ECONOMICS AND HEALTH POLICY

Fourth Five-Year Review

2010 marks the fourth five-year review and is currently underway. Based on comments received from the medical community as well as their own review, Centers for Medicare and Medicaid Services (CMS) has released the list of codes for the five-year review.

The ACR will be collecting survey data on approximately 20 codes identified as potentially misvalued for radiology during the summer of 2010 and will present this data to the RUC in fall of 2010. The values accepted by the RUC will be submitted to CMS for review by end of this year. The final revised work values are expected to be released in November 2011 MFS for a January 1, 2012 implementation.

With the implementation of Medicare’s Resource Based Relative Value Scale Physician Fee Schedule in January 1992, a review of the relative value units associated with the CPT codes in the Medicare Fee Schedule (MFS) has been required by Congress no less than every five years. This process is known as the Five-Year Review. This review serves as a mechanism for the CMS to identify potentially misvalued physician work values and update them accordingly. Currently the review focuses only on the physician work component of specific procedures paid under the MFS.

APC Advisory Panel Nomination

The ACR nominated Dr. James V. Rawson to serve on the APC Advisory Panel as a representative for radiology. He currently serves as the Chair of the APC Economics Committee, Chair of Academic Radiology Issues in Government Relations and Economics and is a member of the ACR Commission on Economics. Dr. Rawson served on the Centers for Medicare and Medicaid Services’ (CMS) APC Advisory Panel from 2005-2009. He served on the Packaging Subcommittee from 2005-2009, the last two years of which he was Chair.

Managed Care First Webinar

The Managed Care Committee held the first in a series of educational webinars aimed at educating health plans on the usefulness and appropriateness of imaging exams on April 27th. This first webinar was on PET and included a basic introduction of PET, the evolving role of PET in clinical decision-making, the impact of PET on the economics of patient care, and a question and answer session. The program was coordinated by Dr. Daniel Mollura, National Institutes of Health Department of Radiology and a member
of the Managed Care Committee and Dr. Mark Bernardy, Chair of the Managed Care Committee. In addition to Dr. Mollura, speakers included Dr. Barry Siegel, Mallinckrodt Institute of Radiology and Dr. Richard Wahl, Johns Hopkins Medical Institutes. Attendance included health plan Medical Directors, policy nurses, and Radiology Benefits Management Company Medical Directors. Future webinar topics will include CT colonography, cardiac CTA, and mammography

**Local Coverage Determinations**

A total of eleven draft local coverage determinations (LCDs) from Cahaba Government Benefit Administrators (Cahaba GBA), Wisconsin Physicians Service Insurance Corp (WPS), and National Heritage Insurance Corp (NHIC) were reviewed in April. The policies affected coverage for radiology, radiation oncology, and interventional radiology procedures.

**MRA**

On April 7, 2010, the ACR in conjunction with ACC, NASCI, SCMR, and ASNR submitted comments to CMS in support of their Proposed Decision Memo for Magnetic Resonance Angiography (MRA) (CAG 00142R1). We agreed with the CMS proposal to combine the currently separate NCDs; the Magnetic Resonance Angiography NCD at 220.3 of the Medicare National Coverage Determinations (NCD) Manual be merged under the NCD for Magnetic Resonance Imaging (MRI) at 220.2 of the National Coverage Determinations Manual. Additionally, we commented in support of CMS’ proposal to allow local Medicare contractor discretion to cover use or MRA for additional indications which are currently non-covered. This flexibility allows physicians to utilize the appropriate MRI / MRA technique based upon a patient’s unique clinical situation.

**LEGISLATIVE**

**Reform - SGR - Self-Referral**

Following passage of the Health Care Reform Legislation in March, ACR continues to review the bill for further details that may impact the practice of radiology. In addition, ACR will be looking for opportunities to help federal agencies during the lengthy process of rule making as those agencies determine how best to implement the new laws relating to radiology and imaging. In the meantime, reform of the Medicare Physician Payment System (more specifically, the Sustainable Growth Rate) has taken center stage.

Most recently Congress approved yet another short term, zero-update temporary patch that will prevent physicians from facing a 21% across the board cut to Medicare reimbursement rates. The current patch is in place until May 31st, when it's anticipated that Congress will approve yet another short term fix in order to avert the cuts.
While the ACR appreciates the efforts of Congress to prohibit the cuts from taking place, we continue to advocate for permanent, real reform of the Medicare Physician Payment System.

