to resign in order to pursue other undisclosed opportunities. The White House statement did not discuss the effective date of the resignation or any potential plans to find a replacement. Chopra was
recruited by President Obama in 2009 to fill the then-newly created position of U.S. Chief Technology Officer. Previously, he served as the Commonwealth of Virginia’s Secretary of Technology and proliferated health information exchange in that state.

**AHRQ Research Review Update**

**NIOSH Proposes Update to B Reader Program**
HHS recently published a notice of proposed rulemaking (NPRM, http://www.gpo.gov/fdsys/pkg/FR-2012-01-09/pdf/2011-33164.pdf) to update its regulations to include standards for the use of digital radiography in detection of pneumoconiosis under NIOSH’s Coal Workers’ Health Surveillance Program. The current standards specify requirements that permit the use of film-based radiography systems only; proposed amendments would retain those standards (with minor modifications that reflect more commonly-used terms) and add a parallel set of standards to specify requirements that would permit the use of digital radiography systems.

**VA Mammography Screening**
D. David Dershaw, MD, FACR, Chair of the Breast Imaging Commission’s GR Committee, along with GR and Q&S staff, met with senior VA personnel to discuss the VA’s mammography screening policies and related issues. The group also discussed the potential for future collaboration on a variety or quality and safety fronts.

**STATE**
State Government Relations Committee holds conference calls throughout the year. Participation in the role of a guest allows state chapter leaders to present an issue or a legislative question from their state to the committee members and to get feedback from colleagues. Next conference call for the State GR committee is scheduled for **February 16th, 2012, 7-8pm Eastern.** If you have a legislative or regulatory issue and would like to get committee’s input, please contact Eugenia Brandt at ebrandt@acr.org or by calling 703-715-4398

**Schedule of State Legislative Sessions 2012**

Legislatures in 46 states will meet in 2012; thirty-nine states will convene their legislative sessions in January, the remaining seven states will convene in either February or March. Florida typically convenes in March and adjourns in May, but this year to address redistricting, Florida legislature convened on January 10th and will run to March 9th. Length of session among the states varies from few weeks to most of the year. Currently, Democrats control 15 legislatures, Republicans control 27, and seven are split between the two parties.

A vast majority of state legislatures are in the second year of their biennium, but Louisiana, Mississippi, New Jersey and Virginia are starting the first year of their legislative session because they have odd-year elections and therefore start a new biennium in the even-numbered year. Four legislatures will not meet in 2012 as they are biennial legislatures and meet every other year: Montana, Nevada, North Dakota and Texas; however, they may be called in for special session.
Convene Dates for 2012:
January
01/02/2012: Ohio
01/03/2012: District of Columbia, Kentucky, Mississippi, Pennsylvania, Rhode Island, Vermont
01/04/2012: California, Indiana, Massachusetts, Maine, Missouri, Nebraska, New Hampshire, New York
01/09/2012: Arizona, Georgia, Iowa, Idaho, Kansas, New Jersey, Washington
01/10/2012: Delaware, Florida, South Carolina, South Dakota, Tennessee
01/11/2012: Colorado, Maryland, Michigan, Virginia, West Virginia
01/17/2012: Alaska, New Mexico, Wisconsin
01/18/2012: Hawaii
01/23/2012: Utah
01/24/2012: Minnesota
01/31/2012: Illinois

February
02/01/2012: Oregon
02/06/2012: Oklahoma
02/07/2012: Alabama
02/08/2012: Connecticut
02/13/2012: Arkansas, Wyoming

Adjournment Dates:
New Mexico: 02/16/12

DENSE
Since 2009, a vocal, patient-driven grassroots movement has systematically pursued state legislation requiring radiologists to provide written breast density information to patients as part of their mammogram results. The scope and provisions of the legislation has varied by state.

