POLICY & PRACTICE

EMG Laws Signed in Michigan, NJ

Michigan Gov. Jennifer Granholm (D) recently signed a bill into law that limits the performance of needle electromyography tests only to licensed physicians. A few weeks later, acting Governor. of New Jersey Richard Codey (D) signed into law a similar bill that also stipulates that only a licensed physician, audiologist, or chiropractor may interpret evoked potentials or perform nerve conduction studies. Both pieces of legislation were supported by the American Academy of Neurology and the American Association of Electrodiagnostic Technologists. "This culminates three years of work by the [American Academy of Neurology] to keep nonphysicians from infringing on diagnostic EMG," the American Academy of Neurology said in a statement. "The victories in Michigan and New Jersey may provide a strong legal foundation for the [American Academy of Neurology's] efforts regarding scope of practice issues in other states." But a spokesman for the American Physical Therapy Association, some of the members of which have special certification in electrophysiology and perform EMGs, called the new laws "shameful." "It was very upsetting to see a part of the scope of practice of physical therapists taken away," said Justin Elliott, associate director for state government affairs at American Physical Therapy Association. Mr. Elliott noted that physical therapists can only perform the test with a referral from a physician, and then must send the test results back to the physician for a diagnosis. He also noted that physical therapists were cost-effective providers of EMGs, citing a 2004 study published in the journal Muscle & Nerve showing that physical therapists were reimbursed at an average rate of $85 per test, compared with $358 for physicians.

Journal Widens Free Access

An increasing number of journals are giving the public free access to more of their recent articles. In that vein, the Journal of Neuroscience announced that it will now allow nonsubscribers to view articles for free online 6 months after publication rather than 12 months later, as the previous policy had dictated. This change "is consistent with the trend toward opening access to published scientific research that is supported by Congress and patient advocacy groups, as well as the National Institutes of Health," noted the journal's publisher, the Society for Neuroscience. The journal also is raising its submission fee from $50 to $75 and changing the publication fee from $70 per page to a flat $750 per article and $375 for a brief communication. Fees will be prepaid instead of invoiced upon publication as they are now, the society said, noting that it currently has about $120,000 in unpaid page charges that are more than 30 days overdue.

Ban on False Information

The Health and Human Services Department may not deliberately disseminate false or misleading scientific information under a recent federal law. The provision, part of the fiscal 2006 HHS appropriations law, also prohibits the questioning of scientific advisory panel nominees about their political affiliations, voting history, and positions on topics unrelated to the capacity in which they are to serve. "If your doctor gives you misleading scientific information, it's called malpractice," said Dr. Francesca Grifo, senior scientist and director of the scientific integrity program at the Union of Concerned Scientists. "It should already have been illegal for political appointees in government posts to knowingly provide false information, so this ban at HHS represents a modest but important first step in ensuring scientific integrity in federal policy making and better health care for us all."

Behaviors Leading to Death

By the time they enter adulthood, a large percentage of American youth have already begun the behaviors that lead to preventable causes of death, according to a study from the Carolina Population Center and the University of North Carolina at Chapel Hill. Researchers studied a nationally representative sample of more than 14,000 young adults; they were first interviewed from 1994 to 1995 when they were 12-19 years old. Participants underwent repeat interviews again in 2001 and 2002, at ages 19-26 years. For nearly all groups surveyed, diet, obesity, and access to health care worsened between the time

LETTERS

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the subjects were 12-19 years old and when they had reached 19-26 years of age; tobacco, alcohol, and illicit drug use and the likelihood of acquiring a sexually transmitted disease increased. "Whether or not the trends will continue as they age, we don't know," said Kathleen M. Harris, Ph.D., the study's principal investigator. "But it doesn't bode well for their future health, especially if these habits become established." The study appears in the January issue of the Archives of Pediatric and Adolescent Medicine.

Health Care Spending 2004

Growth in U.S. health care spending slowed for the second straight year in 2004, increasing by only 7.9%, according to the Centers for Medicare and Medicaid Services' annual report on health care spending. This compares with the 8.2% growth rate in 2003 and 9.1% growth rate in 2002. Slower growth in prescription drug spending has contributed to this overall slowdown. In 2004, prescription drugs accounted for only 11% of the growth in national healthcare expenditures, smaller than its share of the increase in recent years. Spending for physician services grew 9% in 2004, nearly the same as the 8.6% increase experienced in 2003.

—Joyce Frieden

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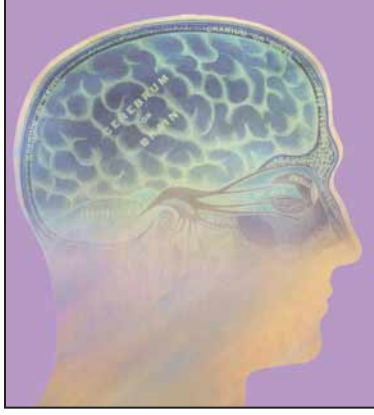

American Headache Society: Winter Headache Symposium

American Heart Association: International Stroke Conference

American Academy of Pain Medicine Annual Meeting

World Parkinson Congress