Last month, with the full support of the American College of Radiology, House Energy & Commerce Chair, Rep. Henry Waxman (D-CA), Ways & Means Committee Chair, Rep. Sandy Levin (D-MI), and Ways & Means subcommittee on Health chair, Rep. Pete Stark (D-CA), called on the Government Accountability Office (GAO) to perform a study regarding the effects of physician self-referral of advanced medical imaging and radiation oncology on Medicare spending.

Previous reports as well as peer-reviewed studies published in the *Journal of the American Medical Association* and elsewhere have shown that when physicians refer patients to imaging equipment or facilities in which they have a financial interest, a process known as self-referral, imaging utilization is significantly increased. Private insurance studies indicate that as much as half of self-referred imaging is unnecessary.

It is ACR's belief that this GAO report will be another valuable tool to combat self-referral, which leads to fraud, abuse, and sub optimal patient care.

**House Appropriations Committee**

House Appropriations Committee Chairman David Obey (D-Wis) has announced that he will not seek re-election. Rep. Norm Dicks (D-Wash.), next in seniority to succeed Obey as head of the full House Appropriations Committee (HAC), has indicated he is very interested in taking over the reigns of the full committee and would presumably also continue to chair the Defense Appropriations subcommittee as well. At least one other lawmaker, Rep. Chaka Fattah (D-Pa.), has told reporters he will challenge Dicks for the top appropriations job.

**RADPAC**

**RADPAC 2010 Statistics**

*Contributions raised in 2010 as of 4/30/2010:*

- Hard money contributions: $390,939.47 ($380,663 in 2009)
- Soft money contributions: $42,911.24 ($39,891 in 2009)
- Total contributions: $433,850.71 ($420,554 in 2009)

*Total number of contributors in 2010 as of 4/30/2010:*

- Hard money contributors: 1,065 (1,039 in 2009)
- Soft money contributors: 181 (115 in 2009)
So far for 2010 RADPAC has contributed $240,000 to federal candidates and has attended 98 fundraising events. RADPAC has contributed over $1 million so far this 2009-2010 election cycle with a total contributed of $1,194,500.

- RADPAC's listing of Outstanding Group Practice Contributors for 2010
- RADPAC's state by state comparison to see where your state ranks
- Listing of the Outreach Events so far for 2010

Races to Watch
RADPAC has an informational new category on its website called 111th Congress Races to Watch, for ACRA members to view the House and Senate Races in 2010, 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, 2010.

RADPAC Gala
The ACRA will host the 7th Annual RADPAC Gala reception and dinner at the Hilton on Tuesday, May 18 during the 2010 ACR Annual Meeting Chapter Leadership Conference (AMCLC). The evening will include a presentation of the Congressional Award for Radiology Excellence (CARE) to Congressman Bruce Braley (Iowa), as well as entertainment and recognition of RADPAC's donors. This event is sponsored and paid for by the ACRA and is not paid for out of RADPAC contributions. For more information or to RSVP, please contact Heather Kaiser at 888-295-8843 or hkaiser@acr-arrs.org.

Dr. Trager Comes to DC
Radiologist Marc Trager, M.D. is a Congressional Candidate running in Wisconsin’s 8th congressional district against Congressman Steve Kagen. Dr. Trager will be attending the ACR AMCLC. You can learn more about his campaign at: www.tragerforcongress.com.

RADPAC Facebook
Have you become a friend to RADPAC on Facebook? RADPAC's Facebook page often posts “Articles of Interest” for the radiology and political community and is the best place to view up to date statistics. Click here to become a friend to RADPAC on Facebook.

REGULATORY
Open Government Initiative
On April 7, all Executive Branch departments/agencies published their respective “open government” plans for making operations more transparent and expanding opportunities for public participation, collaboration and oversight. The Open Government Dashboard website was developed by the White House to track the progress of agencies in meeting certain transparency expectations.
New NRC Commissioners
In April, George Apostolakis, PhD (nuclear engineer and mathematician), William Magwood, IV (formerly of the Department of Energy Office of Nuclear Energy), and William C. Ostendorff, JD (formerly of the National Nuclear Security Administration and counsel/staff director for the House Armed Services Committee/Strategic Forces Subcommittee) were sworn in as new Commissioners for the U.S. Nuclear Regulatory Commission (NRC). This is the first time the NRC has had all five Commissioner positions filled since 2007.