Connecticut was the first state to adopt a version of this “DENSE” legislation. Their statute, adopted in 2009, also mandates insurance coverage of ultrasound screening for women with dense breasts. Connecticut then modified its law in 2011 to require insurance coverage of MRI screening for these patients. Breast density disclosure bill, “Henda’s law”, was signed by the Governor in Texas and took effect September 1st, 2011.

During 2012 legislative session, we anticipate DENSE bill activity in the following states: Arkansas, California, Florida, Kansas, Missouri, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, and Virginia.

Radiologist Assistant
We are anticipating RA activity during legislative session 2012 in the following states: Indiana, Georgia (combined RT/RA licensure bill), Louisiana, South Carolina, Massachusetts (where RAs are currently exempt from the RT scope of practice restrictions), Delaware, Pennsylvania, and Nebraska. If your state chapter has included RA bills in its legislative agenda, please let Eugenia know by e-mailing ebrandt@acr.org

Health Care Reform in the States
Twenty-six states challenging President Barack Obama’s sweeping healthcare overhaul filed a U.S. Supreme Court brief on Tuesday, January 10th, arguing the law unconstitutionally expands the Medicaid program for the poor and disabled. Reuters
LEGISLATIVE BILL TRACKING

Arizona
AZ SB 1362 Certified Registered Nurse Anesthetists. Allowing CRNAs to order and interpret radiographic imaging studies that the certified registered nurse anesthetist is qualified to order and interpret (state medical society is working on amendment to clarify this language) Arizona Revised Statutes; relating to the state board of nursing. (Hearing Senate Rules: 02/13/2012 1:00 P.M. Caucus Room 1)

Arkansas

California
New law requires facilities performing CTs to record radiation dose for patients if technologically feasible. (CA SB 1237 was signed by the Governor, September 2010). The California Radiological Society provided and continues to provide extensive educational input related to radiation safety and radiation dose indexing through involvement with AB 510.
CA AB 352 Radiologist assistants. An act to add Chapter 7.75 (commencing with Section 3550) to Division 2 of the Business and Professions Code, relating to radiologist assistants. (died - 02/1/2012)
CA SB791 DENSE, (Senate bill vetoed by Governor in October 2011)
CA SB173 DENSE, coverage (in committee)
CA AB137 DENSE (Read third time. Passed. Ordered to the Senate. - 01/26/2012)

Connecticut
CT SB 12 Insurance and Real Estate Committee. AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING. To clarify the criteria for insurance coverage of breast magnetic resonance imaging. (Public Hearing 02/16 - 02/10/2012)

Florida
FL HB 309 –Radiological Personnel. Clarifies legislative policy; redefines term "radiation" & defines term "specialty technologist" as those terms relate to certification of radiological personnel; provides titles for persons who hold certificate as specialty technologist; authorizes person holding certificate as specialty technologist to perform specific duties allowed for specialty technologist as defined by DOH. (On Committee agenda-- Health and Human Services Quality Subcommittee, 01/12/12) Companion bill SB 376 S Now in Budget -SJ 314 - 02/01/2012

FL HB 4015 (SB 248) Privacy of Firearm Owners. Repeals provisions relating to medical privacy concerning firearms; deletes provisions providing that unless information is relevant to patient’s medical care or safety, or safety of others, inquiries regarding firearm ownership or possession should not be made by licensed health care providers or health care facilities, that patient may decline to provide information regarding ownership or possession of firearms, clarifying that physician’s authority to choose his or her patients is not altered by act. (Hearing 01/12/2012 10:15 am; Senate, Health Regulation)
Hawaii

HI HB 1967 Medical Claims Conciliation; Panels. Amends the medical tort chapter of the Hawaii Revised Statutes, to make the medical claims conciliation process less adversarial and to emphasize inquiry, conciliation, and settlement. Renames the panels to medical inquiry and conciliation panels. (H The committees on JUD recommend that the measure be PASSED, WITH AMENDMENTS. 02/07/2012)

