

POLICY & PRACTICE

CMS Unveils 2007 Imaging Rates

As part of its physician fee schedule proposal for 2007, the Centers for Medicare and Medicaid Services also has detailed how much it will pay for certain imaging procedures next year. In 2007, the CMS is proposing to pay in full for the first of multiple images on contiguous body parts, but to cut the payment by 25% for subsequent images. The cut is not as large as had been anticipated: Last year, the agency projected second images would be reduced by 50%. The CMS also is proposing to limit the technical component payment

to the outpatient department payment. This is mandated by the Deficit Reduction Act, enacted in February.

Fix SGR, Delay Imaging Cuts

Several members of Congress attempted to head off the CMS' proposals just before the August recess. A bill (H.R. 5866) by Rep. Michael Burgess (R-Tex.) would put an end to physician fee cuts under Medicare by halting application of the sustainable growth rate by Jan. 1, 2007. Each year, the SGR has contributed to a decrease in payments; in 2007, that cut will

be 5.1% (see "Medicare Proposes 5.1% Physician Pay Cut in 2007," p. 6). Rep. Burgess is proposing to tie physician fees to one factor only: the Medicare Economic Index minus 1%. According to Rep. Burgess, this places "more value on actual cost inputs." The bill also would delay by 1 year proposed imaging payment cuts, and require the Institute of Medicine to study whether imaging saves money. The American Medical Association called the Medicare Physician Payment Reform Bill and Quality Improvement Act of 2006 an "important step toward replacing the flawed Medicare physician payment formula." Rep. Burgess' bill is the third in the

House to seek to delay or repeal the imaging fee cuts. Rep. Joseph Pitts (R-Pa.) has called for a 2-year delay in H.R. 5704. A similar bill was recently introduced in the Senate by Gordon Smith (R-Ore.) and Jay Rockefeller (D-W.Va.).

Unique IDs for Medical Devices?

The Food and Drug Administration is seeking comments on how to create unique identifiers for medical devices and whether such a system might reduce errors or help improve adverse event reporting and make withdrawals easier. The agency has held several meetings with interested parties, but still has not proposed any requirements—even though in a final rule in 2004 it said it will require all pharmaceuticals to include identifying bar codes. According to an FDA statement, any input it receives during the 90-day comment period, which ends in early November, will help "determine what next steps the agency should take" on devices. An identifier might include the manufacturer; make and model; size, length, and software version; lot number; and expiration date.

Senate Bill to Boost Drug Safety

After months of public discourse, Sen. Edward Kennedy (D-Mass.) and Sen. Mike Enzi (R-Wyo.) have introduced a bill that aims to increase assurances that drugs are safe before they reach the market, or at least that there is a plan in place to more closely monitor when they need to be withdrawn. The Enhancing Drug Safety and Innovation Act would require pharmaceutical manufacturers to be more proactive. Companies would have to establish risk evaluation and management strategies that would be agreed upon by the manufacturer and the FDA before the product is approved. The companies would have to submit adverse event reports every 15 days, quarterly, and annually. If a company knowingly fails to comply with the agreed-upon strategy, the FDA could impose monetary penalties. The Senators also proposed that manufacturers make clinical trial results public. Fuller disclosure "will help patients and their health care providers make better informed decisions about treatment," Sen. Kennedy said in a statement. Finally, the bill would overhaul the FDA's process for vetting outside advisory panel members, with a goal of minimizing conflicts of interest and then ensuring that they are fully disclosed.

Poll: Live Unhealthy, Pay the Price

More than half of respondents to a Wall Street Journal/Harris Interactive poll say that people who smoke or choose not to wear seat belts should pay a higher health insurance premium than people who don't engage in those behaviors, but most people did not feel the same way about people who were overweight or didn't exercise enough. Only 27% of the poll's 2,200 respondents thought that overweight people should pay more for insurance than slimmer people; the same percentage favored having people who did not exercise regularly pay more. Respondents with some college education were more likely to agree that those with unhealthy lifestyles should pay higher premiums, compared with respondents with a high school education or less. The poll had a 3.3% margin of error.

—Alicia Ault

Improving the Care of Your Female Patient

CLINICAL HIGHLIGHTS:

- ADHD in Women
- Bipolar Illness
- Cancer Screening
- Contraception Update
- Depression & Anxiety
- Hyperactive Bladder/Incontinence
- Hypertension & Stroke
- Infertility Update
- Management of Insomnia
- Smoking Cessation
- STIs and Abnormal Pap
- The Obesity Epidemic
- Treating Chronic Pain
- Type II Diabetes
- Women's Sexuality



PERSPECTIVES IN WOMEN'S HEALTH

November 10 - 12, 2006

The Palace Hotel • San Francisco

Presented by:

Ob.Gyn. News • Family Practice News
Clinical Psychiatry News • Internal Medicine News

This educational conference focuses on the conditions and diseases that may be unique to women, are more prevalent in women, or manifest different in women. A multidisciplinary faculty addresses prevention, symptoms, diagnosis, and treatment strategies with emphasis on the complete and unique needs of the female patient.

Program Chair:

Anita L. Nelson, MD
David Geffen School of Medicine at UCLA/
UCLA Medical Center

Co-Chairs:

Sidney Goldstein, MD
Case Western Reserve University
School of Medicine/Henry Ford
Hospital

Paul S. Jellinger, MD, MACE
University of Miami

Charles E. Miller, MD, FACOG
University of Illinois at Chicago/University of Chicago

E. Albert Reece, MD, PhD, MBA
University of Arkansas College of Medicine



Register Today at:

www.WomensHealthCongress.com

or call 888-799-2995



Perspectives in Women's Health is jointly sponsored by the Elsevier Office of Continuing Medical Education and Elsevier/International Medical News Group.

