ECONOMICS AND HEALTH POLICY

Medicare National Coverage

CT Colonography

The long anticipated results of the reanalysis of ACRIN data from the National CT Colonography Trial, initially published in 2008, on the efficacy of CT colonography (CTC) in Americans ages 65 and older were published online in *Radiology* on February 23rd. Members of the Colon Cancer Committee and ACR staff, along with a physician representative and staff from the American Gastroenterological Association (AGA), and staff from the Medical Imaging and Technology Alliance (MITA) met with staff at the Centers for Medicare and Medicaid Services (CMS) on Tuesday, March 20th, to present this new data as well as additional new studies on the efficacy of CTC in the Medicare-age population, radiation dose, and extracolonic findings that have been published since CMS' non-coverage determination for CTC screening in 2009. Data were also presented on patient preference/screening compliance rates.

CMS staff were very engaged and open throughout the meeting. They indicated that they are increasingly required (by MIPPA and PPACA) to look to the US Preventative Services Task Force (USPSTF) when making coverage decisions and strongly urged us to approach them prior to filing a formal coverage reconsideration request. This response was not unexpected. Colorectal cancer screening is scheduled to be revisited by the USPSTF in 2013, but a meeting has been scheduled with USPSTF staff for May 24th to present the same information that was communicated to CMS in hopes that a review will be started this year.

Coverage with Evidence Development (CED)

In January, the ACR submitted comments to CMS regarding Coverage with Evidence Development (CED). CMS posted a request for comments, as they were looking to improve health outcomes and open the CED process for developing a guidance document that better aligns CED with the evolving changes in the healthcare system.

The ACR supported the CED pathway at the national level and recommended that CMS expand CED for preventative services as an alternative for conditional payment when there are insufficient data to support a broader national coverage policy. In addition, we asked that the CED pathway allow for a fast tracked post-FDA approval process with a predefined, agreed upon data collection time period with reasonable study design parameters and data collection that would yield conclusions useful in the coverage determination process. In suggesting approaches to CED to maximize benefit to Medicare beneficiaries, we also recommended that CMS consider its responsiveness and ability for initiating and terminating a CED outside the scope of the time intensive nine month NCD process.
In March, the ACR signed on to a multispecialty society comment letter to CMS regarding national coverage for percutaneous transluminal angioplasty (PTA) of the carotid artery concurrent with stenting. The ACR recommended that in preparation of their next National Coverage Determination (NCD) on carotid stenting, CMS utilize the joint guideline on treatment of patients with carotid stenosis co-sponsored and/or endorsed by the ACR, ASA, ACCF, AHA, AANN, AANS, ASNR, CNS, SAIP, SCAI, SIR, SNIS, SVM, and SVS. We also recommended that CMS use the accreditation programs to identify high quality facilities along with carotid-specific data registries to measure patient outcomes and assure and improve the quality of care.

**Positron Emission Tomography (PET)**

On March 30th, the ACR signed onto a multispecialty society comment letter with the Medical Imaging Technology Alliance (MITA). We requested that CMS remove the current non-coverage language as it pertains to new PET radiopharmaceuticals that receive approval from the Food and Drug Administration (FDA).

In summary, we felt the application of the non-coverage language for new FDA approved PET radiopharmaceuticals creates an unnecessary delay in the adoption of new medical imaging advances. We asked that CMS undertake a limited revision of the PET NCD which maintains the integrity of the NCD for tracers reviewed within, but forecloses the inappropriate extension of noncoverage to new FDA-approved tracers that have not received even minimal actual review by the agency. In conclusion, we believe there is now consensus that the recent advances in imaging and CMS’ past experience with PET coverage no longer support a clinical rationale for a pre-emptive national non-coverage policy for new PET radiopharmaceutical agents that undergo rigorous FDA review and approval.