HI SB 2656 Medical Torts; Medical Malpractice Insurance; Claims in Excess of Liability Limits. Establishes the injured patients and families compensation fund to pay the portion of a medical tort claim that exceeds the liability limit of a health care provider's insurance coverage. Requires participating health care providers to have a minimum level of insurance coverage. Provides for assessment of fees and peer council review of claims paid. (S The committee on CPN deferred the measure. - 02/07/2012)

Illinois

IL SB 3554 MED MAL LITIGATION TASK FORCE Creates the Alternatives to Medical Malpractice Litigation Task Force. Provides that the task force shall study and report on alternative processes in which medical malpractice complaints may be pursued and presented in Illinois other than proceeding directly to litigation in the Illinois court system. Provides that an alternative process must adhere to the underlying principles of reducing health care costs by lessening the need for physicians to practice defensive medicine. (Senate Referred to Assignments - 02/08/2012)

Indiana

IN SB 195 Insurance coverage for diagnostic mammograms. Prohibits dollar limits, deductibles, copayments, or coinsurance for certain diagnostic mammograms under a state employee health plan, a policy of accident and sickness insurance, or a health maintenance organization contract, that are less favorable than those allowed for breast cancer screening mammography. Requires the department of state personnel to request written guidance from the federal Internal Revenue Service concerning the status of an annual diagnostic mammogram as "preventive care".

Iowa

In June of 2009, the Iowa Board of Nursing (IBN) promulgated rules stating that it was within the scope of practice of Advanced Registered Nurse Practitioners (ARNPs) to supervise radiologic technologists (RTs) and students performing fluoroscopic procedures. This raised serious safety concerns for the Iowa Radiological Society, the ACR, and the Iowa Medical Society. One year hence, the state medical society and the Iowa Society of Anesthesiologists (the petitioners/plaintiffs) pursued legal action against the Iowa Board of Nursing and Iowa Department of Public Health. The first hearing took place in October of 2010 and in November the Iowa trial court granted a motion to halt implementation of the rule. In late October of 2011, the court published a summary judgment stating that the case was not based on material facts, restricting access to medical services, or the competency of any particular health practitioner to perform procedures, but rather about legal issues. The Iowa Code does not provide IBN with unfettered discretion to allow ARNPs to engage in the practice of medicine; moreover, it specifically prohibits the expansion of nursing practice into areas of medicine absent recognition of the medical profession. The medical profession’s objection to ARNP’s “direct supervision” of fluoroscopy signals that it is not a recognized practice by the medical profession. As a consequence, IBN’s rule exceeded its statutorily delegated authority and violated Iowa law. (Link to court ruling)

Kansas

KS SB 253 DENSE/Cancer screening; dense breast tissue reporting requirement in conjunction with mammograms. (Senate Hearing: Thursday, February 16, 2012, 1:30 PM Room 546-S - 02/09/2012)
Kentucky

KY SB 42 Create a new section of Chapter KRS 311 to define "board", "facility", "physician", and "pain management facility" and to require that all pain management facilities be licensed; specify ownership requirements; specify employee requirements; require the State Board of Medical Licensure to promulgate administrative regulations related to pain management facilities; amend KRS 311.610 and 311.990 to conform. (Licensing, Occupations, & Administrative Regulations (S) - 01/03/2012)

KY HB 137 AN ACT relating to the licensure of health care professionals who use radiation for imaging and therapy and making an appropriation. Create KRS Chapter 311B, a new chapter relating to the licensure of medical imaging technologists and radiation therapists; establish legislative policy favoring regulation by a licensing board; define terms; create the Kentucky Board for Medical Imaging and Radiation Therapy to license and regulate advanced practice professionals, medical imaging technologists, radiographers, radiation therapists, nuclear medicine technologists, and limited X-ray machine operators; set up board membership. (floor amendment (1) filed - 02/10/2012)

