



Radiation Therapy

**New York State Department of Health
Public Health & Health Planning
Committee Meeting
July 17, 2013
Rochester, NY**

What is included in RT?

- * External beam radiation-LINACS
- * Internal beam radiation or brachytherapy
- * Systemic RT
- * Advanced RT systems-IGRT and IMRT
- * Approximately 50% of cancer patients receive RT

Potential Issues

- * Costly service-Most of recent increase in cost attributed to IMRT
- * Access-Integrated Community Based Cancer Care
- * Utilization-IMRT vs. conformal therapy
- * Quality and Safety-not just equipment, dosage-QAPI

Federal and NYS Oversight

- * Atomic Energy Act of 1954-NRC regulates radioactive materials
- * RT exempt from MIPPA Act of 2008
- * DOH-BERP-Part 16
 - * “agreement state” for NRC compliance
 - * “licensed” or “registered” if they meet Part 16
 - * Amendments to Part 16 in May 2013 enhance QI and require accreditation by ACR, ACRO, or equivalent organization within 18 months

Other States

- * All providers that use radioactive materials must comply with NRC requirements
- * Most large states have RT requirements similar to Part 16
- * LINACs generally fall under some state oversight
- * NJ: No CON since 2004 **BUT** requires “licensure” which includes character and competence and physical plant standards

Other States

- * CT: Non-hospital based LINACS require a CON, including MD offices, but MD offices are not required to be licensed. CON is a need/financial review, architecture review is part of licensure
- * MA: Up until 2009 MD operators could apply for exemptions. Existing practices grandfathered
- * 19 other states are identified as having CON for RT by the NCSL

Potential Options

Option	Issues to be Addressed	Additional Requirements
CON with “Licensure”	<ul style="list-style-type: none">* Subjects all RT to the same CON standard* Assists with oversupply and utilization issues* Quality/Safety oversight is enhanced	<ul style="list-style-type: none">* Require providers to serve a percentage Medicaid / Uninsured patients as an Establishment condition* Grandfathering for existing providers

Potential Options

Option	Issue to be Addressed
“Licensure” alone	<ul style="list-style-type: none">* Subjects all RT to the same operational standards* Avoids some of the limits and challenges with CON yet provides authority for oversight of care* Does not address oversupply and utilization concerns

Potential Options

Option	Issues to be Addressed	Additional Requirements
Registration	* Provides some information to identify gaps in coverage and trends in quality and safety	* Data collection on location, practice size, payers and quality measures

Potential Options

Option	Risk to be Addressed
Strengthen self referral restrictions	Overutilization and lack of transparency

Discussion