**Carrier Advisory Committee (CAC) Network**

The CAC Network has been closely monitoring issues pertaining to local Medicare audits. Specifically, there have been several problems identified with CGS Administrators in Ohio and Kentucky. In late 2011, CGS began to require that hospital-based radiologists submit documents from treating physicians’ files showing how the results of advanced imaging tests are being used in a beneficiary’s treatment and care in order to justify the medical necessity of those tests. This policy resulted in delayed claims processing and payment. The ACR has been working with the Ohio and Kentucky State Chapters and the RBMA to provide advice and resolve the issues. CGS responded that this “edit” was a “proper review of the medical necessity of the advanced imaging studies being performed” and the review has been completed. They are working hard to address outstanding claims. The ACR will continue to work with the Ohio and Kentucky Chapters to ensure proper payments.

**LEGISLATIVE**

**H.R. 3269 Achieves Majority of Cosponsors In House**

Right before Congress adjourned for a two week recess to coincide with the Easter and Passover holidays, H.R. 3269, the Diagnostic Imaging Services Access Protection Act (H.R. 3269) garnered its 218th bipartisan cosponsor in the House of Representatives! ACR is pleased that a majority of members of Congress are officially on record in support of legislation to stop the 25% multiple procedure payment reduction to the professional component of select advanced diagnostic imaging
services, yet we’re still looking to add more supporters. Click on this link to see if your Member of Congress has cosponsored this important bill.

If your Representative has not yet cosponsored this important legislation, 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, almost 2,600 letters have been sent to the House of Representatives and ACR greatly appreciates the strong grassroots response from all its members. For a limited time, we’re also providing radiologists with the opportunity to utilize ACR’s Political Action Phone Number to call Members of Congress and urge them to become cosponsors. If your Member of Congress still hasn’t cosponsored H.R. 3269, please dial 1-800-327-5423 to be connected to the Representative’s Washington, DC number. After dialing the number, an automated system will provide you with instructions and then connect you to your Member of Congress based on your HOME zip code. We encourage ACR members to call their elected officials during the hours of 9:00 AM and 6:00 PM.

In addition to the House legislation, ACR is working hard on the introduction of a Senate companion bill. Preliminary meetings with Senators have been positive and ACR is hopeful that a Senate companion bill might be introduced before the April AMCLC meeting, where more than 400 radiologists converging on Capitol Hill will play an integral role in helping the Government Relations office gather cosponsors for the Senate legislation.

The Government Relations office has attended more than 38 Congressional meetings and fundraisers in the month of March.

ACR thanks all members that have already contacted their elected officials and urge those that haven’t reached out to Capitol Hill to do so today!

Supreme Court Hears Oral Arguments on Constitutionality of the Health Care Law

After much anticipation and divergent lower court rulings, the Supreme Court of the United States heard three days of oral arguments on constitutional and legal issues related to the Patient Protection and Affordable Care Act (PPACA). A coalition of 26 states, individuals, and the National Federation of Independent Business (NFIB) are challenging the federal government and President Obama’s signature domestic policy initiative. At the heart of the majority of the questions before the court is the individual mandate, a provision within PPACA that requires nearly all Americans to obtain insurance by 2014 or pay a financial penalty. The justices are expected to rule in late June on four key questions:

- Does the Anti-Injunction Act (AIA) prevent the court from ruling on PPACA’s individual mandate until after 2014?
- Did Congress have the authority under the Commerce Clause to require individuals to obtain health coverage or pay a penalty?
- If the individual mandate is struck down, must any or all of the law’s other provisions be struck down, too?
- Does the law’s requirement that states pay a portion of a Medicaid expansion or give up all federal Medicaid funding represent unconstitutional coercion?

Given that the penalties for non-compliance with the individual mandate do not take place for another two years, there was a concern that the Supreme Court should not rule on the law. Since neither the federal government, nor the challengers believe the AIA has applicability in this case, the Supreme Court was forced to appoint an outside lawyer to argue this position. Questions from the
justices revealed a healthy sense of skepticism towards the applicability of the AIA to the individual mandate.

Debate was more contentious relating to the legality of the individual mandate. The challengers argue that, if Congress can compel individuals to purchase insurance under the Commerce Clause, its power will be unlimited and a direct violation of the Constitution. Lawyers defending PPACA, however, characterize the individual mandate as a tax on the population which is a power reserved for the federal government under the Commerce Clause. The more liberal justices seemed to support the position of the federal government, while the conservative justices were more sympathetic to the challengers.

