
NEWS BRIEFS

Harvard RVS to Go To HHS in July

The National Study of Resource-Based Relative Value Scales (RVS) for Physician Services, developed by researchers at the Harvard School of Public Health in Boston, will be submitted to the United States Health and Human Services (HHS) on July 14, 1988, and then to the Physician Payment Review Commission (PPRC) and the general public 30 days later.

After receiving the Harvard RVS, the PPRC will evaluate the data and consult with the groups affected before recommending a national fee schedule to US Congress in March of 1989. Congressional action—which could range from complete adoption of the recommendation to complete rejection—might not take effect until 1991, however.

The PPRC is planning an intensive evaluation of the Harvard RVS, involving its staff and technical consultants, and including a review of the study methodology and execution. At least two hearings are planned, one for October 1988, and a second one for January 1989. Interested parties will be invited to provide advice and identify the strengths and weaknesses of the study. Medical specialty societies will also be asked to staff panels that will be convened to review the study's results.

A relative value scale is a list of numeric values indicating the relative worth of various services and procedures. In theory, these numbers can be multiplied by some base dollar figure and so provide a fee schedule. The Harvard RVS, being resource-based, is designed to take into account the time, materials and intensity of effort involved in a procedure or service in deriving its numerical value.

The Harvard RVS study is contro-

versial, and questions have been raised about the study's methodological rigor (see *Newsline*, Mar. 1988, pp. 289–290). Its preliminary results said that physicians performing “cognitive services,” such as office visits and primary care, should receive higher fees, while those performing “procedural services,” such as surgery, should receive lower fees. ■

House Votes Increase In DOE Appropriation For Nuclear Medicine

The United States House of Representatives has passed a 10% (\$2.3 million) increase in appropriation for the Department of Energy (DOE)'s research activities in nuclear medicine, despite an overall decrease in allocation to DOE. This would bring the total nuclear medicine appropriation to \$25.2 million.

The bill now goes to the Senate. Supporters of nuclear medicine research are asking the Senate for at least \$10 million in additional allocation.

In the bill passed by the full House in May, the House Appropriations Committee noted that “the nuclear medicine research program has produced remarkable technological breakthroughs with a relatively small budget,” and that in light of its cost-effectiveness and static funding levels for the past five years, nuclear medicine funds should not be reallocated to meet shortfalls in other areas of DOE.

For the first time in some years, the reappropriation measure included no funding earmarked for a specific project supported by a member of Congress. In the past, some such projects have bypassed peer review. ■

Waste Compact For Appalachia Receives Approval

United States legislation approving the Appalachian States Low-Level Radioactive Waste Compact has been signed into law by President Ronald Reagan. The law allows the compact, composed of Pennsylvania, Delaware, Maryland and West Virginia, to manage their low-level radioactive waste on a regional basis.

Under the compact, the four states are required to ensure that there is a regional facility sufficient to dispose of the region's low-level waste, and that each state has equal access to it. Congressional approval is necessary to allow the member states to limit the wastes that can be disposed in the compact's low-level waste site to only those wastes generated in the member states.

During consideration of the bill, the Justice Department told Congress that the provision allowing for enforcement of “applicable state and federal regulations” was unconstitutional, because those with authority to enforce federal law must be appointed by the president or other federal authorities designated by Congress, as provided by the Constitution. The state governors replied that “the compact was never intended to apply to activities over which the federal government has exclusive jurisdiction,” and in the end Justice Department concerns were set aside.

Medical waste from the nation's hospitals and university research facilities composes a relatively small part of the total low-level waste—about 1,300 cubic meters annually, compared with 29,000 cubic meters from utilities and 18,500 cubic meters from industrial sources, according to government statistics from 1986. ■

NEWS BRIEFS

Technologists Support Reauthorization Act

The Society of Nuclear Medicine Technologist Section has supplied an addendum to a statement by the Washington-based American Society of Allied Health Professions (ASAHP) supporting the Health Professions Reauthorization Act, which would modify Title VII of the United States Public Health Service Act.

The statement supports a federal allocation of \$29.5 million for fiscal year 1989, \$38 million for fiscal year 1990, and \$45.5 million for fiscal year 1991 to help address the shortage of allied health professionals. These allocations would be somewhat higher than the funding levels provided in the Reauthorization Act introduced by Senator Edward Kennedy (D-MA) in March.

No federal money was appropriated for allied health in fiscal year 1987, according to the ASAHP statement, although health professions generally were appropriated \$200 million.

The ASAHP statement recommends using the funds for expanded recruitment and career development programs for students and faculty, curriculum development, student financial assistance, and the establishment of a national database to follow the supply and demand of allied health personnel.

The statement also urges educational assistance for those from disadvantaged backgrounds, pointing out that allied health offers "an excellent avenue for social mobility for disadvantaged minorities" because of its highly favorable occupational outlook.

In its addendum, which was one of four supplied by ASAHP member organizations, the Technologist Section recommended that student loans cur-

rently available only to those studying such fields as medicine, dentistry and osteopathy be expanded to include allied health. The addendum also urged that the definition of "School of Allied Health" as specified in the Act should be amended to include those trained in nonuniversity settings, such as hospital-based schools. The current definition prevents these students from having access to financial assistance under Title VII of the Act.

Hearings have been held on the reauthorization issue in the House of Representatives, but no bill has been introduced.

The American Society of Allied Health Professions is a not-for-profit organization representing about 1,000 individual members and 19 association members in allied health.

[For further information, contact Melissa Brown, Director of Government Relations, ACNP/SNM, 1101 Connecticut Avenue NW, Suite 700, Washington, DC 20036, (202)429-5120.] ■

USCEA to Launch SI Education Plan

The United States Council for Energy Awareness (USCEA), a Washington-based electric-industry trade group that promotes peaceful uses of nuclear energy, is planning an educational program to encourage conversion to *Système International d'Unités* (SI) in the United States.

The program is aimed at users of radiochemicals, primarily life science researchers, in academia, government and industry; radiation safety officers; health physicists; receiving departments; freight forwarders; marketing and sales staff; and regulatory agencies and agreement states, including the Nuclear Regulatory

Commission (NRC) and the Environmental Protection Agency.

Mailings of brochures, including conversion charts, rulers with conversion information, exhibitions at scientific meetings, journal advertising and letters to journal editors are among the educational activities under consideration.

According to the USCEA's position paper, a number of countries have adopted SI, but none to date has insisted on only SI. The European Economic Community originally said it would insist on SI units as of January 1, 1990, but later indicated the deadline would be extended.

The system's unit for radioactivity, the Becquerel (Bq), is defined as one nuclear transformation per second, a relatively small unit compared with the Curie. ■

JNM EDITOR SOUGHT

Thomas P. Haynie, MD, Editor of *The Journal of Nuclear Medicine*, has declined the Society of Nuclear Medicine (SNM) Publication Committee's nomination to a second five-year term in the position, which will become vacant September 1989.

Dr. Haynie has just been honored with the first endowed chair in nuclear medicine at the MD Anderson Hospital and Tumor Institute in Houston.

Applications for the position of Editor are being accepted and should be directed to the chair of the Publications Committee, Richard Witcofski, PhD, Department of Radiology, Bowman Gray School of Medicine, Winston-Salem, NC 27103, (919) 748-4257.