ECONOMICS AND HEALTH POLICY

Projects to validate the Medicare Physician Fee Schedule RBRVS

The Affordable Care Act (ACA) specifies a formal process to validate RVUs under the Medicare Physician Fee Schedule (MPFS). The Centers for Medicare and Medicaid Services (CMS) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) are involved in this validation process and will be evaluating existing data as well as conducting surveys to determine whether perceived reimbursement inequities exist between the primary care physicians and the specialists and if so, potential solutions to correct the problem.

In the February 13th federal register, ASPE invited public comments regarding their studies. On April 15th, ACR submitted an extensive comment letter addressing our concerns regarding inaccuracies in the background section that set a bias to the survey’s outcome and concerns of overall study design and statistical validity.

Excerpt from the letter:

The ACR strongly believes that the establishment of a formal process to validate codes must be thoroughly vetted and properly conducted. The work relative value units (RVUs) play a critical role in determining Medicare reimbursement for physician services. Therefore, it is essential that such values accurately reflect the work associated with a physician’s performance of a particular service. The process of establishing and validating codes has been ongoing since the establishment of the RUC process. More recently, through the Five-Year Review process and the activities of the RUC Relativity Assessment Workgroup (RAW), specialty societies have been called upon to validate codes that have been identified in the screens of “potentially misvalued” codes in the seven categories identified by the Secretary.

The RBRVS is a “relative” payment system that must be studied in its entirety. We stress the importance of reviewing codes across the entire MPFS, not just isolated groups of physician services, which may disproportionately affect one specialty over others and could distort the relativity of services within families and across the fee schedule. It is inappropriate to selectively isolate certain physician services or certain specialties over others for the purpose of validation. Further, it would be inappropriate to assume at the outset that current time and other resource input data for some services, such as the evaluation and management services, are more or less accurate than data for other physicians’ services.
To see a copy of the letter, click here.

**CMS Clarifies Place of Service Rule**

The Centers of Medicare and Medicaid Services (CMS) responded to the American College of Radiology’s (ACR) request for clarification on Place of Service (POS) regarding Transmittal 2613, effective April 1, 2013. This was in response to the March 26, 2013 conference call held between the ACR, Radiology Business Management Association (RBMA), Medical Group Management Association (MGMA), Healthcare Billing and Management Association (HBMA) and CMS representatives. CMS provided a written response agreeing with the majority of the prepared POS questions and answers the societies submitted regarding the CMS 1500 claim form for various sites of service, reported the National Provider Identifiers (NPIs), global billing and the “same supplier” definition as well as the difference between line items 32 and 33.

Please refer to the POS FAQs and CMS responses for more details. For additional information refer to the ACR and RBMA POS guidance document, CMS Transmittal R2679, and MLN Matters article.

Please send questions to Anita McGlothlin (amglothlin@acr.org).

**MEDICARE INPATIENT HOSPITAL OPERATING AND CAPITAL PAYMENT FISCAL YEAR 2014 PROPOSED RULE**

On April 26, 2013, the Centers for Medicare & Medicaid Services (CMS) released its proposed rule for federal fiscal year (FY) 2014 changes to Medicare’s acute care hospital inpatient prospective payment system (IPPS) and long-term care hospital (LTCH) prospective payment system. The proposed rule is scheduled for publication in the Federal Register on May 10, 2013 with a 60-day comment period (from the date of public display) closing on June 25, 2013. The proposed rates and most of the proposed policy changes, as modified by the final rule due to be published by August 1, 2013, will be effective October 1, 2013. Below is a summary of issues that are directly related to radiology.

**Refinement of the MS-DRG Relative Weight Calculation – New Cost Centers for CT and MR Could Cause Further Severe Cuts in the Hospital and Office Settings**

For 2014, CMS is proposing to use FY 2011 cost data to establish separate cost centers for CT and MR, distinctly separate from the diagnostic radiology cost center for pricing out payments for CTs and MRs in the inpatient setting. The ACR has been following this issue and commenting on it since 2008. In 2008 ACR had analysis done on payments that would result from these cost centers and determined that the technical payment for CTs would fall below the payment of a chest x-ray. A similar analysis done by the same consulting firm as requested by General Electric (GE) Health Systems with the most recent 2011 data is producing very similar results. The problem with this policy is that it will also appear as a companion proposal in the Hospital Outpatient Prospective Payment System (HOPPS) and since the technical payments will fall below the rates in the Physician Fee Schedule (PFS) the ramifications of implementing these new radiology-specific cost centers will ripple into the office setting causing further cuts as mandated by the Deficit Reduction Act (DRA).

The ACR and the Medical Imaging and Technology Alliance (MITA) met with the Office of Management and Budget (OMB) while this proposed rule was in its clearance process to express our concern in hopes of OMB also expressing concerns to CMS. The ACR and MITA just recently also met with CMS to present the results of the analysis and concerns that show that the use of granular hospital data for CT and MR is not representative of the actual relativity of costs of a CT versus an x-ray nor a reasonable cost level for MR. The projected cuts in CT are 26%, MR at 11% and offset
increases in x-ray by 28%. The ACR does plan to comment on this issue during the comment period for the IPPS proposed rule and will reflect very similar comments in the OPPS once it is released.

**Value-Based Purchasing - Future Measures**

CMS discusses, and seeks comment on, the possible addition in future rulemaking of two measures to the Value-Based Purchasing (VBP) program efficiency domain. One potential measure would assess appropriateness of inpatient hospital servicers, and the other would consider specific physician services that occur during a hospital stay.

1) A measure would be constructed to assess the rate and/or dollar amount of billing hospital inpatient services to Medicare Part B subsequent to the denial of a Part A inpatient hospital claim. CMS describes this as a measure of appropriateness of hospital inpatient services, and notes its recent proposal (78 FR 16632) to pay hospitals for what would have been allowable Part B services in cases where a claim for inpatient hospital services is denied after discharge because the stay was not reasonable or necessary.

2) Addition of Medicare spending measures specific to physician services that occur during a hospital stay, such as radiology, anesthesiology and pathology services. CMS is interested in comments on how measures of inpatient physician services could be constructed.

For any comments or question, you can contact Pam Kassing at pkassing@acr.org or (800) 227-5463 x4544.

**CMS Announces Health Care Innovation Funding Opportunities**

The Centers for Medicare & Medicaid Services (CMS) has released a Funding Opportunity Announcement for round two of the Health Care Innovation Awards. Under this announcement, CMS will spend up to $1 billion for awards and evaluation of projects from across the country that test new payment and service delivery models that aim to deliver better care and lower costs for Medicare, Medicaid and Children’s Health Insurance Program (CHIP) enrollees. The second round of the Health Care Innovation Awards focuses on providing support to public and private organizations in four defined areas that have a high likelihood of driving health care system transformation and delivering better outcomes.

**The deadline for letters of intent is 3pm ET on June 28. The application deadline is 3pm ET on August 15.**

The ACR encourages radiologists to participate in new payment models so that there is data to show the role that radiology plays in improved patient care and possibly more efficient use of resources. The ACR would appreciate being notified of radiologists and/or radiology groups who are granted innovation awards and to learn of their involvement and progress.

Any member with comments or questions can email Pam Kassing at pkassing@acr.org.

**LEGISLATIVE**

**ACR Members Storm Capitol Hill**

On May 8th, 525 AMCLC Hill Day participants visited Capitol Hill to meet with their Members of Congress regarding the ACR’s new utilization management (UM) initiative and the repeal of the 25%
multiple procedure payment reduction (MPPR) to the professional component of certain diagnostic imaging services.

