

113TH CONGRESS
1ST SESSION

H. R. 1146

To amend the Public Health Service Act and title XVIII of the Social Security Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.

IN THE HOUSE OF REPRESENTATIVES

MARCH 13, 2013

Mr. WHITFIELD (for himself, Mr. BARROW of Georgia, and Ms. SCHWARTZ) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act and title XVIII of the Social Security Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Consistency, Accuracy,
3 Responsibility, and Excellence in Medical Imaging and
4 Radiation Therapy Act of 2013”.

5 **SEC. 2. PURPOSE.**

6 The purpose of this Act is to improve the quality and
7 value of health care by increasing the safety and accuracy
8 of medical imaging examinations and radiation therapy
9 procedures, thereby reducing duplication of services and
10 decreasing costs.

11 **SEC. 3. QUALITY OF MEDICAL IMAGING AND RADIATION**
12 **THERAPY.**

13 Part F of title III of the Public Health Service Act
14 (42 U.S.C. 262 et seq.) is amended by adding at the end
15 the following:

16 **“Subpart 4—Medical Imaging and Radiation Therapy**
17 **“SEC. 355. QUALITY OF MEDICAL IMAGING AND RADIATION**
18 **THERAPY.**

19 “(a) **QUALIFIED PERSONNEL.**—

20 “(1) **IN GENERAL.**—Effective 42 months after
21 the date of enactment of this section, personnel who
22 furnish the technical component of either medical
23 imaging examinations or radiation therapy proce-
24 dures for medical purposes (except exempt individ-
25 uals as described in paragraph (4)) shall be fully
26 qualified under this section to furnish such services.

1 “(2) QUALIFICATIONS.—Individuals qualified to
2 furnish the technical component of medical imaging
3 examinations or radiation therapy procedures
4 shall—

5 “(A) possess current certification in the
6 medical imaging or radiation therapy modality
7 or service they furnish from a certification or-
8 ganization designated under subsection (b); or

9 “(B) possess current State licensure or
10 certification, where—

11 “(i) such services and modalities are
12 within the scope of practice as defined by
13 the State for such profession; and

14 “(ii) the requirements for licensure,
15 certification, or registration meet or exceed
16 the standards established by the certifi-
17 cation organization designated under sub-
18 section (b).

19 “(3) STATE LICENSURE, CERTIFICATION, OR
20 REGISTRATION.—

21 “(A) IN GENERAL.—Nothing in this sec-
22 tion shall be construed to diminish the author-
23 ity of a State to define requirements for licen-
24 sure, certification, or registration, the require-

1 ments for practice, or the scope of practice of
2 personnel.

3 “(B) LIMITATION.—The Secretary shall
4 not take any action under this section that
5 would require licensure by a State of personnel
6 who furnish the technical component of medical
7 imaging examinations or radiation therapy pro-
8 cedures.

9 “(4) EXEMPTIONS.—

10 “(A) IN GENERAL.—The qualification
11 standards described in this subsection and the
12 payment provisions in section 1848(b)(4)(E) of
13 the Social Security Act shall not apply to physi-
14 cians (as defined in section 1861(r) of the So-
15 cial Security Act (42 U.S.C. 1395x(r))) or to
16 nurse practitioners and physician assistants
17 (each as defined in section 1861(aa)(5) of the
18 Social Security Act (42 U.S.C. 1395x(aa)(5))).
19 Such practitioners shall not be included under
20 the terms ‘personnel’ or ‘qualified personnel’ for
21 purposes of this section.

22 “(B) INDIVIDUALS CURRENTLY EN-
23 ROLLED.—Individuals currently enrolled in a
24 nuclear medicine, radiation therapy, or medical
25 physicist training or certification program as of

1 the date the Secretary publishes the list of ap-
2 proved certification organizations shall have 6
3 months from the date of completion of the
4 training program to become fully qualified as
5 required under subsection (a).

6 “(b) DESIGNATION OF CERTIFICATION ORGANIZA-
7 TIONS.—

8 “(1) IN GENERAL.—The Secretary shall estab-
9 lish a program for designating medical imaging or
10 radiation therapy certification organizations that the
11 Secretary determines have established appropriate
12 procedures and programs for certifying personnel as
13 qualified to furnish medical imaging or radiation
14 therapy services. In establishing such program, the
15 Secretary shall consult with professional organiza-
16 tions and recognized experts in the technical compo-
17 nent of medical imaging and radiation therapy serv-
18 ices.