Maryland

MD SB 505 –Health Occupations - Imaging and Radiation Therapy Services - Accreditation
Altering the definition of "in-office ancillary services" as it relates to specified referrals by health care practitioners so as to exclude magnetic resonance imaging services, computed tomography scan services, and radiation therapy services unless specified conditions are met; altering specified exceptions to patient referral prohibitions; requiring specified health care entities that provide specified services on or after January 1, 2013, to be accredited by specified organizations; etc. (S First Reading Education Health and Environmental Affairs - 02/03/2012)

MD HB 634 Physician Assistants - Use of C-Arm Devices. Authorizing physician assistants to use mini C-arm devices in accordance with generally accepted safety and training standards used by physicians and nurse practitioners. (H First Reading Health and Government Operations - 02/08/2012)

MD SB 817 Health Insurance - Reimbursement for Covered Services Rendered by Telemedicine. Requiring specified health insurance carriers to reimburse a licensed health care provider for a covered service rendered by telemedicine to an insured or enrollee; requiring a covered service rendered by telemedicine to be reimbursed by a carrier at the same rate established by the carrier for a covered service, rendered in person, that is the same or substantially the same as the covered service rendered by telemedicine; etc. (S First Reading Finance - 02/03/2012)

Massachusetts

MA HB 494 An Act relative to adverse event management. Provides definitions relative to medical treatment resulting in harm to the patient; establishes the development of an Adverse Event Management Plan that will be followed by hospitals. (Hearing Scheduled JJU - 02/28/2012 1:00 PM A-2 - 02/02/2012
1. 02/28/2012 1:00 PM Joint Committee on Judiciary A-2)

MA SB 834 An Act reforming the medical malpractice system. Imposes several liability only in all medical malpractice actions; amends various provisions relative to said medical malpractice actions; limits the expert statements admitted during hearings before the medical malpractice tribunal and during trials for said malpractice actions, to those by experts with the articulated qualifications, including, but not limited to certification by a specialty board; requires said experts to testify at trial; (Hearing Scheduled JJU - 02/28/2012 1:00 PM A-2 - 02/02/2012)
Minnesota

**MN SF 1811** Advanced diagnostic imaging services accreditation requirement. Requiring advanced diagnostic imaging services to be accredited by a professional organization to receive a reimbursement under insurance plans. (Referred to Health and Human Services - 02/13/2012)

Mississippi

**MS SB 2216** Physicians who self-refer diagnostic imaging tests; limit billing options for self-referring physicians. Radiological facilities or imaging centers performing the technical component of CT, PET or MRI diagnostic imaging services shall directly bill either the patient or the responsible third-party payer for such services rendered by those facilities. (Referred To Public Health and Welfare - 01/23/2012)

Missouri

**MO HB 1529** RBM. Restricts the authority of radiology benefit managers to deny diagnostic testing ordered and recommended by a licensed physician. (Referred: Health Care Policy (H) - 02/09/2012)

**MO SB 707** RBM. Restricts the authority of radiology benefit managers to deny diagnostic testing ordered and recommended by a physician. Under this act, if a health carrier or health benefit plan provides coverage for diagnostic radiology testing and if a treating physician presents an order for a test to a radiology benefits manager for prior authorization, a decision to deny the authorization shall only be made by a licensed physician. (Hearing Conducted S General Laws Committee - 02/07/2012)

**MO HB 982** Any person who countermands the treatment order or recommendation of a treating physician by any means or manner that is intended to influence the patient to refuse a recommended service or to elect to receive a different service than the service ordered or recommended by the treating physician shall be deemed to be practicing medicine in this state.