The new Utilization Management Policy, a key component of Imaging 3.0, mandates referring physicians consult appropriateness criteria through a clinical decision support tool to ensure the imaging test they are ordering is not only clinically appropriate, but also in the best interest of the patient. Hill Day participants asked their Members of Congress and Senators to consider introducing draft legislation circulated by the ACR. The feedback that both Hill Day participants and ACR staff received from Congressional staff has been overwhelmingly positive from both Republicans and Democrats, and as a direct result of ACR’s May 8th meetings, we anticipate a bill will be introduced in the House shortly. Future introduction and eventual passage of this legislation will solidify the role of the radiologist as the “physicians physician” in new payment models Medicare is undertaking as part of delivery system reform.

Hill Day participants asked their Members of Congress and Senators to cosponsor HR 846/S 623, the Diagnostic Imaging Services Access Protection Act of 2013. The legislation, introduced in the House by Congressman Pete Olson (R-TX), Congressman Peter Roskam (R-IL), Congresswoman Betty McCollum (D-MN) and Congressman John Barrow (D-GA), and in the Senate by Senator Ben Cardin (D-MD) and Senator David Vitter (R-LA), prohibits CMS from continuing to implement the 25% MPPR to the professional component of certain diagnostic imaging services until CMS produces the data they used to arrive at the 25% reduction. As a result of Hill Day, an additional 25 House members have cosponsored HR 846, bringing the total number of cosponsors to 110, and an additional 5 Senators have cosponsored S 623, bringing the total number of cosponsors to 7.

To find out if your Member of Congress or Senator has cosponsored HR 846/S 623 please visit ACR’s Advocacy section here.

The Latest on SGR

Earlier in 2013, the American College of Radiology and several other health care groups, at the request of the House Ways and Means and Energy and Commerce Committee, submitted detailed comments regarding their joint proposal to repeal and replace the flawed Sustainable Growth Rate (SGR). The House Energy and Commerce Committee is expected to release a legislative draft of their proposal next week, and intends to hold a hearing on their proposal June 5th. This timeline is fluid, and the proposal is expected to be a high level document that may not contain extraneous policy initiatives such as the adoption of clinical decision support and the repeal of the 25% MPPR rule. These provisions will most likely be added later on during the legislative process. ACR will continue to closely monitor this situation as it develops. For further information, and to view the ACR comments, please click here.

RADIOLOGY ADVOCACY NETWORK (RAN)

Dr. Andrew Wu, FACR, current Chair of RAN, was recognized by the College for all his work in advocacy, RAN and efforts in North Carolina. Dr. Wu was presented with this year’s Howard Fleishon Advocate of Year Award.
The Radiology Advocacy Network had a very productive AMCLC. Prior to the start of the meeting the RAN had 25 states enrolled in the program. After aggressive table to table recruiting the network gained 21 additional states to the program and the addition of the RFS Advocacy Network.

The RAN meeting at AMCLC was well attended and the program has gained momentum and recognition from both leadership and state chapters. As a result of AMCLC and the enthusiasm and interest from both participating and new enrollees, new goals have been set:

- Improve advocacy tool to minimize time and effort from advocates
- Increase use of social media to market RAN
- Create a discussion board that will allow RAN liaisons to share topics of interest, success stories or ask questions
- Help states/members move from grassroots to grasstops

Beginning in June, RAN will post a topic on advocacy in this section along with any new updates relevant to the program.

If you are interested in becoming involved with RAN or would like information on the program please feel free to contact Melody Ballesteros at mballesteros@acr.org.

**RADPAC**

**RADPAC 2013 Statistics**

Contributions raised in 2013 as of 5/16/2013:

- Hard money contributions: $658,296.28 ($670,912 in 2012)
- Soft money contributions: $12,281.64 ($24,459 in 2012)
- Total contributions: $670,577.92 ($695,371 in 2012)

Total number of contributors in 2013 as of 5/16/2013:

- Hard money contributors: 1,853 (1,789 in 2012)

In 2013, RADPAC has already contributed $371,500 to federal candidates and has attended 145 fundraising events.
RADPAC Success at the AMCLC

RADPAC had another successful year at the 2013 Annual Meeting Chapter Leadership Conference (AMCLC) raising over $84,000 from over 410 contributors. Over 140 of these contributors were ACR Members in Training.

At the AMCLC’s Chapter Leader’s Breakfast, RADPAC presented the March Madness Campaign winning states with their large checks as pictured below:

RADPAC presented its State Contributor Recognition Awards during AMCLC. Texas received the award for most contributors in 2012 and Rhode Island received the award for highest percentage of contributors in 2013.

Dr. I. Ray Kirk from Texas (right) receiving the Texas RADPAC state chapter award for most contributors in 2012 from Dr. Bibb Allen, Chair of RADPAC.

Dr. Brian Stainken from Rhode Island (left) received the Rhode Island RADPAC state chapter award for highest percentage of participation in 2012 from Dr. Bibb Allen, Chair of RADPAC.
On Tuesday evening RADPAC hosted the RADPAC Thank You Dinner, a cruise on the Odyssey along the Potomac River, to rave reviews.

REGULATORY

FDA Approves Xofigo (Ra-223 dichloride)
On May 15, the Food and Drug Administration (FDA) announced its approval of Xofigo (radium-223 dichloride) to treat men with symptomatic late-stage (metastatic) castration-resistant prostate cancer that has spread to bones but not to other organs. Xofigo was included under the priority review program, thus approval was granted three months ahead of schedule. The priority review program allows for expedited review of drugs that appear to provide safe and effective therapy when no satisfactory alternative exists, or when potential improvement over an alternative is significant.

ACR Comments on CMS and ONC RFI Regarding Interoperability and Exchange
On April 15, ACR submitted comments to the HHS Office of the National Coordinator for HIT (ONC) and CMS regarding the recent Request for Information (RFI) on interoperability and health information exchange. ACR’s comments focused on concerns regarding closed EHR donor-recipient exchange relationships facilitated, in part, by a combination of confusion with weak implementation of the interoperability prerequisite to the 2006 EHR exception/safe harbor to self-referral/anti-kickback requirements.

CMS and HHS OIG Proposed Rules on Self-Referral/Anti-Kickback EHR Exception/Safe Harbor
On April 10, the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) and CMS published two proposed rules regarding the EHR exception to self-referral prohibitions and the EHR safe harbor under the anti-kickback statute. The proposed rules would extend the expiration date for these items and update “interoperability” requirements for donated EHR technology.

Both public comment periods will close on June 10. Any ACR members interested in providing feedback should contact Michael Peters, Director of Legislative and Regulatory Affairs, at mpeters@acr.org/202-223-1670.

FDA-ONC-FCC “FDASIA” Workgroup
On April 18, the U.S. Department of Health and Human Services (HHS) formed the Food and Drug Administration Safety and Innovation Act (FDASIA) Workgroup, an advisory committee jointly administered by the FDA, ONC, and Federal Communications Commission (FCC). The important objective of the FDASIA Workgroup is to develop recommendations on a risk-based regulatory framework for health IT, including mobile applications.

The FDASIA Workgroup held its first series of virtual meetings in late April and early May. The plan is for the workgroup to present draft recommendations to the ONC HIT Policy Committee on August 7, with final recommendations presented on September 4. FDA, FCC, and ONC intend to publish draft strategies/recommendations for public comment between September 2013 and January 2014. The end goal is to release a final report sometime in January 2014.
Republicans Renew Criticism of Administration’s EHR Incentive Program Implementation

On April 16, Senate Republicans published a white paper criticizing HHS’ implementation of the Medicare/Medicaid EHR Incentive Program. Most of the issues discussed in the October 2012 Senate and House Republican criticisms are addressed in the latest white paper, including EHR-enabled “upcoding,” program oversight concerns, lack of perceived progress on interoperability/exchange, and more.

ONC Revokes Certification of EHRMagic-Ambulatory and EHRMagic-Inpatient Products

On April 25, HHS announced ONC’s revocation of certification for EHRMagic-Ambulatory and EHRMagic-Inpatient products by EHRMagic Inc. of Santa Fe Springs, CA. This is the first official revocation of product certification status by ONC. Physicians and hospitals using EHRMagic software to participate in the Medicare/Medicaid EHR Incentive Program should be aware of this development and plan accordingly.