19 “(2) FACTORS.—

20 “(A) IN GENERAL.—When designating cer-
21 tification organizations under this subsection,
22 and when reviewing or modifying the list of des-
23 ignated organizations for the purposes of para-
24 graph (4)(B), the Secretary—

25 “(i) shall consider—

1 “(I) whether the certification or-
2 ganization has established a process
3 for the timely integration of new med-
4 ical imaging or radiation therapy serv-
5 ices into the organization’s certifi-
6 cation program;

7 “(II) whether the certification or-
8 ganization has established education
9 and continuing education require-
10 ments for individuals certified by the
11 organization;

12 “(III) whether the certification
13 organization is a nonprofit organiza-
14 tion;

15 “(IV) whether the certification
16 organization requires completion of a
17 certification examination as a pre-
18 requisite for certification; and

19 “(V) whether the certification or-
20 ganization has been accredited by an
21 accrediting body (as defined in sub-
22 paragraph (B)) that is approved by
23 the Secretary; and

24 “(ii) may consider—

1 “(I) whether the certification or-
2 ganization has established reasonable
3 fees to be charged to those applying
4 for certification; and

5 “(II) the ability of the certifi-
6 cation organization to review applica-
7 tions for certification in a timely man-
8 ner.

9 “(B) ACCREDITING BODY.—For purposes
10 of this section, the term ‘accrediting body’
11 means an organization that—

12 “(i) is a nonprofit organization;

13 “(ii) is a national or international or-
14 ganization with accreditation programs for
15 examinations leading to certification by
16 certification organizations; and

17 “(iii) has established standards for
18 recordkeeping and to minimize the possi-
19 bility of conflicts of interest.

20 “(3) EQUIVALENT EDUCATION, TRAINING, AND
21 EXPERIENCE.—

22 “(A) IN GENERAL.—For purposes of this
23 section, the Secretary shall, through regulation,
24 provide a process for individuals whose training
25 or experience are determined to be equal to, or

1 in excess of, those of a graduate of an accred-
2 ited educational program in that specialty to
3 demonstrate their experience meets the edu-
4 cational standards for qualified personnel in
5 their imaging modality or radiation therapy
6 procedures. Such process may include docu-
7 mentation of items such as—

8 “(i) years and type of experience;

9 “(ii) a list of settings where experi-
10 ence was obtained; and

11 “(iii) verification of experience by su-
12 pervising physicians or clinically qualified
13 hospital personnel.

14 “(B) ELIGIBILITY.—The Secretary shall
15 not recognize any individual as having met the
16 educational standards applicable under this
17 paragraph based on experience pursuant to the
18 authority of subparagraph (A) unless such indi-
19 vidual was furnishing the technical component
20 of medical imaging examinations or radiation
21 therapy treatments prior to the date of enact-
22 ment of this section.

23 “(4) PROCESS.—

24 “(A) REGULATIONS.—Not later than 12
25 months after the date of enactment of this sec-

1 tion, the Secretary shall promulgate regulations
2 for designating certification organizations pur-
3 suant to this subsection.

4 “(B) DESIGNATIONS AND LIST.—Not later
5 than 18 months after the date of enactment of
6 this section, the Secretary shall make deter-
7 minations regarding all certification organiza-
8 tions that have applied for designation pursuant
9 to the regulations promulgated under subpara-
10 graph (A), and shall publish a list of all certifi-
11 cation organizations that have received a des-
12 ignation.

13 “(C) PERIODIC REVIEW AND REVISION.—
14 The Secretary shall periodically review the list
15 under subparagraph (B), taking into account
16 the factors established under paragraph (2).
17 After such review, the Secretary may, by regu-
18 lation, modify the list of certification organiza-
19 tions that have received such designation.

20 “(D) WITHDRAWAL OF APPROVAL.—The
21 Secretary may withdraw the approval of a cer-
22 tification organization listed under subpara-
23 graph (B) if the Secretary determines that the
24 body no longer meets the requirements of this
25 subsection.