NRC Commissioners’ five-year terms are staggered by design. Commissioner Apostolakis’s term will end on June 30, 2014. Commissioner Magwood’s initial term will end on June 30, 2010, but his position has a built-in reappointment term ending June 30, 2015. Commissioner Ostendorff is serving the remainder of former-Commissioner Dale Klein’s term, ending June 30, 2011.

FDA NMQAAC
ACR has nominated Carol Lee, MD, FACR to serve on the Food and Drug Administration’s (FDA’s) National Mammography Quality Assurance Advisory Committee. The functions of this committee are to advise FDA on appropriate quality standards and regulations for mammography facilities and accrediting bodies, among other responsibilities.

FDA Meeting on Radiation Therapy
FDA publicly announced the highly anticipated meeting entitled “Device Improvements to Reduce the Number of Under-Doses, Over-Doses, and Misaligned Exposures From Therapeutic Radiation,” which will take place June 9 and 10. The purpose of the meeting will be to discuss steps that could be taken by manufacturers of linear accelerators, radiation therapy treatment planning systems, and radiation therapy simulators to help reduce misadministration and misaligned exposures.

Imaging E-Ordering Coalition
On April 28 and 29, several representatives of the Imaging E-Ordering Coalition, including ACR IT and Informatics Committee Vice Chair, Dr. Keith Dreyer, met with key Capitol Hill staffers and Office of Management and Budget staff to discuss the value of computerized radiology order entry systems with integrated clinical decision support based on appropriateness criteria in terms of reducing inappropriate utilization of imaging.

RadLex and SNOMED CT
The ACR IT and Informatics Committee facilitated a teleconference on April 1 between the National Library of Medicine and the RadLex Steering Committee Chair, Dr. Daniel Rubin, to discuss RadLex and SNOMED CT. The teleconference was essentially a follow-up to verbal comments provided at the Office of the National Coordinator for Health IT (ONC) Vocabulary Taskforce meeting in March. These
discussions are part of an effort to have RadLex recognized by ONC as a meaningful use/EHR vocabulary standard for structured radiology results in Stage 2 or 3 of the meaningful use incentives program.

Health IT Policy/Standards Committees
The April business meetings of the ONC's HIT Policy Committee and HIT Standards Committee focused on ONC's planned activities in the wake of the passage of healthcare reform. The HIT Standards Committee extensively discussed the work ahead in terms of the administrative simplification of HIPAA transactions and development of operating rules. Additionally, the Committees discussed issues surrounding information sharing with patients/consumers through personal health records and other EHR technology.

AHRQ Effective Healthcare Program
ACR's nominee, Dr. David B. Larson (Cincinnati Children’s Hospital), was selected by the Agency for Healthcare Research and Quality (AHRQ) to be a member of the Effective Healthcare Program Stakeholder Group. In this role, Dr. Larson will provide input on comparative effectiveness research issues, programs, and reports. The first meeting will be on September 29 in conjunction with AHRQ’s annual conference.

AHRQ National Advisory Committee
The AHRQ National Advisory Committee held a business meeting on April 9. The discussions focused on the recently-passed healthcare reform legislation in terms of planned programs and projects for AHRQ. The most relevant discussions addressed the future Interagency Working Group on Health Care Quality, quality measurement gaps and development projects, Center for Quality Improvement and Patient Safety, and the role of the U.S. Preventive Services Task Force. AHRQ also discussed the then-imminent (April 14) release of the Institute of Medicine’s recommendations regarding the future direction of AHRQ’s annual National Quality and Disparities Reports.

mHealth
On May 6, ACR staff facilitated an introductory conference call between the ACR IT and Informatics Committee and FDA to broadly discuss standards and guidelines related to mobile devices and applications in radiology. The discussions were intended to open a line of communication with FDA about this topic so that future enhancements to ACR’s standards and guidelines in the areas of health IT and mHealth align with FDA’s regulatory policies.

Molybdenum-99/Technetium-99m Supply
The Canadian National Research Universal (NRU) reactor and the Dutch High Flux Reactor (HFR) have been offline simultaneously as of late February 2010, further complicating the United States’ molybdenum-99/technetium-99m supply crisis. The NRU reactor has been offline for extensive
maintenance operations since spring 2009. The HFR went offline for a previously planned six-month maintenance period.