Interagency Steering Committee on Radiation Standards

On May 1, the Interagency Steering Committee on Radiation Standards (ISCORS)—a group comprised of representatives from radiation protection-related federal agencies—held its annual public meeting. ISCORS generally meets four times per year, but only one meeting is open to members of the public. Agency representatives discussed a variety of issues, including the Environmental Protection Agency’s Guidance Report 14: “Radiation Protection Guidance for Diagnostic and Interventional X-Ray Procedures,” FDA’s interest in national radiation dose registries, and the Nuclear Regulatory Commission’s efforts to align its regulations (particularly 10 CFR Part 20) with international requirements and methodologies.

AHRQ NAC Bids Farewell to Director Carolyn Clancy

On April 12, the Agency for Healthcare Research and Quality’s (AHRQ) primary federal advisory committee, the National Advisory Council for Healthcare Research and Quality (NAC), convened for its regularly scheduled business meeting. The NAC members celebrated the career of agency director, Dr. Carolyn Clancy, who announced her planned resignation several months ago. Also, several new members joined the council, including Carol Matyka of the National Breast Cancer Coalition.

PCORI Revises and Reissues Broad Funding Announcements

The Patient-Centered Outcomes Research Institute (PCORI) revised and reissued its broad funding announcements on May 15. As before, PCORI seeks proposals for innovative projects that address “Assessment of Prevention, Diagnosis, and Treatment Options,” “Improving Healthcare Systems,” “Communication and Dissemination,” “Addressing Disparities,” and “Accelerating Patient-Centered Outcomes Research and Methodological Research.” Letters of intent are due June 15 and applications are due August 15.

ACR nominates Dr. Lexa to USPSTF

ACR has nominated Frank J. Lexa, MD, MBA to serve on the U.S. Preventive Services Task Force (USPSTF). The task force, a panel that has historically been composed of primary care physicians and epidemiologists, is funded, staffed, and appointed by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ). The recommendations made by the USPSTF address clinical preventive services for adults and children, and include screening tests, counseling services, and preventive medications.
STATE

State Government Relations Committee
State Government Relations Committee holds conference calls throughout the year. Next State GR Committee will meet via a conference call in August. Participation in the role of a guest caller 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. 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.

2013 Schedule of State Legislative Sessions**
**Legislatures in all 50 states will meet in 2013.

Projected cross over deadlines:
California: 05/31/2013
North Carolina: 05/16/2013
Oregon: 05/03/2013
South Carolina: 05/01/2013
Texas: 05/10/2013

Projected Adjournment Dates:
Alabama: 05/20/2013
Arizona: 05/24/2013
Colorado: 05/08/2013
Florida: 05/03/2013
Hawaii: 05/02/2013
Illinois: 05/31/2013
Iowa: 05/03/2013
Kansas: 05/22/2013
Minnesota: 05/20/2013
Missouri: 05/17/2013
North Dakota: 05/03/2013
Oklahoma: 05/31/2013
Texas: 05/27/2013
Vermont: 05/11/2013

Composition of State Legislatures in 2013

State Decisions For Creating Health Insurance Exchanges in 2014 Map
(as of January 4, 2013)

Narrative Description of Marketplace Timeline

Health Statutes by State

Radiologist Assistant: ID, MO, TX
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 amended its law in 2011 to require insurance coverage of MRI screening for these patients. A breast density disclosure bill, otherwise known as “Henda’s law,” was signed by the Governor in Texas and took effect September 1st, 2011.

As of the end of 2012 there were six states with some type of DENSE laws: California, Connecticut, New York, Texas, Virginia, and Utah. Utah’s governor signed DENSE bill in March of 2012; however, the law in Utah specifies that disclosure language about shortcomings of mammography and additional screening options “may” be included in mammography results sent to a patient with dense breast tissue. Illinois’ requires insurers to cover comprehensive ultrasound screening if a routine mammogram reveals heterogeneous or dense breast tissue as determined to be medically necessary by a physician, but currently does not have a provision to disclose density information to patients. Connecticut remains the only state that has both a notification law and an insurance mandate.

In 2013, there are 20+ states with DENSE activity: Alabama, Connecticut (insurance mandate 2nd mammogram and thermography), Florida, Georgia, Hawaii (signed by governor 4/4), Illinois (notification), Indiana (coverage/notice—signed April 30), Iowa, Maryland, Montana, Massachusetts, Michigan, Nevada, New Jersey (insurance mandate), New York, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina (notification and insurance), South Dakota (insurance mandate), Tennessee (signed by govr), Texas (insurance mandate), and Virginia. We have received reports about possible DENSE bill activity in Delaware.

In April 2013, Hawaii’s Governor signed disclosure of breast density bill into law and Indiana’s governor signed a bill mandating disclosure and payment for “coverage for an appropriate medical screening, test, or examination for a female insured who is at least forty (40) years of age and who has been determined to have high breast density”. Tennessee’s governor signed the disclosure bill on May 14th. There are now a total of eight states with mandatory disclosure of breast density notification: CA, CT, HI, IN, NY, TN, TX, and VA. In UT the notification is optional and IL—reimburses for US upon physician recommendation. SEE MAP

Breast density tri-fold brochure
“The American College of Radiology and Society of Breast Imaging have created a downloadable brochure to help you explain to patients what breast density is, how that affects breast imaging performance, and how they can speak with their doctor about which breast cancer screening exam is right for them. Download the brochure from the ACR Breast Imaging Resources Section or MammographySavesLives.org today!”

The ACR position on reporting breast density may be reviewed here. For nearly 20 years, the ACR BI-RADS® (Breast Imaging Reporting and Data System) lexicon has encouraged radiologists to include breast parenchymal density information in the mammography report sent to referring
physicians. The ACR would support an FDA mandate that information on breast parenchymal density be included in the mammography report going to the referring physician.

The Society of Breast Imaging’s letter to NMQAAC may be reviewed here.

ACR’s Sample Mammography Lay Report Letters have been updated to include optional language for providers to inform the patient if the mammogram shows dense breast tissue.

The California Breast Density Information Group (CBDIG) web site is now up and running. You may access it at http://breastdensity.info This site has excellent information for referring providers and patients.

**Radiation Dose and Radiation Safety**

Please note that the following information on radiation safety and radiation dose is available in a patient-friendly format on RadiologyInfo.org:


Practices can print the PDF version and put their names on it:


There is also an App with all the patient safety information:


**Self-referral**

In 2013 legislative session there is self-referral bill activity in Illinois, Oregon and Pennsylvania.

**LEGISLATIVE BILL TRACKING**

**View all issue reports**

**Alabama**

AL HB 348 Health, breast cancer, providers of mammography services to disclose certain information to patient if patient's mammogram shows dense breast tissue. (Pending third reading on day 28 Favorable from Health - 05/02/2013)

AL SB 22 DENSE—Mammogram Reports. Breast Cancer, duty of Department of Public Health to develop and physicians disseminate information to patients regarding treatment options, reconstructive options, and coverage. Section 3. (a) If the mammogram of a patient demonstrates dense breast tissue, the provider of mammography services shall provide notification to the patient that includes, but is not limited to, the following statement: "Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue may make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to talk to your doctor about your own risks for breast cancer. At that time, ask your doctor if more screening tests might be useful, based
on your risk. A report of your results was sent to your physician." (Pending third reading on day 16 Favorable from Health with 1 amendment - 03/20/2013)

**AL HB 325** Health insurance, licensing of dentists and physicians. This bill would prohibit the conditioning of licensing of certain health care providers on participation in health insurance plans and other activities. (Indefinitely Postponed - 05/07/2013)

**AL SB 184** Health insurance, licensing of dentists and physicians. This bill would prohibit the conditioning of licensing of certain health care providers on participation in health insurance plans and other activities. (Pending third reading on day 25 Favorable from Health - 04/24/2013)