**MO SB 534** Prohibits insurers from denying reimbursement for providing diagnostic imaging services based solely on the specialty or professional board certification of a licensed physician. This act is identical to SB 76 from 2011 session. (Second Read and Referred S Small Business, Insurance and Industry Committee - 01/05/2012)

**MO SB 529** Prohibits hospitals from requiring physicians to agree to make patient referrals as a condition of receiving medical staff privileges. This act also prohibits a hospital from refusing to grant medical staff membership or privileges or participatory status in the hospital because the physician or his or her partner, associate, employee, or family member provides medical or health care services at, or has an ownership interest in, or occupies a leadership position on the medical staff of another hospital, hospital system, or health care facility. (S First Read 01/04/2012)

**MO HB 1033** DENSE. Requires health care providers to provide a mammography patient with a copy of the mammography report and information regarding the benefit of supplemental screenings for dense breast tissue patients. The report must include information regarding breast density and the benefits of additional supplemental screenings for patients who have dense breast tissue including a breast MRI, ultrasound, or other available screening methods. (Read Second Time (H) - 01/05/2012)

**MO SB 507** DENSE. Requires health insurance policies to cover ultrasound screenings where mammograms demonstrate dense breast tissue. Under this act, certain health insurance policies must provide coverage for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a woman is
believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications. (Second Read and Referred S Small Business, Insurance and Industry Committee - 01/05/2012)

**MO HB 1399** Interventional Pain Management. Requires the injection of therapeutic substances around the spine or spinal cord for the treatment of certain pain syndromes to be performed only by a licensed physician. (Referred: Professional Registration and Licensing (H) - 02/02/2012)

**MO SB 682** Interventional Pain Management. The injection of therapeutic substances around the spine or spinal cord for the treatment of acute or chronic pain syndromes under fluoroscopic, computerized axial tomography (CAT) scan, magnetic resonance imaging (MRI), or ultrasound guidance shall only be performed by a physician licensed under this chapter. (Second Read and Referred S Health, Mental Health, Seniors and Families Committee - 02/02/2012)

**Nebraska**

**NE LB 952** Change appropriation provisions relating to the medical assistance program (Medicaid cuts). Sen. Jeremy Nordquist introduced a bill (LB952) to stop the cuts he said would 'significantly weaken safety-net health services for Nebraska's most vulnerable populations.' (Introduced - 01/11/2012)

**NE LB 481** Provide exemption from medical radiography licensure for auxiliary personnel and cardiovascular technologists. (Carryover bill - 01/04/2012)

**NE LB 876** DENSE Change insurance policy, subscriber contract, and other policy provisions relating to mammography. To require the provision of breast density information to a mammography patient as prescribed; and to repeal the original section. (Notice of hearing for January 23, 2012 - 01/12/2012)

**New Hampshire**

**NH HB 1599** DENSE This bill requires that each mammography report provided to a patient shall include information about her breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: “If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician’s office and you should contact your physician if you have any questions or concerns about this report.” (Public Hearing: 2/14/2012 1:30 PM LOB 205)

**NH HB 1653** Relative to the rights of conscience for medical professionals. This bill prohibits discrimination against health care providers who conscientiously object to participating in any health care service. (H Introduced 1/4/2012)

**New Jersey**

**NJ A 3754** Concerns the assessment on ambulatory care facilities and amending P.L.1992, c.160. Provides credit against ambulatory care facility assessment liability for value of unreimbursed care provided to hospital charity care patients. (Reported out of Assembly Committee, 2nd Reading - 12/08/2011)

**New Jersey 2012-2013**
Concerns practitioner referrals to out-of-State health care services and supplementing Title 45 of the Revised Statutes; requires practitioners to disclose business relationship with out-of-State facilities when making patient referrals to those facilities. (Introduced, Referred to Assembly Health and Senior Services Committee - 01/10/2012)

**NJ S 3174** DENSE. Concerning mammograms, amending P.L.1991, c.279 and P.L.2004, c.86, and supplementing Title 26 of the Revised Statutes. Requires insurers to cover comprehensive ultrasound breast screening if a mammogram demonstrates dense breast tissue and requires mammogram reports to contain information on breast density. (Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee - 12/15/2011) **NJ S 792** DENSE companion bill (Introduced in the Senate, Referred to Senate Commerce Committee - 01/10/2012)