Per its April 28, 2010 update, the Atomic Energy of Canada Limited (AECL) does not believe NRU will resume normal business operations before the end of July 2010. Meanwhile, Covidien is using the research reactors in Belgium (BR-2), France (OSIRIS), South Africa (SAFARI-1), and now Poland (Maria) to provide some supply of Mo-99/Tc-99m to European and North American customers.

The Department of Energy/National Nuclear Security Administration (NNSA) Global Threat Reduction Initiative (GTRI) continues to work toward developing a sustainable means of producing Mo-99 domestically without the use of highly enriched uranium. GTRI issued a Funding Opportunity Announcement for Mo-99 production which will remain open through June 11.

STATE

AMCLC
The State Government Relations Committee will meet during AMCLC on Sunday, May 16th 4:30-5:30pm.

Regular Sessions
Twenty-two states are currently in session.

Current and forthcoming Special Sessions
California, Pennsylvania.

Upcoming Adjournments for May
05/05/2010: Connecticut
05/08/2010: Vermont*
05/12/2010: Colorado
05/14/2010: Missouri
05/17/2010: Minnesota*
05/21/2010: Tennessee*
05/28/2010: Kansas*, Oklahoma
*Projected adjourn date.

Arizona
AZ SB 1167 — Medical Liability. Unless the elements of proof are established by a preponderance of the evidence and the act or omission was done with wanton and willful negligence, a health professional as defined in section 32-3201 who provides or who is consulted to provide services to a patient of a licensed
hospital in compliance with the emergency medical treatment and active labor act or as a result of a disaster is not liable for any civil or other damages as a result of any act or omission.

**AZ HB 2492** (SB 1189) – In Arizona, which has no damage cap, physicians are backing a bill that would require stronger expert witness opinions be validated before they could be deemed admissible in medical liability and other civil cases. The measure passed the Senate in March.

**Colorado**

**CO SB 124** – Pursuant to the "Michael Skolnik Medical Transparency Act", enacted in 2007, physicians licensed in Colorado are required to report information pertaining to their practice history, including the following: any health care-related business ownership interests or employment contracts if the aggregate value of the contracts exceeds $5,000 annually.

**CO HB 1252** – Breast cancer screening with mammography. In 2009, the general assembly changed the required breast cancer screening coverage provisions to tie them to the recommendations of the U.S. preventive services task force (USPSTF). This bill requires coverage for more frequent breast cancer screening than the task force recommendations if the screening is deemed medically appropriate.

**Connecticut**

**CT HB 5447** – An Act concerning certificate of need (CON) process. CON will be required for acquisition of imaging equipment, including computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners and positron emission tomography-computed tomography scanners, by any person, physician or provider other than a short-term acute care general hospital or children's hospital. CON will also be required for acquisition of nonhospital based linear accelerators.

**CT SB 392** – An act to raise the minimum professional liability insurance carried by health care providers.

**CT SB 258** – An act concerning disclosure of documents and information considered by a utilization review company in a final determination.

**Florida**

**FL S 2504** – Hospital-based Physicians. Prohibits a licensed facility from employing a hospital-based physician or group of hospital-based physicians or entering into a contract with such physicians unless those physicians are under contract with each health insurer that has contracted with the licensed facility to provide medical services, etc.

**FL H 1263** – Specialty Clinics. Each applicant that performs the technical component of magnetic resonance imaging, static radiographs, computed tomography, or positron emission tomography, and also provides the professional components of such services through an employee or independent contractor,
must provide to the agency on a form provided by the agency, the name and address of the clinic, the
serial or operating number of each magnetic resonance imaging, static radiograph, computed
tomography, and positron emission tomography machine, the name of the manufacturer of the machine,
and such other information as required by the agency to identify the machine. The information must be
provided to the agency upon renewal of the clinic's licensure and within 30 days after a clinic begins using
a machine for which it has not provided the information to the agency.

**Georgia**
The Atlanta Journal-Constitution (3/23, Rankin) reports, "A unanimous Georgia Supreme Court on
Monday struck down limits on jury awards in medical malpractice cases," ruling that the $350,000 cap on
noneconomic damages violates the right to a jury trial guaranteed by the Georgia Constitution, as the cap
"clearly nullifies the jury's findings of fact regarding damages and thereby undermines the jury's basic
function," Chief Justice Carol Hunstein wrote for the court.

The AP (3/23, Bluestein) reports that the ruling "will likely herald a flurry of new litigation, as the court
said the ruling applied retroactively to all other pending medical-malpractice cases, including those that
are now in the appeals process." In the case before the court, Betsy Nestlehutt was awarded $1.15 million
in non-economic damages—including $900,000 in pain and suffering—by a Fulton County jury after she
was permanently disfigured after a botched facelift.