### Arizona—to adjourn 5/23

**AZ SB 1353** Health Insurance; Telemedicine. To reimburse health service providers at the same rate for telemedicine services as for services provided in-person. (SIGNED; CHAPTER 70; CHAPTERED VERSION House Engrossed Version - 04/05/2013)

### Arkansas

**AR SB 888** Mammography Coverage. Mandates that health insurers use G-code for digital mammography and reimburse at minimum 150% of Medicare rate for this service. (Senate -- Notification that SB888 is now Act 1259 - 04/16/2013; Signed by Governor)

### Colorado

**CO HB 1309** Health Insurance Coverage for Breast Imaging. The bill requires all sickness and accident insurance policies to provide coverage for breast imaging for all individuals possessing at least one risk factor for breast cancer, including a family history of breast cancer, being 40 years of age or older, or a genetic predisposition to breast cancer. Preventive breast imaging is not subject to copayments, (Senate Committee on Health & Human Services Postpone Indefinitely - 05/02/2013)

### Connecticut

**CT HB 5445** AN ACT CONCERNING CERTIFICATES OF NEED FOR PEDCAT IMAGING EQUIPMENT
To allow physicians to access pedCAT imaging equipment at a lower cost, which would benefit patients. (Public Hearing 02/27 - 02/22/2013)

**CT HB 5636** AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST THERMOGRAPHY. To require health insurance coverage of breast thermography. (Public Hearing 02/19 - 02/15/2013)

**CT HB 6423** AN ACT CONCERNING RADIATION SAFETY IN HEALTH CARE (withdrawn by author). To require documentation of CT scan radiation doses and reporting of certain events involving the use of a CT scan to the Department of Public Health, health care providers and patients.

**CT SB 163** AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR A SECOND MAMMOGRAM
To require health insurance policies to provide coverage of a second mammogram in a policy year if the first mammogram demonstrates heterogeneous or dense breast tissue and the insured's physician orders a second mammogram. (Referred to Joint Committee on Insurance and Real Estate - 01/16/2013)
CT SB 811 Insurance and Real Estate Committee. AN ACT CONCERNING HEALTH INSURANCE COVERAGE OF A SECOND MAMMOGRAM (Favorable Change of Reference, House to Committee on Human Services - 02/25/2013)

CT SB 858 Health Insurance Coverage for Telemedicine Services. To require health insurance coverage of medical advice, diagnosis, care or treatment provided through telemedicine if such advice, diagnosis, care or treatment is covered when provided through in-person consultation. (Tabled for the Calendar, House - 05/01/2013)

CT SB 1038 An Act Concerning the Definition of Surgery. To define surgery for purposes of the practice of medicine or surgery under licenses issued by the Department of Public Health. (Public Hearing 03/20 - 03/15/2013)

Florida

FL HB 79 DENSE--Mammogram Reports. Requires that mammography reports include statement regarding breast density. “Dense breast tissue may hide small abnormalities. If your mammogram indicates that you have dense breast tissue, you may benefit from supplementary screening tests, including a breast ultrasound screening, a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, including information about your breast density, has been sent to your physician’s office. If you have any questions or concerns about this report, you should contact your physician.” (House Died in Health Innovation Subcommittee - 05/03/2013)

FL SB 126 DENSE--Mammogram Reports. Requiring that mammography reports include a statement regarding breast density, etc. (Senate Died in Health Policy - 05/03/2013)

FL HB 499 Health Care Coverage for Telemedicine Services. Requires health insurers, corporations, & HMOs issuing certain health policies to provide coverage for telemedicine services; prohibits exclusion of telemedicine cost coverage solely because services were not provided face to face. (House Introduced -HJ 58 - 03/05/2013)

Georgia

GA HB 269 DENSE--mammogram reports. A bill to be entitled an Act to amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to provide for mammography report provisions. "Dense breast tissue may hide small abnormalities. If your mammogram indicates that you have dense breast tissue, you may benefit from supplementary screening tests, including a breast ultrasound screening, a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, including information about your breast density, has been sent to your physician's office. If you have any questions or concerns about this report, you should contact your physician." (House Second Readers - 02/12/2013)

GA HB 178 Georgia Pain Management Clinic Act; enact. A BILL to be entitled an Act to amend Chapter 34 of Title 43 of the O.C.G.A., relating to physicians, etc., so as to provide for additional powers of the Georgia Composite Medical Board relating to pain management; to enact the "Georgia Pain Management Clinic Act"; to require the licensure of pain management clinics (House Sent to Governor - 04/01/2013)

GA SB 94 Advanced Practice Registered Nurses; delegation of authority to order radiographic imaging tests; revise prov. A BILL to be entitled an Act to amend Code Section 43-34-25 of the Official Code of Georgia Annotated, relating to delegation of certain medical acts to advanced practice registered nurses, so as to revise provisions relating to the delegation of authority to order
radiographic imaging tests; to provide for related matters; to repeal conflicting laws; and for other purposes. (House Second Readers - 03/12/2013)

Hawaii

HI HB 373 Breast Density Mammography Results; Notification. Beginning January 1, 2014, requires health care facilities performing mammography exams to provide to patients with dense breast tissue, a mammography report and notification about associated cancer risks and supplemental screening benefits.

"Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to talk to your physician as to whether, based on your risk, more screening tests might be useful. A report of your results was sent to your physician." (Signed by Governor 4/4/2013 Gov. Msg. No. 1105)

Idaho--adjourned

ID H 188 Patient medical records. Authentication of medical orders. (Signed by Governor on March 21, 2013 Effective: 07/01/13)

ID S 1115 Radiologic imaging, RA. Radiographer licensure act with recognition for radiologist assistants. (Reported Printed; referred to Health & Welfare - 02/22/2013)

Illinois

IL SB 2314 DENSE Notification. Provides that the Department shall require every provider of mammography services to, if a patient's mammogram demonstrates dense breast tissue, provide notification to the patient in any summary of the mammography report sent to the patient pursuant to the federal Mammography Quality Standards Act that shall include, but not be limited to, certain information. (Senate Placed on Calendar Order of 3rd Reading April 23, 2013)

IL SB 140 Interventional pain Act. Defines "interventional pain medicine", "interventional techniques", and other related terms. Provides that a person shall not practice or offer to practice interventional techniques for pain medicine in this State unless such person is a physician licensed to practice medicine in all its branches. Provides that a violation is a Class A misdemeanor. Provides that interventional techniques may not be delegated. (Senate Session Sine Die - 01/08/2013)

IL HB 1841 Self Referrals. Amends the Health Care Worker Self-Referral Act. Makes a technical change in a Section concerning prohibited referrals and claims for payment. (House Placed on Calendar 2nd Reading - Short Debate ** - 03/06/2013)

IL SB 1662 Surgical Pain Procedures. Creates the Interventional Surgical Pain Procedures for Chronic Pain Act. Prohibits the practice of interventional surgical pain procedures for pain medicine in this State unless the person is a physician licensed to practice medicine in all its branches. Defines "interventional surgical pain procedures". Exempts certain procedures from the Act. (Senate Postponed - Licensed Activities and Pensions - 03/13/2013)

Indiana

IN SB 414 DENSE insurance mandate. Insurance coverage for breast ultrasound exams. Requires state employee health plans, policies of accident and sickness insurance, and individual and group health maintenance contracts to provide coverage for an annual ultrasound examination for certain
women who have been determined to have high breast density. Requires the medical licensing board
to adopt rules or protocol concerning annual screening or diagnostic tests of certain women who
have been determined to have high breast density. (H Public Law 126 - 05/13/2013)

IN SB 351 Health care service providers—pricing and referrals.
Requires a physician to provide certain information concerning providers of a prescribed health care
service. Requires that a prior authorization provision in a policy of accident and sickness insurance
or a health maintenance organization contract must be based on the health care service rather than
the provider of the health care service. (S First reading: referred to Committee on Health and Provider Services - 01/08/2013)

Iowa

IA HF 94 DENSE notification. The bill directs the department of public health to adopt rules that
require a facility performing mammography services to include information on breast density in
mammogram reports that are sent to patients pursuant to federal law and rules. Adopt rules to
require that, by January 1, 2014, a facility where mammography services are performed shall
include information on breast density in mammogram reports sent to patients to include a notice:
“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.” (most likely will
NOT move in this session)

HSB 3; SSB 1055 – Relate to the practice of interventional pain procedures and providing a penalty.
SSB 1054; HSB 36 – Establish a cap on non-economic damages and a Certificate of Merit
requirement in medical malpractice cases.