**NJ A 1621** Allows physicians to jointly negotiate with carriers over contractual terms and conditions; supplementing Title 52 of the Revised Statutes, and repealing P.L.2001, c.371. (Introduced, Referred to Assembly Financial Institutions and Insurance Committee - 01/10/2012)

**NJ S 477** Concerning medical malpractice and revising parts of the statutory law, addresses medical malpractice procedures and liability. (Introduced in the Senate, Referred to Senate Commerce Committee - 01/10/2012)

**NJ S 623** Establishing a Medical Malpractice Court and supplementing Title 2B of the New Jersey Statutes. (Introduced in the Senate, Referred to Senate Judiciary Committee - 01/10/2012)

**NJ S 782** Concerns for-profit hospitals and supplementing Title 26 of the Revised Statutes; requires for-profit hospitals to report certain information to DHSS. (Introduced in the Senate, Referred to Senate Health, Human Services and Senior Citizens Committee - 01/10/2012)

**New York**

The state is addressing the issue of RA/RPA. The original NY law was written in the seventies and, at that time, no restrictions were placed on what type of procedures the specialist assistants were able to do (i.e. there are no restrictions on reading images, etc.) Currently, the state is working to enact a law clarifying the scope of practice for specialist assistants.

**NY SB 4376** An Act to amend the public health law and the education law, in relation to physician assistants and specialist assistants. (referred to higher education - 01/23/2012)

**NY AB 7355** An act to amend the public health law and the education law, in relation to physician assistants and specialist assistant. (reported referred to codes - 01/24/2012)

**NY AB 7774** DENSE An act to amend the insurance law, in relation to requiring health insurance policies to cover comprehensive ultrasound screening, magnetic resonance imaging. Requires individual and group health insurance policies, and health maintenance organizations to provide coverage for comprehensive ultrasound screening, magnetic resonance imaging and/or other screening tests for breast cancer in certain cases; requires mammography reports to include information about breast density. (Referred to insurance - 01/04/2012)

**NY SB 1883** DENSE An Act to amend the insurance law, in relation to requiring health insurance policies to cover comprehensive ultrasound screening, magnetic resonance imaging. Requires individual and group health insurance policies, and health maintenance organizations to provide coverage for comprehensive ultrasound screening, magnetic resonance imaging and/or other screening tests for breast cancer in certain cases; requires mammography reports to include information about breast density. (Referred to insurance - 01/04/2012)

**Oklahoma**
OK HB 2943 Workers' compensation; modifying reimbursement for certain imaging procedures; effective date. An Act relating to workers compensation; amending 85 O.S. 2011, Section 327, which relates to provider reimbursement rates; modifying reimbursement requirements for magnetic resonance imaging procedures; and providing an effective date. (Second Reading referred to Judiciary - 02/07/2012)

Oregon
OR HB 4008 Relating to medical imaging; creating new provisions; amending ORS 688.415, 688.455 and 688. Modifies requirements for RT licensure by Board of Medical Imaging. Declares emergency, effective on passage. (H Rules suspended. Carried over to February 6, 2012 Calendar. - 02/03/2012)

Pennsylvania
PA SB 1332 DENSE, notification. An Act requiring the notification of breast density to patients who receive a mammogram. (Referred to PUBLIC HEALTH AND WELFARE - 11/10/2011)

PA SB 1333 DENSE, coverage. An Act amending the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, further providing for coverage for mammographic examinations. (Referred to BANKING AND INSURANCE - 11/09/2011)

Rhode Island
RI S 2207 An act relating to taxation—facility and imaging surcharges--would repeal chapter 44-64 entitled "The Outpatient Health Care Facility Surcharge" and chapter 44-65 entitled "Imaging Services Surcharge". Introduced, referred to Senate Health and Human Services - 01/24/2012)

Tennessee
TN HB 3297 DENSE disclosure. Physicians and Surgeons. As introduced, requires physicians to communicate certain information about mammographic breast density to patients. - Amends TCA Title 63. (Assigned to s/c HHR Subcommittee - 02/01/2012) Companion bills TN SB 3009 (P2C, ref. to S. H&W Comm. - 01/30/2012), TN SB3008 (P2C, ref. to S. C,L&A Comm. - 01/30/2012), TN HB3298 (Assigned to s/c Commerce Subcommittee - 02/01/2012)