1 “(E) CERTIFICATIONS PRIOR TO REMOVAL
2 FROM LIST.—If the Secretary removes a certifi-
3 cation organization from the list of certification
4 organizations designated under subparagraph
5 (B), any individual who was certified by the
6 certification organization during or before the
7 period beginning on the date on which the cer-
8 tification organization was designated as a cer-
9 tification organization under such subpara-
10 graph, and ending 12 months from the date on
11 which the certification organization is removed
12 from such list, shall be considered to have been
13 certified by a certification organization des-
14 igned by the Secretary under such subpara-
15 graph for the remaining period that such cer-
16 tification is in effect.

17 “(c) ALTERNATIVE STANDARDS FOR RURAL AND
18 UNDERSERVED AREAS.—The chief executive officer of a
19 State may submit to the Secretary a statement declaring
20 that the requirements described in subsection (a) are inap-
21 propriate for application for medical imaging examinations
22 or radiation therapy procedures that are furnished in a
23 geographic area that is determined to be a ‘rural area’
24 (as such term is defined for purposes of section
25 1886(d)(2)(D) of the Social Security Act) or that is des-

1 ignated as a health professional shortage area (as defined
2 in section 332 of this Act). Upon receipt of such state-
3 ment, if the Secretary deems it appropriate, the Secretary
4 may waive the standards described in subsection (a) or
5 develop alternative standards for such rural areas or
6 health professional shortage areas.

7 “(d) RULE OF CONSTRUCTION.—Notwithstanding
8 any other provision of this section, individuals who provide
9 medical imaging examinations relating to mammograms
10 shall continue to meet the regulations applicable under the
11 Mammography Quality Standards Act of 1992.

12 “(e) DEFINITION.—As used in this section:

13 “(1) MEDICAL IMAGING.—The term ‘medical
14 imaging’ means any examination or procedure used
15 to visualize tissues, organs, or physiologic processes
16 in humans for the purpose of detecting, diagnosing,
17 treating, or impacting the progression of disease or
18 illness. For purposes of this section, such term does
19 not include routine dental or ophthalmologic diag-
20 nostic procedures or ultrasound guidance of vascular
21 access procedures.

22 “(2) RADIATION THERAPY.—The term ‘radi-
23 ation therapy’ means any procedure or article in-
24 tended for use in the cure, mitigation, treatment, or
25 prevention of disease in humans that achieves its in-

1 tended purpose through the emission of ionizing or
2 non-ionizing radiation.”.

3 **SEC. 4. STANDARDS FOR MEDICAL IMAGING AND RADI-**
4 **ATION THERAPY.**

5 Section 1848(b)(4) of the Social Security Act (42
6 U.S.C. 1395w-4(b)(4)) is amended by adding at the end
7 the following new subparagraph:

8 “(E) STANDARDS FOR MEDICAL IMAGING
9 AND RADIATION THERAPY.—With respect to ex-
10 penses incurred in the furnishing of the tech-
11 nical component of medical imaging examina-
12 tions or radiation therapy procedures for med-
13 ical purposes (as defined in subsection (e) of
14 section 355 of the Public Health Service Act)
15 on or after 42 months after date of enactment
16 of the Consistency, Accuracy, Responsibility,
17 and Excellence in Medical Imaging and Radi-
18 ation Therapy Act of 2013, payment shall be
19 made under this section only if the examination
20 or procedure is furnished by an individual who
21 meets the standards established by the Sec-
22 retary under such section 355 (other than an
23 individual described in subsection (a)(4)(B)(i)
24 of such section).”.

1 **SEC. 5. REPORT ON THE EFFECTS OF THIS ACT.**

2 (a) IN GENERAL.—Not later than 5 years after the
3 date of enactment of this Act, the Secretary of Health and
4 Human Services, shall submit to the Committee on
5 Health, Education, Labor, and Pensions of the Senate, the
6 Committee on Finance of the Senate, and the Committee
7 on Energy and Commerce of the House of Representa-
8 tives, a report on the effects of this Act.

9 (b) REQUIREMENTS.—The report under subsection
10 (a) shall include the types and numbers of individuals
11 qualified to furnish the technical component of medical im-
12 aging or radiation therapy services for whom standards
13 have been developed, the impact of such standards on di-
14 agnostic accuracy and patient safety, and the availability
15 and cost of services. Entities reimbursed for technical
16 services through programs operating under the authority
17 of the Secretary of Health and Human Services shall be
18 required to contribute data to such report.

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