Read more about Iowa Medical Society’s Medical Liability Reform Initiatives and Medical Liability
Reform Proposals

Kansas

KS HB 2251 - Advanced practice registered nurses scope of practice and prescribing authority.
(House Referred to Committee on Health and Human Services - 02/07/2013)

Maine

ME LD 509 An Act To Exempt Certain Supervised Medical Assistants from Licensing under the
Medical Radiation Health and Safety Laws. This bill exempts from the licensing requirements of the
medical radiation health and safety laws a medical assistant who has been properly instructed and
trained in fluoroscopy C-arm or other imaging equipment positioning and who is assisting a
physician who is operating the fluoroscopy C-arm or other imaging equipment and supervising the
procedure.
(REFERRED to the Committee on LABOR, COMMERCE, RESEARCH AND ECONOMIC
DEVELOPMENT. In concurrence. ORDERED SENT FORTHWITH. - 02/19/2013)

ME LD 348 An Act Concerning the Scope of Practice of Cardiovascular Technologists. This bill
exempts an individual holding a degree in cardiovascular technology from an accredited institution
approved by the Department of Professional and Financial Regulation, Radiologic Technology
Board of Examiners who is working under the supervision of a licensed physician as a
cardiovascular technologist from the licensing requirements for radiographers, nuclear medicine technologists and radiation therapists. (Hearing 03/12/2013 1:00pm Labor, Commerce, Research And Economic Development Cross Building, Room 208. Hearing 03/13/2013 10:00am Labor, Commerce, Research And Economic Development Cross Building, Room 208)

**ME LD 102** An Act To Improve Health Insurance Transparency. This bill restores the statutory process for advance review and prior approval of individual health insurance rates and repeals the changes to the rate review process for individual health insurance made by Public Law 2011, chapter 90. The bill also extends the same process for advance review and prior approval for small group health insurance rates. (S) Pursuant to Joint Rule 310.3 Placed in Legislative Files (DEAD) - 04/23/2013

**Maryland**

**MD HB 218** Physician Assistants - Performance of X-Ray Duties. Providing for the circumstances under which a licensed physician assistant may perform non-fluoroscopic X-ray procedures using a mini C-arm or similar low-level radiation machine; and requiring a primary supervising physician to obtain specified approval from the Board of Physicians. (Second Reading Passed - 02/26/2013)

**MD HB 312** Mammograms - Dense Breast Tissue – Notification. Requiring specified centers that produce, develop, or interpret mammograms to provide a specified notice to specified patients under specified circumstances; etc. (Approved by the Governor - Chapter 457 (Post Passage) - 05/16/2013)

**MD SB 334** DENSE, Mammograms - Dense Breast Tissue – Notification. Requiring specified centers that produce, develop, or interpret mammograms to provide a specified notice to specified patients under specified circumstances; etc. (Approved by the Governor - Chapter 456 (Post Passage) - 05/16/2013)

**MD HB 536** Health Occupations - Magnetic Resonance Imaging Services – Study. Requiring the Department of Health and Mental Hygiene to conduct a specified study regarding the ordering of magnetic resonance imaging services by specified physicians; and requiring the Department to submit the results of the study to specified committees of the General Assembly on or before April 1, 2014. (Unfavorable Report by Health and Government Operations Withdrawn - 04/06/2013)

**MA HB 974** An Act relative to providing insurance coverage for breast cancer screening. MRI coverage for high risk categories (Concurred in committee referral - 01/22/2013)

**MA HB 1050** DENSE notification. An Act relative to breast cancer early detection. Problematic language—not the same as draft seen prior (Concurred in committee referral - 01/22/2013)

**MA SB 1006** DENSE notification. An Act relative to breast density notification. (Hearing Scheduled JPH - 06/04/2013 1:00 PM B-2 - 05/13/2013)
HB 999 An Act relative to colorectal cancer screenings. (Concurred in committee referral - 01/22/2013)
MA SB 415 Act ensuring access to life-saving colorectal cancer and breast cancer screenings. (Concurred in committee referral - 01/22/2013) *would the state be interested in changing screening guidelines to say “In accordance with the American cancer society’s guidelines”?
MA HB 1894 An Act relative to the practice of medical physics. (Status: Filed in the House - 01/11/2013)
MA HB 1951 An Act relative to health insurance and mandated coverage for telemedicine services. (Filed in the House - 01/18/2013)

Michigan--2013
MI HB 4260 DENSE—mammogram reports. Summary and written report of mammography examination; require both to include information regarding breast density and include a notice under certain circumstances. Amends 1978 PA 368 *language mentions modalities and abnormalities (printed bill filed 02/15/2013 - 02/19/2013)

Minnesota
MN SF 493 Advanced diagnostic imaging services accreditation requirements modification. Relating to health; modifying certain advanced diagnostic imaging services accreditation requirements. (HF substituted on General Orders HF582 - 03/11/2013)
MN HF 662 Adverse health events reporting requirements changed; radon education disclosure required. Injury to patient from metal objects in an MRI to be a reportable event. (HF indefinitely postponed - 04/20/2013)

Mississippi—adjourned
MS HB 69 Medical radiation technologists; extend repealers on registration statutes that provide for registration of medical radiation technologists, and related purposes. (Approved by Governor - 03/21/2013)
MS SB 2083 Medical radiation technologists; extend repealers on registration statutes. (Died on Calendar)
MS SB 2209 Telemedicine services; health insurance plans must provide coverage for to same extent as for in-person services. (Approved by Governor - 04/01/2013)
MS HB 904 Telemedicine services; health insurance plans must provide coverage for to same extent as for in-person services. An act to require health insurance plans in this state to provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultations; to define “health insurance plan” and “telemedicine.” (Died on Calendar)

Missouri
MO HB 770 Requires any person who holds himself or herself out as a radiologist assistant or radiology technician to be licensed by the State Board of Registration for the Healing Arts (Referred: Professional Registration and Licensing(H) - 03/07/2013)
MO HB 314 Changes the laws regarding collaborative practice arrangements and advanced practice registered nurses. (Referred: Rules(H) - 04/08/2013)
MO SB 167 Modifies the laws on the licensing requirements and services provided by nurses. This act repeals current provisions of law which authorizes physicians to enter into collaborative practice arrangements with advanced practice registered nurses. Changing the scope for APRN to “b.
Ordering diagnostic and therapeutic tests and procedures, performing such tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional”

(S Informal Calendar S Bills for Perfection--SB 167-Sater and Wallingford, with SCS - 05/17/2013)

**MO HB 324** Changes the amount a health care provider may charge for the search and retrieval of medical records and the cost of supplies and labor for copying them (Public Hearing Completed (H) - 03/13/2013)

**MO HB 387** Changes the laws regarding the scope of practice for physician assistants. (Referred: Rules(H) - 03/12/2013)

**MO HJR 6** -Proposes a constitutional amendment allowing the General Assembly to cap noneconomic damages in medical malpractice and other cases. (Public Hearing Completed (H) - 03/06/2013).