This partisan tilt also characterized the justices’ questions surrounding the issue of “severability.” Since PPACA did not include a “severability” clause, the challengers claimed that if one section of the law is found to be unconstitutional, the entire health care reform law must be eliminated. The federal government, however, argues that the court can declare the individual mandate unconstitutional but still retain the majority of the law in-place. Conservative justices seemed to support the view of the challengers, while liberal justices appeared to favor severability. Finally, the court heard arguments on whether the conditions placed upon the states’ receipt of additional Medicaid dollars to cover more Americans were unconstitutionally coercive. Only a few conservative justices appeared to favor the challenger’s arguments and most legal scholars do not anticipate this argument to be upheld in the final decision.

ACR is in the very early stages of analyzing the potential impact on radiologists of PPACA, or parts of PPACA, being declared unconstitutional. For instance, if the Supreme Court strikes down the law, the 75% equipment utilization assumption rate implemented through the passage of PPACA could be replaced with the 90% rate imposed by CMS prior to the enactment of the health care reform law. Conversely, the elimination of the law could also result in the 50% multiple procedure payment reduction (MPPR) to the technical component of expensive advanced diagnostic imaging services reverting back to the pre-PPACA 25% rate.

ACR Backed Bill to Gain Medicare Coverage for Virtual Colonoscopy Introduced in House

Following a recent call by the ACR and the Colon Cancer Alliance for Medicare coverage of CT Colonography, known as virtual colonoscopy, Reps. Danny Davis (D-IL) and Ralph Hall (R-TX) have introduced the CT Colonography Screening for Colorectal Cancer Act (H.R. 4165) in the U.S. House of Representatives. The bill would require coverage of virtual colonoscopy as a colon cancer screening benefit under Medicare.

A third of those who should be screened for colorectal cancer, the nation’s second leading cancer killer, never get checked. This is particularly true among minorities where screening rates are low. Up to 30,000 deaths each year could be prevented if all those ages 50 and older were screened regularly. Studies show availability of virtual colonoscopy significantly boosts screening rates.

Virtual colonoscopy as a colon cancer screening tool is endorsed by the American Cancer Society and covered by major insurers, including CIGNA, UnitedHealthcare, and Anthem Blue Cross Blue Shield, but Medicare has refused coverage citing lack of data among seniors. However, the largest study on virtual colonoscopy in Americans ages 65 and older, published online Feb. 23 in Radiology, showed that it is comparably effective to standard colonoscopy. This confirms results of a landmark 2008 study of patients ages 50 and older, published in the New England Journal of Medicine, and a multitude of similarly positive trial outcomes since.

“Virtual colonoscopy’s ability to attract millions who can’t or won’t get an optical screening colonoscopy allows doctors to catch and treat many more cancers early — when they are most
treatable and require fewer resources. Medicare coverage of virtual colonoscopy as a colon cancer screening tool can save tens of thousands of lives each year and healthcare dollars.

We thank Reps. Davis and Hall for introducing H.R. 4165 and urge all members of Congress to support the bill,” said Judy Yee, MD, chair of the ACR Colon Cancer Committee.

GRASSROOTS & ADVOCACY

Due to incredible growth, building member enthusiasm, and the larger “network” of participation and infrastructure experienced, the Radiology Advocacy Group will now be known as the Radiology Advocacy Network. In order to optimize ACR grassroots advocacy, the group was introduced at the ACR Board of Chancellors fall 2011 meeting. Spearheaded by Howard Fleishon, MD, the Radiology Action Network includes politically active members who commit to making advocacy a priority in their states and practices.

To get involved visit:
http://www.acr.org/SecondaryMainMenuCategories/GR_Econ/FeaturedCategories/GrassrootsAdvocacy/Radiology-Advocacy-Network-Registration-Form.aspx or contact Melody Ballesteros at mballesteros@acr.org.