The New York Times (3/23, A19, Brown) reports, "The ruling was praised by victims' rights groups and
plaintiffs' lawyers and was condemned by doctors and Republican lawmakers."

**Illinois**

**IL HB 4935** – Fee splitting. Amends several Acts that regulate the medical and healthcare professions. In
a provision in those Acts concerning fee-splitting or directly or indirectly giving to or receiving from
certain persons or entities any fee, commission, rebate, or other form of compensation for any
professional services not actually or personally rendered, provides that the provision does not prohibit
contractual or employment arrangements with health care professionals or providers, such as physicians.

Medical malpractice – In February, the Illinois Supreme Court struck down a $500,000 limit on awards
against physicians. The Illinois State Medical Society is reviewing potential legislative responses to the
ruling.

**Iowa**

**IA SSB 3085** – This bill specifically defines the practice of chronic interventional pain medicine and the
techniques used in that practice. The bill limits the practice of interventional pain medicine to licensed
physicians, podiatrists, or dentists. A violation of the bill is a serious misdemeanor. A serious
misdemeanor is punishable by a fine of at least $315 but not to exceed $1,875 and imprisonment not to exceed one year.

As you may recall, the Iowa Board of Nursing (BON) promulgated rules stating that it was within the scope of practice of Advanced Registered Nurse Practitioners (ARNPs) to supervise RTs and students performing fluoroscopic procedures. This raised serious safety concerns for the Iowa Radiological Society, the ACR, and the Iowa Medical Society. Because the Board of Nursing issued the rule fairly late in the legislative session 2009, adoption of the rule could not be blocked through legislative means in 2009. In the meantime, adoption of the rule moved through the regulatory process.

The Board of Nursing rule changes could not become effective without concurrence by Iowa’ Bureau of Radiological Health and the Iowa Board of Health. In its final decision, the Board of Health approved the adoption of the rule. The state medical society and the Iowa Radiological Society may continue to seek a nullification of the board of nursing’s rule in the legislative session of 2010.

**Louisiana**

**LA HB 1211** – This bill provides for licensure of radiology practitioner assistants.

**Maryland**

**MD HB 324** – Patient Referrals - 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 include magnetic resonance imaging services, computed tomography scan services, and radiation therapy services; altering specified exceptions to patient referral prohibitions; requiring specified health care entities that furnish specified services to receive accreditation from specified organizations by specified dates; etc. (Did not pass committee)

**MD HB 147** – Proposes that insurers reimburse non-participating providers who provide covered services to beneficiaries while the provider is an on-call physician at a rate no less than the greater of 140% of the insurer's average rate in the geographic area or 140% of the Medicare rate for that area and indexed for inflation. (Did not pass committee)

**MD HB 622** – Health Care Malpractice - Noneconomic Damages. Increasing specified limitations on noneconomic damages for a personal injury action and a wrongful death action concerning health care malpractice for a cause of action arising on or after a specified date. Maryland physicians are fighting a bill introduced in February that would raise the state’s noneconomic damage cap from $680,000 to $740,000 and add inflation adjustments—a move doctors say could bring back the large spikes in insurance rates they saw before the award limit was passed in 2004. The measure, backed by the state trial bar, also could result in damages in wrongful death actions with multiple plaintiffs to reach beyond $1 million.
Massachusetts
MA HB 2178 – An Act relative to ionizing radiation. Physicians may delegate radiological procedures, including procedures using fluoroscopy, to a physician assistant who has completed a radiation safety course as prescribed by 105 CMR- 120.405.

Mississippi
MS SB 2162 – Health care facility certificate of need; revise minimum expenditures requiring review, etc. Act relating to the health care facilities CON law; to amend section 41-7-173, Mississippi code of 1972, to provide definitions for clinical and non-clinical expenditures and to revise the minimum capital expenditures during a healthcare CON and to provide for an annual cost index adjustment for such minimum capital expenditures. Amend section 41-7-191, to include computerized tomography (CT)-PET services requiring CON review and to clarify that the conversion of mobile services to fixed site requires a CON.

Missouri
MO HB 1493 – Prohibits a health insurance carrier or health benefit plan from denying reimbursement for diagnostic imaging services based solely on a licensed physician's specialty or professional board certification.