**MO SB 37** Designates each March 27th as "Medical Radiation Safety Awareness Day" Citizens and the health care professionals community of this state are encouraged to be aware of not only the benefits of radiographic medical procedures, but the potential dangers of overexposure to radiation during diagnostic imaging and radiation therapy. (Hearing Conducted S General Laws Committee - 01/29/2013)

**MO SB 88** Modifies provisions relating to fees health care professionals are allowed to charge for medical records. This act allows for a search and retrieval amount not to exceed $22.82 plus copying in the amount of 53 cents for supplies and labor per page as well as for $21.36 for off-site record storage. (H Calendar S Bills for Third Reading w/HCS - 05/17/2013)

**MO SB 219** Modifies provisions relating to the scope of practice for physician assistants. The act changes the definition of the term "supervision" by repealing the requirement that a physician assistant must work in the same facility of a supervising physician sixty-six percent of the time that the physician assistant provides care. The act states that the physician assistant is to only practice where the supervising physician routinely provides care. (Voted Do Pass S Financial and Governmental Organizations and Elections Committee - 04/04/2013)

**MO SB 262** Telemedicine. Prohibits health carriers from denying coverage for a health care service on the basis that the service was provided through telemedicine if the same service would be covered when delivered in person. (In Conference--SS for SB 262-Curls, with HCS, as amended (Senate adopted CCR and passed CCS) - 05/17/2013)

**Montana**

**MT HB 100** Create a MedicAid pay-for-performance pilot project. A pilot to reimburse certain MedicAid providers based on performance. Creating a pay-for-performance task force, establishing duties, requiring data collection. (H Died in Process - 05/06/2013)

**MT HB 306** Revise laws regarding certificate of need for ambulatory surgical centers. “An act revising laws related to CON for ambulatory surgical care facilities, increasing the population level that triggers a CON review; requiring impact study for CON review. (H Died in Standing Committee - 04/24/2013)

**MT HB 441** Revise insurance coverage for minimum mammography examination. An act requiring insurance coverage of annual mammograms for certain women under 35 year of age, if the woman has two or more first-degree family members diagnosed with breast cancer or ovarian cancer; if genetic tests indicate the woman is at higher risk for breast cancer; or if the woman's physician recommends the test. (H Died in Standing Committee - 04/24/2013)
MT LC 1252 Revise laws regarding certificate of need for ambulatory surgical centers. (S) Transmitted to House - 02/27/2013
MT SB 103 Allow hospital accreditation by additional entities. A bill for an act entitled “An Act recognizing hospital accreditation granted by entities other than the Joint Commission; and amending sections 50-5-101 AND 50-5-103, MCA. ((H) Hearing - 03/08/2013@ 3:00 PM. Room 152)
MT LC 1546 Require insurance coverage of telemedicine services. (C) Draft Ready for Delivery - 01/30/2013
MT SB 270 Require insurance coverage of telemedicine services. An act requiring insurance coverage for health care services provided via telemedicine. (Chapter Number Assigned - 04/05/2013)

Nevada
NV AB 147 DENSE notification. Requires the notification to certain patients regarding supplementary mammographic screening tests. (BDR 40-172) Relating to mammography; requiring a notice regarding supplementary mammographic screening tests to be included in a report provided to a patient if the patient is categorized as having dense breasts; authorizing an administrative fine for failure to provide such notice; and providing other matters properly relating thereto. (In Senate. Read first time. Referred to Committee on Health and Human Services. To committee. - 04/19/2013)
NV SB 112 Diagnostic Imaging Centers. Exempting diagnostic imaging facilities from certain permitting provisions; defining diagnostic imaging center. (In Assembly. Read first time. Referred to Committee on Health and Human Services. To committee. - 04/23/2013)

New Jersey
NJ A 2022 DENSE insurance mandate (new activity: hearing 3/7/13). 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. (Reported out of Assembly Comm. with Amendments, 2nd Reading - 05/06/2013)
NJ S 792 DENSE insurance mandate. 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 certain dense breast tissue and requires certain mammogram reports to contain information on breast density. (Reported out of Assembly Comm. with Amendments, 2nd Reading - 05/06/2013)
NJ A 229 Concerning 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 A 2782 Concerning licensed radiologic technologists and amending P.L.1981, c.295. Revises "Radiologic Technologist Act" to include additional specialty designation of radiology practitioner assistant. (Introduced, Referred to Assembly Regulated Professions Committee - 05/10/2012)
NJ S 242 A concerning certain radiation oncology services. Imposes two-year moratorium on certain new outpatient radiation oncology services and establishes Outpatient Radiation Oncology...
New Mexico—adjourned

4/29/13 The state’s new exchange board meets for the first time today, just days after Gov. Susana Martinez officially announced her picks. Her six appointments include a health plan CEO, business owner, radiologist, health care lawyer, consumer advocate and the state’s health secretary. James R. Damron, M.D., FACR, of Santa Fe is the Staff Radiologist in the Department of Radiology at the University of New Mexico School of Medicine. Dr. Damron has over 38 years of experience in the radiology field including establishing Diagnostic Radiologist, Santa Fe Radiology, P.C. Damron also sits on the Board of Directors for the New Mexico Health Insurance Alliance. Damron holds an M.D. from Indiana University Medical Center School of Medicine.

NM HB 171 Relating to health care coverage to require coverage for telemedicine services, providing for utilization review and appeal rights. (House concurred in Senate amendments POCKET Vetoed by the Governor. - 04/05/2013)

NM H.B. 260 An act relating to health care; amending the medical imaging and radiation therapy and health safety act to exempt expanded practice doctors of oriental medicine performing diagnostic musculoskeletal ultrasound or ultrasound procedure guidance from medical imaging licensure requirements (House concurred in Senate amendments POCKET Vetoed by the Governor. - 04/04/2013)

NM SB 69 Insurance Coverage for Telemedicine Services. Enacting sections of the health care purchasing act, the New Mexico insurance code, the Health Maintenance Organization law and the non profit health care plan to require coverage for telemedicine services. (Senate concurred in House amendments Signed by the Governor (Apr.2) Ch.105. - 04/02/2013)

NM SB 342 Nurse-midwife, ultrasound procedures. Amending sections of the medical imaging and radiation therapy health and safety act to provide limited authorization for registered nurses and certified nurse midwives to perform certain ultrasound procedures. (Senate concurred in House amendments Signed by the Governor (Apr 2) Ch.116 - Signed by the Governor (Apr.2) Ch.116. - 04/02/2013)

New York

NY AB 3760 DENSE Insurance Mandate. AN ACT to amend the insurance law, in relation to requiring health insurance policies to cover comprehensive ultrasound screening, genetic testing, magnetic resonance imaging and/or other screening tests for breast cancer in certain cases, requiring the provision of certain information relating to breast density to patients; and requiring health insurance policies to cover comprehensive tests for ovarian cancer in certain cases (print number 3760a - 02/13/2013)

NY SB 766 An act to amend the public health law, the education law, the social services law, the workers’ compensation law, the mental hygiene law and the general business. Authorizes physician assistants under the supervision of a physician to perform most medical services (except radiologic technology practice) that a physician can perform, including the signing of death certificates.