TN SB 1338 As introduced regulates the activities of radiology benefit management companies (RBM) with respect to orders or recommendations of treating physicians. - Amends TCA Title 56 and Title 63. (Assigned to Gen. Sub of S. C, L&A Comm. - 05/03/2011)

TN SB 1457 As introduced authorizes the board for licensing health care facilities to establish rules and regulations concerning the operation and licensing of pain management facilities. - Amends TCA Title 68, Chapter 11. (Assigned to Gen. Sub of S. GW, H&HR Comm. - 04/13/2011)

TN HB 2549 Physicians and Surgeons. Amends TCA Title 63. The board of nursing shall provide a certificate of competence in interventional pain management to a certified registered nurse anesthetist (CRNA), which will allow the CRNA to perform invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves or block of major peripheral nerves in any setting not licensed under title 68, chapter 11. (Introduced 1/13/12)

Utah
UT SB 32 DENSE, Breast Cancer Prevention Amendments. This bill amends the Mammogram Quality Assurance Chapter of the Utah Health Code to include information about breast density and supplemental screening options. (Bill scored, fiscal note published 1/18/12; Draft of Enrolled Bill Prepared - 02/08/2012)

UT SCR 4 Concurrent Resolution on Breast Cancer Screening. This concurrent resolution of the Legislature and the Governor urges women ages 40 years old and older to receive breast cancer
screening once each year that, at a minimum, consists of a mammogram S. [and urges that all insurance programs in the state of Utah provide breast cancer screening to include mammograms and other physician recommended screening tests, with minimum or no co-payments or out-of-pocket costs. ] (House/ to standing committee - 02/08/2012)

**Vermont**

In the last two years, Vermont has faced repeated Medicaid cuts promulgated by the Department of Vermont Health Access (DVHA). In late 2010, the DVHA announced a proposed amendment (Vermont Medicaid State Plan Amendment (SPA #11-001)) to implement the Medicare RBRVS system to change its Medicaid fee schedule. The amendment purported to follow Medicare methodology in fee calculation, and did so in utilizing RVUs and geographic indices; however, where Medicare RBRVS uses one “conversion factor” (currently $36.87), multiplying Total RVUs to determine fees, the DVHA proposed eight (8) different conversion factors/categories at that time ranging from a high of $32.37 to a low of $24.34. As a percent of Medicare, these convert to 87.8% to 66%. At that time, DVHA’s proposal to create an RVRBS-based system with a budget neutral overall result would have benefited virtually every provider except Radiologists. Other providers within the physician fee schedule would have received a boost in payments, but the result would have been achieved through decreasing radiology fees by 37.2% or $1.8 million annually. The Vermont Medical Society and Vermont Radiological Society strongly opposed the amendment and offered an alternative proposal of a single Conversion Factor, with a lower limit to fees not to drop below Medicare rates. DVHA has responded somewhat favorably towards the alternative proposal; however, radiology still incurred a 25% cut. It is important to note that these cuts, coupled with institution of a pre-approval process that reduced Medicaid reimbursement to Vermont Radiology practices earlier, amounted to a total reduction in reimbursement of 35%.

In December 2011, Medicaid reimbursement for radiology services came under fire once again when DVHA issued Vermont Medicaid State Plan Amendment (SPA) proposal to change the rates paid for services payable under DVHA’s Resource Based Relative Value Scale (RBRVS) methodology. The DVHA sets rates based on the Medicare Relative Value Units with DVHA-specific Conversion Factors. Under the proposal, effective January 1, 2012, the DVHA conversion factors would have changed: for well-child visits and behavioral health services- $29.20; for evaluation and management services and maternity-related services- $28.09; for all other services- $22.60. More specifically, radiology reimbursement codes would have transferred into the lowest conversion factor tier, “all other services”, resulting in a negative change in reimbursement of 21.4 percent.