RADPAC

RADPAC 2012 Statistics
Contributions raised in 2012 as of 4/6/2012:

Hard money contributions: $403,892.79
Soft money contributions: $11,799.98
Total contributions: $415,692.77

Total number of contributors in 2012 as of 4/6/2012:

Hard money contributors: 977 (Goal for 2012: 3,000 hard money contributors)

In 2012 RADPAC has contributed $386,500 to federal candidates and has attended 148 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.

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.

**2011 Annual Report**

RADPAC has posted to its website the 2011 RADPAC Annual Report. To see detailed information and a listing of the 2011 RADPAC contributors click the link below:


**2012 Races to Watch**

In the upcoming weeks, RADPAC will have an informational new category on its website, www.radpac.org, called **2012 Voter Guide** for ACRA members to view the House and Senate Races this year, the dates for each state’s primary and the listing of candidates that have received RADPAC contributions. RADPAC will update this information periodically so that it remains current through the general elections in November, 2012.

**Spread The Word**

RADPAC has a new contribution campaign this year, *Refer a Friend*. RADPAC is asking that all contributors refer a colleague to contribute to RADPAC. All radiologists are affected by decisions made on Capitol Hill yet only 14% give to RADPAC. *Refer a Friend* today and increase RADPAC’s impact on Capitol Hill.

**REGULATORY**

**FDA Meeting on MDUFA Reauthorization**

On March 28, the U.S. Food and Drug Administration hosted a public meeting to discuss its final draft statutory change recommendations and commitment letter regarding the imminent Medical Device User Fee and Modernization Act reauthorization. Several patient groups and the relevant industry trade associations participated in the proceedings. FDA recently completed its mandated negotiations with industry and is now working to finalize its recommendations to Congress for a reauthorized program (MDUFA III) that reflects the interests of the agency and regulated community.

**ACR Comments on PCORI Draft National Priorities and Research Agenda**

On March 15, ACR submitted comments to the Patient-Centered Outcomes Research Institute (PCORI) on its “Draft National Priorities and Research Agenda” document. The comments were developed under the leadership of the ACR Commission on Clinical Research and IT with input from several other commissions. ACR recommended that PCORI adjust its draft funding levels to appropriately emphasize comparative clinical effectiveness projects. ACR also provided PCORI with a list of potential topics to explore in diagnostic imaging and radiation oncology.
Latest Meaningful Use Proposed Rules: Request for Member Input

The ACR Government Relations team and the IT and Informatics Committee-Government Relations Subcommittee continue to request input from interested members on the March 7 proposed rules from CMS and the HHS Office of the National Coordinator for HIT to update the user and technology requirements associated with the Medicare/Medicaid EHR Incentive Program (or “meaningful use”). A consolidated summary of the proposed rules is publicly available on the ACR’s Government Relations webpage.

To provide input for potential inclusion in ACR's future draft comments on these rulemakings, please contact Michael Peters in the ACR Government Relations office at mpeters@acr.org / 202-223-1670.

AMA and Specialty Societies Meet with CMS on Meaningful Use

On March 21, the American Medical Association convened the major specialty societies for a meeting with CMS staff regarding the agency's Stage 2 EHR Incentive Program proposed rule. CMS staff delivered a presentation on the content of the proposed rule and entertained questions and concerns. Most of the questions were focused on the clinical quality measure component, particularly the proposals related to alignment with certain aspects of the Physician Quality Reporting System.

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 meeting of the State GR committee is scheduled for Sunday, April 22nd, 2012, 4-5pm during AMCLC. 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-two states are currently in session. 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

March
03/12/2012: Louisiana

Adjournment Dates:
February: New Mexico (02/16)
March: Oregon (03/05), Utah (03/08), Washington (03/08), Wyoming (03/08), Arkansas (03/09)*, Florida (03/09), Indiana (03/09), Virginia (03/10), West Virginia (03/10), Wisconsin (03/15)*, South Dakota (03/19), Georgia (03/29), Idaho (03/29)
April: Maryland (04/09)*, Kentucky (04/12)*, Nebraska (04/12)*, Alaska (04/15)*, Iowa (04/17)*, Maine (04/18)*
*Projected Adjourn Date

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, DENSE bill activity is happening in the following states: Arkansas, California, Florida, Kansas, Maine, Missouri, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, and Virginia. Virginia's House and Senate passed HB 83 on February 16, Virginia Governor Bob McDonnell signed VA HB 83 into law on March 1, 2012 and it will go into effect July 1. Virginia is the third state to adopt such legislation, joining Connecticut and Texas.