NY SB 2309 An act to amend the education law, in relation to services performed by nurse practitioners. Allows the practice of registered professional nursing by a certified nurse practitioner to include diagnosis and performance without collaboration of a licensed physician. (Status: REFERRED TO HIGHER EDUCATION - 01/15/2013)
North Carolina

NC H 467 Breast Density Notification & Awareness. AN ACT requiring health care facilities that perform mammography examinations to communicate mammographic breast density information to patients. (House Ref to the Com on Health and Human Services, if favorable, Finance - 05/14/2013)

NC S 519 Breast Density Notification & Awareness. AN ACT requiring health care facilities that perform mammography examinations to notify each patient with dense breast tissue of the significance of breast density levels in the summary of the written mammography examination report provided to the patient. Senate Filed 03/28/2013)

NC H 83 Enact CON Committee Recommendations. AN ACT to eliminate the monetary threshold for expedited certificate of need review; to increase the monetary thresholds triggering certificate of need review for capital expenditures and the purchase of major medical equipment; to exempt replacement equipment from certificate of need review regardless of cost. (House Re-ref Com On Appropriations - 05/02/2013)

NC S 473 HealthCare Cost Reduction & Transparency. AN ACT to improve transparency in THE COST OF HEALTH CARE PROVIDED BY HOSPITALS AND AMBULATORY SURGICAL FACILITIES; to terminate setoff debt collection by certain state agencies providing HEALTH care to the public; to prohibit HOSPITALS AND AMBULATORY SURGICAL FACILITIES FROM CHARGING MULTIPLE TIMES for OUTPATIENT radiology services rendered only once; (Senate Ref to Health Care. If fav, re-ref to Finance - 03/28/2013)

NC H 177 Amend Certificate of Need Laws. AN ACT to exempt diagnostic centers from certificate of need review and to amend certificate of need laws pertaining to single specialty ambulatory surgery operating rooms, as recommended by the house select committee on certificate of need and related hospital issues. (Senate Ref To Com On Rules and Operations of the Senate - 05/15/2013)

NC S 202 Enact CON Reform. AN ACT to exempt diagnostic centers from certificate of need review and to amend certificate of need laws pertaining to single specialty ambulatory surgery operating rooms. (Senate Ref To Com On Rules and Operations of the Senate - 03/06/2013)

Ohio

OH SB 54 DENSE To require a physician interpreting a mammogram who determines that the patient has dense breast tissue to specify this in the mammography report sent to the patient. To require a physician interpreting a mammogram who determines that the patient has dense breast tissue to specify this in the mammography report sent to the patient. (S Referred To Committee Senate Medicaid, Health And Human Services - 02/27/2013)

Oklahoma

OK SB 250 Workers' compensation provider reimbursement; An Act relating to workers' compensation provider reimbursement; amending 85 O.S. 2011, Section 327, which relates to medical fee schedule; clarifying language; modifying reimbursement requirements for magnetic resonance imaging procedures. “No reimbursement shall be allowed for any magnetic resonance imaging (MRI) unless the MRI unit produces a field strength that is equal to or greater than 1.0 Tesla is provided by an entity that meets Medicare requirements for the payment of MRI services or is accredited by the American College of Radiology, the Intersocietal Accreditation Commission or the Joint Commission on Accreditation of Healthcare Organizations” (Sent to Governor - 04/08/2013)
OK SB 634 CRNAs and fluoroscopy. Professions and occupations; allowing certified registered nurse anesthetists to order, select, and obtain legend drugs. “Nothing herein shall affect the limitations set forth in the Oklahoma Interventional Pain Management and Treatment Act, except that Certified Registered Nurse Anesthetists shall be permitted to provide lumbar intra-laminar epidural steroid injections and peripheral nerve blocks in a licensed hospital facility as permitted in this subsection. In order to provide such services in a licensed hospital, a Certified Registered Nurse Anesthetist must obtain authorization from the Oklahoma Board of Nursing to order, select and obtain legend drugs, Schedules II through V controlled substances, devices and medical gases on or before January 1, 2016;”
(Status: Authored by Senator Schulz - 02/04/2013)

Oregon

OR SB 420 DENSE—Mammogram Reports. Relating to women's health; creating new provisions; amending ORS 743A.100 (2) The authority shall prescribe by rule the form and content of the notice provided under subsection (1) of this section. The notice must include but is not limited to all of the Following:
(a) Information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology;
(b) An explanation that dense breast tissue can make it harder to find cancer on a mammogram and that dense breast tissue may also be associated with an increased risk of breast cancer;
(c) That the patient may benefit from supplementary screening or diagnostic testing including a breast ultrasound; and
(d) That the patient should contact the patient’s health care provider to find out whether the health care provider recommends additional testing. Requires health benefit plan to reimburse costs of breast ultrasound required because mammogram shows dense breast tissue. Prohibits cost-sharing for mammograms and breast ultrasounds meeting specified criteria.
((H) Work Session scheduled. - 05/29/2013)

OR HB 2104 Relating to medical imaging; amending ORS 688.405, 688. Revises definition of 'medical imaging' to include medical imaging procedures not related to clinical diagnosis and treatment. Prohibits person from performing medical imaging procedure on another person unless procedure serves medical purpose and is ordered and interpreted by licensed physician, nurse practitioner or physician assistant acting within scope of licensee's authority. (H Governor signed. - 05/13/2013)

OR HB 2313 Relating to reimbursement of nurse practitioner services. Requires insurer to provide process for nurse practitioner practicing in rural or frontier area to earn same reimbursement paid to primary care physician. (Referred to Health Care. - 01/22/2013)

OR HB 2015 If mammogram is inconclusive due to dense breast tissue, requires person who performed mammogram to notify patient of inconclusive results and to advise patient to contact patient's health care provider regarding appropriateness of supplemental testing. (H) Referred to Health Care. - 03/04/2013)

OR HB 2902 Requires insurers to reimburse physician assistants and nurse practitioners at same rate as physicians for same services. ((S) Public Hearing held. - 05/09/2013)

OR HB 2998 Prohibits health care practitioners from referring patients to health care entities in which practitioner has beneficial interest or with which practitioner has compensation arrangement,
subject to specified exceptions. Requires full disclosure of beneficial interests or compensation arrangements of practitioner. Makes failure to disclose interest or arrangement in conjunction with lawful referral misdemeanor, punishable by fine not to exceed $5,000. Prohibits billing for services improperly. ((H) Referred to Health Care. - 02/25/2013)

**OR SB 376** Relating to health practitioner self-referrals; amending ORS 441.098; and declaring an emergency. Prohibits restrictions on health practitioner self-referrals other than requirement to notify patient that health practitioner has financial interest in referral. (S) Public Hearing held. - 03/04/2013)

**OR SB 389** Relating to health practitioner referrals of patients to providers of medical services; amending ORS 441.098. Requires Oregon Health Authority to adopt by rule requirements that meet specified criteria for health practitioner referrals of patients to facilities in which health practitioner has financial interest. (Filed or pre-filed - 01/15/2013)

**OR SB 391** Relating to health professionals; amending ORS 441. Makes health care practitioner's failure to disclose financial interest in facility to which patient is referred unlawful trade practice. Exempts practitioner from disclosure requirement if practitioner reasonably believes financial interests do not affect practitioner's medical judgment in making referral. (Filed or pre-filed - 01/15/2013)

**OR SB 683** Prohibits health care practitioners from referring patients to health care entities in which practitioner has beneficial interest or with which practitioner has compensation arrangement, subject to specified exceptions. Requires full disclosure of beneficial interests or compensation arrangements of practitioner. Makes failure to disclose interest or arrangement in conjunction with lawful referral misdemeanor, punishable by fine not to exceed $5,000. ((H) Public Hearing held. - 05/16/2013)

**OR SB 569** Requires Oregon Health Authority to adopt uniform credentialing and privileging standards for providers of telemedicine services. Authorizes hospital to accept credentials of telemedicine providers either by agreement with distant-site hospital or by providers meeting credentialing and privileging standards established by authority. Declares emergency, effective on passage. ((H) Recommendation: Do pass with amendments and be printed B-Engrossed. - 05/16/2013)

**Pennsylvania**

**PA SB 358** DENSE Notification. An Act requiring the notification of breast density to patients who receive a mammogram. An Act requiring the notification of breast density to patients who receive a mammogram.

“If your mammogram demonstrates you have dense breast tissue, which could hide abnormalities, and you have other risk factors for breast cancer that have been identified, you might benefit from supplemental screening tests that may be suggested by your referring physician. 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 him or her if you have any questions or concerns about your breast density or this report.”