The proposal coincided with the end-of-year holidays as it was issued two weeks before the scheduled effective date of January 1st. The leadership of Vermont Radiological Society and Vermont’s council steering committee representative made an exemplary effort in mobilizing its grassroots against this proposal and were able to secure support from both the state medical society and Vermont Hospital Association. In the end, the DVHA revised the SPA to keep radiology at the higher level of Medicaid reimbursement, resulting in an approximately 2% cut in reimbursement instead of the suggested 21.4%. Vermont is a great example of results achieved through unified teamwork and coalition building.

**VT HB 601** An act relating to insurance coverage for colon cancer screenings and mammograms. (Filed or pre-filed - 01/26/2012)

**Virginia**

**VA HB 83** DENSE Mammograms; information on breast density. Requires the Board of Health to establish guidelines requiring all mammogram reports to include information on breast density. "YOUR MAMMOGRAM DEMONSTRATES THAT YOU MAY HAVE DENSE BREAST TISSUE, WHICH CAN HIDE CANCER OR OTHER ABNORMALITIES. A REPORT OF YOUR MAMMOGRAPHY RESULTS, WHICH CONTAINS INFORMATION ABOUT YOUR BREAST DENSITY, HAS BEEN SENT TO YOUR REFERRING PHYSICIAN’S OFFICE, AND YOU SHOULD
CONTACT YOUR PHYSICIAN IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THIS REPORT."
(Senate: Passed Senate (40-Y 0-N) - 02/13/2012)

**VA SB 544** Dense. Mammograms; information on breast density. Requires the Board of Health to establish guidelines requiring all mammogram reports to include information on breast density.  
(Senate: Constitutional reading dispensed (39-Y 0-N) - 01/27/2012)

**VA HB 346** Nurse practitioners; practice as part of patient care teams. Practice of nurse practitioners; patient care teams. Amends provisions governing the practice of nurse practitioners. The bill provides that nurse practitioners shall only practice as part of a patient care team, which shall include at least one patient care team physician licensed to practice medicine in the Commonwealth who provides management of and leadership in the care of a patient or patients. The bill also establishes requirements for written or electronic practice agreements for nurse.  
(Committee Referral Pending - 01/10/2012)

**VA HB 398** Radiology benefits management companies, RBMs; decision to deny physician's order for diagnostic radiology test. Requires that any decision by a radiology benefits management company to deny a treating physician's order or recommendation for a diagnostic radiology test be made by a physician. An authorization to perform a diagnostic radiology test given by a health carrier or by a radiology benefits management company shall be conclusive to satisfy any requirement of medical necessity in a health benefit plan or a health carrier's plan, policy, or schedule of benefits.  
(House: Subcommittee recommends continuing to 2013 by voice vote - 01/26/2012)

**VA SB 106** Physician assistants; fluoroscopy. Allows a licensed physician assistant who is working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology and has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures to use fluoroscopy for guidance of diagnostic and therapeutic procedures.  
(Senate: Read third time and passed Senate (40-Y 0-N) - 02/07/2012)

**West Virginia**  
**WV HB 2929** Relating to radiologic technologists. The purpose of this bill is to revise the article on radiologic technologists; all provisions relating to radiologic technologists; the practice of medical imaging and radiation therapy; unlawful acts; applicable law; definitions.  
(To House Health and Human Resources - 01/11/2012)

West Virginia is facing a decline in federal Medicaid funds from 4:1 to 3:1 and federal health-care mandate will add 170,000 West Virginians to the health-care coverage for the poor, elderly and disabled. As a result, Medicaid will require $111 million of new funding in the new budget, to a total of more than $500 million, and will be a prime contributor to a projected $389 million budget shortfall in the 2013-14 budget.  
[Charleston Gazette](http://www.charlestongazette.com)