MO HB 1855 – No hospital shall require a physician to agree to make referrals to that hospital or any hospital-affiliated facility as a condition of receiving medical staff membership or medical staff privileges.

New Jersey
NJ S 472 – Concerning participation by imaging centers in organized delivery system networks and supplementing P.L.1997, c.192 (C.26:2S-1 et seq.). Prohibits organized delivery systems from denying participation in network to imaging centers willing to meet terms of contract.

New York
NY AB 733 (SB 2759, SB 2875, SB 3740) – Provides reimbursement for interpretation services. Provides Medicaid reimbursement for interpretation services provided by hospital inpatient and outpatient departments.

NY AB 8010 – Addresses registration requirement of specialists. Provides for the phasing out of the registration requirements for specialist assistants.

NY AB 9933 – Relates to referrals of patients for health related items or services.
Oklahoma

OK SB 2035 (SB 1045) – An Act relating to professions and occupations; creating the Radiology Practitioner Assistant (RPA) Licensure Act; allowing the use of radiology practitioner assistants under certain circumstances; providing for the promulgation of rules by the State Board of Medical Licensure and Supervision; requiring certification and registration of radiology practitioner assistants.

Pennsylvania

PA HB 1405 – Self-referral. This act is intended to prohibit patient referrals between health care providers and entities providing health care services in which health care providers have a financial interest and to protect the residents of this Commonwealth from unnecessary and costly health care expenditures.

Rhode Island

RI S 2130 – An act relating to Radiologic technologists licensing, defining Radiologist Assistant.

South Carolina

SC S 36 – A bill to amend sections 44-74-20 AND 44-74-30, code of laws of SC both relating to the certification and scope of practice of radiologic technologists, also provide for the certification and scope of practice of radiologist assistants (RA).

Tennessee

TN HB 571 (SB 703) – Medical Occupations. As introduced, extends licensure as a radiologist assistant to any person who is a radiology practitioner assistant on the effective date of this act. Amends TCA Title 63.

TN HB 3144 (SB 3153) – Radiation. As introduced, requires a radiologist assistant to work in the employment or direction of a radiologist. Amends TCA Title 63.

TN HB 3580 – This bill prohibits advanced practice nurses and physician assistants from performing any invasive procedure involving the spine, spinal cord, sympathetic nerves or block of major peripheral nerves in a facility that is not a hospital, birthing center, or other health related facility licensed under present law regarding health facilities and resources, unless under the direct supervision of a licensed physician who is actively practicing spinal injections and has current privileges to do so at a licensed hospital, birthing center, or other health related facility.

TN HB 1415 – As introduced, removes the requirement that assignment of benefits under an insurance policy apply only to assignments provided after July 1, 1992. Amends TCA Title 56.
Utah

Utah SB 145 – Concerning medical malpractice, among other things, require medical malpractice claims to be brought within 10 years; reduce malpractice awards by an amount equal to any settlement awards; amend the cap on non-economic damages that may be awarded in a malpractice action; and limit the amount of the malpractice damages an attorney may keep as fees. The bill has been signed by the Gov. Gary Herbert (R) on 3/23.

Vermont

VT HB 656 (HB 562) – An act relating to regulating and certifying Radiologist Assistants (RA). Passed both houses and sent to the governor for signature.

Virginia

State Legislation Opposing Certain Health Reforms 2010 – As part of state-based responses to federal health reform legislation, at least 30 state legislatures are using the legislative process to seek to limit, alter or oppose selected state or federal actions, including single-payer provisions and mandates that would require purchase of insurance.

On February 1st, Virginia senate passed three bills (SB 283, SB311 and SB417) asserting that Virginia residents cannot be forced to purchase insurance coverage. Opponents of the legislation argued that any federal mandate will override the law rendering it useless.

Washington

WA SB 5981 – Directs the speaker of the house of representatives and the majority leader of the senate to convene a work group to analyze and identify nationally accepted best practice guidelines or protocols applicable to advanced diagnostic imaging services and any decision and support tools available to implement the guidelines or protocols. (By resolution, reintroduced and retained in present status - 01/11/2010).

West Virginia

WV HB 4138 – The purpose of this bill is to include radiologist assistants under the regulating authority of the West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners.

WV HB 4220 – Relating to the practice of medical imaging and radiation therapy. The purpose of this bill is to require the board of Medicine to treat a person qualified as a radiologic practitioner assistant (RPA) as a radiologist assistant.