(PN 0281 Referred to PUBLIC HEALTH AND WELFARE - 01/31/2013)

**PA HB 232** An Act providing for prohibition on health care provider self-referral. (Status: Filed or pre-filed - 01/18/2013)

**PA SB 359** 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 - 01/31/2013)
PA HB 258  An Act regulating medical physicists; establishing the State Board of Medical Physicists; providing for funds, for licensure, for disciplinary action, for remedies, for penalties and for preemption.  
(PN 0270 Referred to PROFESSIONAL LICENSURE - 01/23/2013)

Rhode Island

RLS 197 Nurses and Nurse Anesthetists. An act relating to businesses and professions, would amend the general laws to recognize Advanced Practice Registered Nurses. (Introduced, referred to Senate Health and Human Services - 02/27/2013)

RL S 280 Taxes. An act relating to taxation—facility and imaging surcharges, would repeal certain tax surcharges on medical imaging services. (Introduced, referred to Senate Health and Human Services - 02/12/2013)

South Carolina

SC S 422 DENSE notification and insurance mandate for ultrasound. A bill to amend section 38-71-145, CODE OF LAWS OF SOUTH CAROLINA, 1976, relating to required coverage for mammograms by individual and group health insurance policies and health maintenance organization policies, so as to require supplemental coverage for breast ultrasound screening when mammogram demonstrates heterogeneous or dense breast tissue, and to require a mammography report including specific information to be provided to a patient who receives this ultrasound screening.  
(Referred to Committee on Banking and Insurance - 02/26/2013)

South Dakota—adjourned

SD HB 1238  – DENSE insurance mandate. Require that health benefit plans provide coverage for MRI and ultrasound screenings for breast cancer in certain instances.  
(Commerce and Energy Tabled, Passed, YEAS 13, NAYS 0. H.J. 422 00:10:58 - 02/15/2013)

Tennessee

TN SB 103 Medical Record Retention. As introduced, requires mammography records to be retained for 10 years following the patient's discharge from a hospital or death; authorizes the board of medical examiners to promulgate rules and regulations in retaining medical records. - Amends TCA Title 63, Chapter 2 and Title 68, Chapter 11. (Passed S., Ayes 31, Nays 0 - 02/21/2013)

TN HB 532 DENSE Mammography As introduced requires physicians to communicate certain information about mammographic breast density to patients.  
- Amends TCA Title 63. (Rec. For Pass. by s/c ref. to Finance, Ways & Means Committee - 04/10/2013)

TN SB 745 DENSE Mammography. As introduced, requires physicians to communicate certain information about mammographic breast density to patients.  
- Amends TCA Title 63. (Signed by Governor. - 05/14/2013)

TN HB 1081 Medical Record Retention. As introduced, requires mammography records to be retained for 10 years following the patient's discharge from a hospital or death; authorizes the board of medical examiners to promulgate rules and regulations in retaining medical records.  
(Comp. SB subst. - 03/25/2013)

TN SB 290 Certificate of Need. As introduced, removes medical imaging equipment from requirement to have a certificate of need.  
- Amends TCA Title 68. (Status: Ref. to S. H&W Comm. - 02/12/2013)
**TN HB 854** Certificate of Need. As introduced, removes medical imaging equipment from requirement to have a certificate of need. - Amends TCA Title 68. (Status: P2C, ref. to Health Committee - 02/07/2013)

**TN HB 1214** Medical Occupations, RA. As introduced, requires radiologist assistants to work in the employ or at the direction of a radiologist when practicing radiology assistance. (Assigned to s/c Health Subcommittee - 02/26/2013)

**TN HB 1264** Pain Management Clinics, imaging on record. As introduced, authorizes protocols and other requirements for prescribing certain controlled substances and revises requirements for pain clinics. (4) Patient records, including a requirement that such records must include a current MRI, X-ray, CT scan or other current diagnostic testing demonstrating a basis for the prescribing of a controlled substance, as defined in title 39, chapter 17, part 4; (Placed on s/c cal Criminal Justice Subcommittee for 3/12/2013 - 03/06/2013)

**Texas**

**TX HB 170** DENSE—insurance mandate. Relating to the coverage by certain health benefit plans of mammograms performed by certain health care providers. (S Referred to State Affairs - 05/09/2013)

**TX HB 495** DENSE—insurance mandate. Relating to the requirement that certain health benefit plans provide coverage for supplemental breast cancer screening. (H Committee report sent to Calendars - 04/16/2013)

**TX HB 1546** Radiologist Assistant. Relating to the regulation of medical radiologic technology; providing penalties; imposing fees. (H Referred to Public Health - 02/25/2013)

**TX SB 1079** Radiologist Assistant. Relating to the regulation of medical radiologic technology; providing penalties; imposing fees. (H Committee report distributed - 05/16/2013)

**TX SB 8** Relating to the provision and delivery of certain health and human services in this state, including the provision of those services through the Medicaid program and the prevention of fraud, waste, and abuse in that program and other programs. (H Placed on General State Calendar - 05/17/2013)

**TX HB 3905** Relating to the Angleton-Danbury Hospital District of Brazoria County, Texas. Corporate practice of medicine and employment of physicians by hospitals. (H Comm. report sent to Local & Consent Calendar - 04/23/2013)

**TX HB 1247** Relating to the authority of the board of directors of the Nacogdoches County Hospital District to employ physicians. (E Sent to the Governor - 05/16/2013)

**TX SB 1861** Relating to the Angleton-Danbury Hospital District of Brazoria County, Texas. Corporate practice of medicine and employment of physicians by hospitals. (H Comm. report sent to Local & Consent Calendar - 05/09/2013)

**Utah—adjourned**

**UT HB 375** Radiologist Assistant Provisions. This bill amends the scope of practice of radiologist assistants under the Radiologic Technologist, Radiologist Assistant, and Radiology Practical Technician Licensing Act. (Governor Signed - 04/01/2013)

**Vermont**

**VT HB 25** An act relating to health care professional transparency (Truth in Advertising campaign) House: Read First Time and Referred to the Committee on Government Operations - 01/16/2013
VT SB 88 An act relating to telemedicine services delivered outside a health care facility. (Senate: As passed by Senate and House - 05/07/2013)

VT HB 136 An act relating to cost-sharing for preventative services, mammography and colorectal cancer screening. (House: Signed by Governor on 5/13/2013 - 05/13/2013)

**Virginia-adjourned**

**VA HB 1778** DENSE—Mammography. Bill to clarify language for DENSE notification law (2012 session) clarifies the conditions under which a mammography services provider must notify a patient of dense breast tissue and modifies language to the notice that must be sent to patients under the existing law. (Senate: Signed by President - 02/14/2013)

**VA HB 398** Radiology benefits managers; decision to deny physician's order for diagnostic radiology test.
Radiology benefits managers. Requires that any decision by a radiology benefits manager 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 manager 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 1275** Medical data in an electronic or digital format; limitations on use, storage, sharing, & processing. Teleradiology. Prohibits any person that regularly stores medical data in an electronic or digital format from (i) participating in the establishment or implementation of the Nationwide Health Information Network; (ii) performing any analytic or statistical processing with regard to any medical records from multiple patients for purposes of medical diagnosis or treatment, including population health management; or (iii) processing medical data at a facility within the Commonwealth in any instance. (Senate: Passed by indefinitely in Education and Health (13-Y 2-N) - 01/24/2013)

**Washington**

**WA SB 5215** Providing that health care professional licensees may not be required to participate in any public or private third-party reimbursement program. Prohibits certain health care professional licensees from being required to participate, as a condition of licensure, in a public or private third-party reimbursement program. (Delivered to Governor. - 04/27/2013)

**WA HB 1448** Regarding telemedicine. Recognizes the application of telemedicine as a reimbursable service by which an individual receives medical services from a health care provider without face-to-face contact with the provider. Reduces the compliance requirements on hospitals when granting privileges or associations to telemedicine physicians. (By resolution, reintroduced and retained in present status. - 05/13/2013)

**Wyoming--adjourned**

**WY HB 132** Chiropractor licensure-amendments. Relating to the chiropractic licensing act. those persons licensed under this chapter are trained and may include venipuncture, acupuncture and the use of diagnostic x-rays with rights for referral for advanced diagnostic imaging. (S President Signed HEA No. 0099 - 03/13/2013)