Will Legislation Endanger Your Livelihood?

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The purpose of this paper is to stimulate interest and involvement of Technologist Section members in legislation that could seriously affect our profession and other medical professions.

If we in the medical field are not alert to current medically oriented legislation, and particularly, if we are not allowed to participate in the decision-making process regarding this legislation, we may find ourselves at an increasing disadvantage in performing our duties.

I am not speaking necessarily about the practice of physicians per se, but refer rather to the activities of physicians, technologists, professionals, and para-professionals of the health care field.

Medicare and Medicaid

Medicare and Medicaid, as we know them today, are the result of multiple influences on health legislation. Much of what is lacking in these programs may be related directly to lack of professional input. I would like to stress that this lack is not only the result of an indifferent attitude on the part of professionals, but an insensitivity of legislators to proposals from health field experts having, in their view, unfavorable political connotations.

Public Law 91-519

How many of you are aware of Public Law 91-519 (Health Training Improvement Act of 1970) quietly enacted on November 2, 1970? It states:

Section 799 A. The Secretary (Health, Education, and Welfare) shall prepare and submit to the Congress, prior to July 1, 1971, a report identifying the major problems associated with licensure, certification, and other qualifications for practice or employment of health personnel (including group practice of health personnel), together with summaries of the activities (if any) of federal agencies, professional organizations, or other instrumentalities directed toward the alleviation of such problems, and toward maximizing the proper and efficient utilization of health personnel in meeting the health needs of the Nation. Such report shall include specific recommendations by the Secretary for steps to be taken toward the solution of the problems so identified.

This report is 250 pages in length and is entitled, *Report on Licensure and Related Health Personnel Credentialing.* A copy may be obtained by writing to HSMHA Public Inquiries Branch, Parklawn Bldg., Rm. 513-29, 5600 Fisher's Lane, Rockville, Maryland 20852. A summary of this report may be obtained by writing for *A Summary of HEW Report on Licensure and Credentialing*, vol. II, No (5), September 1971, of Comprehensive Health Services, Career Development Technical Assistance Bulletin. It may be obtained by writing to National Institute for New Careers, Division of University Research Corp., 4607 Connecticut Ave. NW, Washington, D.C. 20008, Tel: (202) 244-9210.

The major points urged for states to implement were

1. Observe a 2-year moratorium on the enactment of legislation establishing new categories.
2. Expand health practice acts to facilitate assignment of qualified health personnel and determine whether additional regulation of manpower programs is needed.
3. Use national examinations, if they exist, for all possible categories of health workers.
4. Develop equivalency and proficiency examinations to permit entry into educational programs and occupational positions. Education-

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al institutions, accrediting agencies, and certifying bodies are asked to develop programs that accept experiences other than formal training as valid.
5. Allow state licensing boards to play active roles in maintaining high-quality health services and to include consumers on their boards.
6. Along with professional organizations, develop a means of making continued demonstration of competence a condition for renewal of a worker's license.

Health Maintenance Organizations

Another recently enacted law was signed by President Nixon on January 2, 1974, allocating funds for Health Maintenance Organizations (HMOs) *(1)*. Do you know anything about what HMOs are, what they are supposed to do *(2-5)*? They are discussed in *Hearings before the Subcommittee on Health of the Committee on Labor and Public Welfare,* United States Senate, Ninety-Second Congress: First Session on Examination of the Health Care Crisis in America, Feb. 22, 23, 1971, Part I.

Public Law 92-603

The Social Security Bill HR I of the Ninety-Second Congress became Public Law 92-603. This bill implements suggestions in the earlier stated report. It defines the HMO concept more precisely and sets up the Professional Service Review Organizations (PSROs). Very specific controls are spelled out. Some examples of specific rules layed down are

1. A prohibition against paying for institutional services in any hospital where more than $100,000 of capital improvements have been made against the recommendation of local or regional health planning agencies.
2. A guideline for development of a new federal program to establish proficiency tests for paramedical personnel to be used in lieu of current voluntary certification and registration activities.

HR 11444. Under consideration at the present time is a bill, HR 11444, in the House of Representatives introduced by Representative Rarick, which has as its stated purpose the repeal of the PSRO segment of Public Law 92-603 (Social Security Amendment).

Model Legislation for Users of Ionizing Radiation

PL 90-602. In October 1970 the Bureau of Radiological Health issued, *Model Legislation for Users of Ionizing Radiation in the Healing Arts.* This guide was prepared in compliance with Public Law 90-602, passed October 18, 1968 and known as the Radiation Control for Health and Safety Act of 1968. You may obtain a copy of the 1972 revision of this document by writing to U.S. Dept. of Health, Education, and Welfare, Public Health Service, Food and Drug Administration, Bureau of Radiological Health, Rockville, Maryland 20852.