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

Alaska-projected adjourn date 4/15

AK HB 338 Licensing Radiologic Technologists. An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date. (Referred to Labor & Commerce - 02/22/2012)

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. Language amended to “order and evaluate laboratory and diagnostic test results and perform point of care testing that the certified registered nurse anesthetist is qualified to perform and order and evaluate radiographic imaging studies that the certified registered nurse anesthetist is qualified to order and interpret. (SIGNED - 03/29/2012)

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 510 Radiation dose reporting/Radiation control: An act to amend Sections 115111 and 115113 of the Health and Safety Code, relating to public health. (From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. - 03/29/2012) AB 510 amends the prior adopted bill by Senator Padilla regarding recording of CT radiation dose, reporting of certain misadministration of CT exams or radiation therapy, and required accreditation for CT units. The original legislation will take effect on 7/1/12 and AB 510 was amended in January and passed by the Assembly moving now to the Senate. The hope is for AB 510 to be passed and signed prior to July 2012. The discussions continue on the specifics with the original sponsors and author, the hospital association and CDPH. The CRS is seeking the following changes, some of which are already included in AB 510. The changes include;

• Exempt from dose reporting those CT units which are only used for radiation therapy treatment planning or image guidance for interventional radiology.
• Require that for purposes of accreditation that the facility or unit only have a medical physicist verify the displayed dose for certain procedures, i.e. adult brain, adult abdomen and pediatric brain to ensure that the displayed dose is within 20% of the displayed dose.
• Clarification that no report of misadministration is necessary if an adjacent organ/body part is irradiated if that was intended by the ordering physician or radiologist.
Clarification that if the CT unit is able to record the dose, i.e. DLP or CDTI vol, that this information can be recorded in the protocol page as part of the electronic medical record.

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 (held in committee)
CA AB137 DENSE (Read third time. Passed. Ordered to the Senate. - 01/26/2012)
CA SB 1538 DENSE Health care: mammograms. An act to add and repeal Section 123222.3 of the Health and Safety Code, relating to mammograms. (Withdrawn from committee. Re-referred to Com. on RLS. - 03/28/2012)

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. (LCO File Number 6 - 03/05/2012)

CT SB 97 AN ACT CONCERNING BREAST CANCER SCREENING To prohibit insurers from imposing a coinsurance, copayment, deductible or other out-of-pocket expense on an insured for breast ultrasound screening, and to clarify the criteria for insurance coverage of breast magnetic resonance imaging.
(LCO File Number 17 - 03/08/2012)

CT SB 98 AN ACT CONCERNING DEDUCTIBLES AND GUIDELINES FOR COLONOSCOPIES To prohibit insurers from imposing a deductible for a procedure that is initially undertaken as a screening colonoscopy or a screening sigmoidoscopy. (LCO File Number 18 - 03/08/2012)

Florida-adjourned

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. (H Ordered enrolled –HJ 1146 - 03/06/2012) Companion bill SB 376 S S Laid on Table, refer to CS/HB 309 -SJ 873 - 03/06/2012

FL HB 7133 The Agency for Health Care Administration. Quality Improvement Initiatives for Entities Regulated by the Agency for Health Care Administration. Directs agency to establish & implement methodologies to adjust Medicaid rates for hospitals, nursing homes, & managed care plans; provides criteria for & limits on amount of Medicaid payment rate adjustments; directs agency to seek federal approval to implement performance payment system; provides applicability of performance payment system to general hospitals, skilled nursing facilities, & managed care plans. (died)

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. (died)
Hawaii

HI HCR2012  65 Stark Law; Physician Self-Referral Prohibition. Urging agencies to enforce the Stark Law to the full extent of their statutory and regulatory authority. (H Referred to HLT, CPC/JUD, referral sheet 38 - 03/01/2012)

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 Rule 3-9(a) / Re-referred to Assignments - 03/30/2012)

Indiana-adjourned

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". (S Committee report: do pass, reassigned to Committee on Appropriations - 01/19/2012)

Iowa-projected adjourn date 4/17

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 Iowa Board of Nursing 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. “Your mammogram demonstrates that you have dense breast tissue. Mammography has known limitations, and in women who have dense breast tissue, some abnormalities may be hidden. A report of your mammography results, which includes information about your breast tissue density, has been sent to your physician. This statement is intended to raise your awareness and promote discussion with your physician regarding your test results. Depending on your individual risk factors, your physician might recommend additional tests. You should contact your physician if you have any questions or concerns regarding your report." (Senate Hearing: Thursday, February 16, 2012, 1:30 PM Room 546-S - 02/08/2012)

KS SB 325 Committee on Public Health and Welfare. House Substitute for SB 325 by Committee on Corrections and Juvenile Justice -- Distribution of controlled substances to health care providers, mammogram reporting and notice requirements. (House Stricken from Calendar by Rule 1507 - 03/27/2012)

KS SB 407 Patient to receive certain information about patient's mammography examination. (House Referred to Committee on Health and Human Services - 03/01/2012)

Kentucky-projected adjourn date 4/12

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. (delivered to Governor - 03/30/2012)

Maine-projected adjourn date 4/18

ME LD 1886 DENSE An Act Requiring Communication of Mammographic Breast Density Information to Patients. This bill requires mammography reports or other information provided to patients to include information regarding breast density. (became a “study resolve” recommendation—convene a workgroup by September, re-consider workgroup’s recommendations by December, 2012)
Maryland - projected adjourn date 4/9

**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 Hearing 2/22 at 1:00 p.m. - 02/08/2012)

**MD HB 408** 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. (H Hearing 3/14 at 1:00 p.m. - 02/15/2012)

**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. (S First Reading Senate Rules - 03/27/2012)

**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)

**MD HB 432** Provider-Based Outpatient Oncology Centers – Reimbursement. Requiring the Maryland Medical Assistance Program to reimburse freestanding outpatient oncology centers for specified services at a specified reimbursement rate; requiring the Department of Health and Mental Hygiene to adopt specified regulations; prohibiting the Department from making payment for specified invoices after a specified date; making the Act an emergency measure; etc. (H Unfavorable Report by Health and Government Operations Withdrawn - 02/22/2012)

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. (Extension order filed until April 27, 2012 - 03/20/2012)

**MA HB 2368** An Act relative to certified professional midwives. (Referred to Joint Committee on Health Care Financing - 12/29/2011)

**MA HB 3515** An Act relative to the practice of medical physics. Appoints a state board for medical physics for the purpose of assisting on matters of licensure and professional conduct of existing physician licensure laws; sets forth licensure requirements, outlined herein, for applicants seeking licensure as well as provisional licensure; sets limits and time limits, described herein, on provisional licenses; requires continual education to maintain professional certification; articulates the violations and penalties for those violations described herein. (Reported favorably as amended by Joint Committee on Public Health - 03/20/2012)
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; (Extension order filed until April 27, 2012 - 03/20/2012)

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. (Second reading - 03/23/2012)

MN HF 2276  Advanced diagnostic imaging services operator accreditation required. (Second reading - 03/12/2012)

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. (S Informal Calendar S Bills for Perfection--SB 682-Dempsey, with SCS - 04/04/2012)

MO SB 830 Modifies provisions relating to physician assistant supervision. Currently, a physician assistant must work in the same facility as the supervising physician 66% of the time and never more than 30 miles from the location of the physician. This act mandates that the physician assistant must practice in the same facility where the physician routinely practices. The physician must be immediately available in person or by telecommunication when the physician assistant is providing care. Supervision distance waivers are eliminated. (Second Read and Referred S Health, Mental Health, Seniors and Families Committee - 03/01/2012)

Nebraska-projected adjourn date 4/12

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.” (H Inexpedient to Legislate: MA VV; HJ 21, PG.1307 - 03/07/2012)