HR 673. A verbatim report of Senate Committee hearings entitled *Hearings Before the Committee on Commerce, United States Senate, Ninety-Third Congress, First Session on Public Law 90-602, March 8th, 9th, and 12th, 1973* (Serial 93-24) is available. It contains an exact copy of The Radiation Health and Safety Act of 1973. This bill introduced to the House as HR 673 by Representative E. Koch of New York and to the Senate by Senator J. Randolph, S-667 and S-426 (page 77, of the Ninety-Second Congress). A copy of these proposed bills may be obtained individually by writing or telephoning your Congressman. Also to be found in this report is the testimony of C. Craig Harris (Society of Nuclear Medicine) pertaining to the proposals (page 467, appendix J). At the time of this writing, the two proposals as well as the overall problem of nuclear medicine technology examination and licensure are now the subject of hearings before Senator Edward Kennedy, Chairman of the Subcommittee on Health of the Committee on Labor and Public Welfare of the United States Senate on Health Manpower Act.

S-667 and HR-673. These proposed bills would set down minimum standards for radiologic technologists which may or may not include nuclear medicine technologists. It is my opinion that universal standards of training and expertise would be of great benefit to nuclear medicine technologists, and I believe that the proposed bills, S-667 and HR 673*, are basically sound and should be supported. It is suggested that copies of letters sent to Senators and Congressmen be sent to the President of the Technologist Section of the Society of Nuclear Medicine and to the President of the Society of Nuclear Medicine.

S-2724. Also recently introduced in the U.S. Senate is S-2724, the Radiation Protection Act of 1973, by Senator Schweiker, and referred to the Joint Committee on Atomic Energy. The purpose of this bill is to establish *one* Federal Radiation Protection Agency, to transfer certain functions of the AEC and other departments to such Agency. This will greatly effect the practice of nuclear medicine and is worthy of your careful consideration.

*HR 673, Ninety-Second Congress, is HR 9126, Ninety-Third Congress.

President Nixon — NHI Proposal

Finally, I am obliged to call your attention to President Nixon's recent National Health Insurance Proposal, the key points of which are

1. A mandatory requirement that all businesses provide workers with comprehensive private health insurance coverage with specified minimum benefits. Employers will pay 75% of the premium cost.
2. A separate government health insurance plan with the basic benefits provided through state contracts with intermediaries to cover the poor, the indigent, and the medically indigent and high-risk people. The federal government would pick up about 75% of the cost. This would largely replace the present Medicaid plan.
3. Medicare retained with benefits changed to conform to the national plan.
4. All insured people to receive a health-card identification as evidence of coverage that must be honored.
5. The tax code changed to require that employer contributions for health insurance be treated as taxable income to the worker and the worker's payments for premiums could not be deducted. Some $4.8 billion of revenue would be recouped thereby, helping to finance the NHI plan.
6. Physician reimbursement on the basis of state-established fee schedules. Physicians could bill additional sums to patients covered by the employer plans.
7. Outpatient as well as inpatient services subject to review by the PSRO program.
8. Substantial cost-sharing provisions for beneficiaries.
9. A federally subsidized catastrophic plan under which no family would have to pay more than $1,500 per year for medical expenses. The Administration's plan is based on the framework of President Nixon's former National Health Insurance program that was abandoned last year. The new version is much broader. It represents a year of staff work at the United States Department of Health, Education, and Welfare. Final details were not hammered out and agreements reached with other federal agencies and the White House until a week before submission. Benefits that must be provided include (A) inpatient hospital services, (B) physicians' services, and (C) preventive services, e.g. maternity care, well-child care up to age six, eye examinations, developmental vision care, ear examinations up to age 13, family planning, and periodic screening (not annual physical exams).
10. Mental illness (including alcoholism and drug abuse): full hospitalization, 30 days; partial hospitalization, 60 days; outpatient visits (to private practitioner), 15 visits; ambulatory services at comprehensive community care centers, no limits.
11. Home health services — 100 visits per calendar year.
12. Posthospital extended care facility services; 100 visits per calendar year.
13. Outpatient prescription and life-saving drugs.
14. Blood and blood products.
15. Routine dental services for persons under age 13.
16. Other medical services, as in Medicare (prosthetic devices, dialysis equipment and supplies, x-rays, laboratory, and ambulance *(7, 8)*.

Conclusion

This article is by no means complete; the purpose is to stimulate *you* to get your opinions heard and become involved. I would, for example, urge that the members review AEC Title 10, Federal Regulations, the role of the FDA and the position of the Technologist Section, and submit their opinions, in the form of a Letter to the Editor for publication in the *Journal.* We are, after all, a professional organization, representing the technologists, as well as a scientific society.

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