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 Laid On The Table (Rep Rowe): MA DIV 238-59 - 03/29/2012)

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

NJ A 229 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 2022 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, Referred to Assembly Health and Senior Services 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. (enacting clause stricken - 03/26/2012)

NY AB 9586 AN ACT to amend the insurance law and the public health law, in relation to supplemental screenings Graf, Perry, Raia, Rivera P, Saladino, Sayward, Thiele, Titone, Weisenberg Amd SS3216, 3221, 4303 & 4326, Ins L; add S2404-c, Pub Health L Relates to insurance coverage for supplemental screenings for breast cancer under certain circumstances. (referred to insurance - 03/20/2012)

NY AB 9637 AN ACT to amend the public health law, in relation to the duty of mammography services to notify patients in certain circumstances. Add S2404-c, Pub Health L Requires providers of mammography services to inform patients of irregular results on their breast exams. (enacting clause stricken - 03/26/2012)

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. (RECOMMIT, ENACTING CLAUSE STRICKEN - 03/27/2012)

NY SB 6760 AN ACT to amend the public health law, in relation to the duty of mammography services to notify patients in certain circumstances. Add S2404-c, Pub Health L Requires providers of mammography services to inform patients of irregular results on their breast exams. (RECOMMIT, ENACTING CLAUSE STRICKEN - 03/26/2012)

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 - 03/15/2012)
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. (Effective date February 27, 2012. - 02/27/2012)

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". (Committee recommended measure be held for further study - 02/29/2012)

**RI H 7172** An act relating to courts and civil procedure—evidence. The act would provide that expressions of sympathy, statements by a health care provider to a patient or to the patient's family regarding the outcome of such patient's medical care and treatment, be in accordance with JCAHO's standards and any offers by a health care provider to undertake corrective action to assist the patient shall be inadmissible as evidence or an admission of liability in any claim or action against the provider. This act would take effect upon passage. (Withdrawn at sponsor's request - 03/01/2012)

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. (Action Def. in s/c HHR Subcommittee to Summer Study - 03/20/2012) Companion bills **TN SB 3009** (Assigned to Gen. Sub of: S. H&W Comm. - 03/21/2012), **TN SB3008** (Placed on S. C, L&A Comm. cal. for 2/28/2012 - 02/22/2012), **TN HB3298** (Taken Off Notice For Cal. in s/c Commerce Subcommittee of Commerce Committee - 02/22/2012)

**TN SB 1338** As introduced regulates the activities of radiology benefit management companies (RBMs) with respect to orders or recommendations of treating physicians. - Amends TCA Title 56 and Title 63. (Placed on S. C, L&A Comm. cal. for 3/28/2012 - 03/28/2012)

**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-adjourned

**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; Governor Signed - 03/22/2012) The following information may be included in mammography results sent to a patient with dense breast tissue: "Mammography is the only breast cancer screening examination which has been shown in multiple randomized clinical trials to reduce death rate from breast cancer. However, it is not a perfect test, specifically in women with dense breast tissue. Because your mammogram demonstrates that you have dense breast tissue, you may benefit from supplementary screening tests, depending on your personal risk factors and family history. Although other screening tests may find additional cancers, they may not necessarily increase survival. Nevertheless, you should discuss your mammography results with your health care provider. A copy of your mammography report has been sent to your health care provider's office. Please contact your health care provider if you have any questions or concerns about this notice."

**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. [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. ] (Governor Signed - 03/05/2012)

**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 RVRS-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--adjourned**

**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."
(Governor: Acts of Assembly Chapter text (CHAP0006) - 02/28/2012)

**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.
(Governor: Acts of Assembly Chapter text (CHAP0125) - 03/06/2012)

**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.
(Governor: Acts of Assembly Chapter text (CHAP0213) - 03/10/2012)

**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: Continued to 2013 in Health, Welfare and Institutions by voice vote - 01/31/2012)

**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. (Governor: Acts of Assembly Chapter text (CHAP0081) - 03/06/2012)
West Virginia-adjourned

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