Matching Regulation to Practice

By Lynne Roy, MBA, CNMT, FSNMTS, and Robert Achermann, JD

With the increasing prevalence of imaging equipment that combines both PET and SPECT with CT imaging, some users may encounter state licensing and regulatory issues that cause practical staffing challenges. Hybrid PET/CT units have created roadblocks associated with the type of technologists who can operate this equipment. Depending on the status of the state's structure for regulating radiologic and nuclear medicine technologists, the solution sought in California may be appropriate for others.

Background

In California, radiologic and nuclear medicine technologists are licensed in their respective fields to operate diagnostic imaging equipment under the appropriate supervision of a physician or other healthcare practitioner. The Bureau of Radiologic Health (BRH) has jurisdiction over the technologists and equipment operated in nuclear medicine and radiology; thus, it has control over the hybrid units.

In 2000, the BRH issued an advisory recognizing emerging technology that combined both nuclear medicine and radiologic technology. It realized that in some instances, this technology could be operated either separately or in the dual mode. The state determined that, when operated as a stand-alone device, only technologists who were licensed to operate the specific technology could...
operate the equipment; i.e., only a licensed nuclear medicine technologist (NMT) could operate the PET scanner and only a licensed radiologic technologist (RT) could operate the CT scanner. However, in the dual mode, for attenuation correction and anatomic localization only, the procedure constituted a nuclear medicine procedure.

As the technology improved, these scanners became capable of providing CT scans of diagnostic quality. Referring physicians expected their patients to be given diagnostic CT and PET scans during a single visit on the same piece of equipment. The 2000 advisory did not allow nuclear medicine technologists to perform the diagnostic CT scan. The only individuals who could perform a PET scan, a PET/CT scan, and a CT scan on a hybrid PET/CT scanner would have to be licensed as both an RT and an NMT. An obvious alternative would be to have both types of technologists present to perform their respective portions of the exam; however, that would be costly and an inefficient use of resources and personnel. A legislative change was necessary to eliminate the dual licensure requirement for this hybrid technology.

With the exception of physicians who have a plenary license to practice medicine, almost all other types of health care personnel from NMTs to podiatrists have a specific description (scope of practice) of their training, roles, duties, and, sometimes, requirements for supervision. This is the legal framework in California, but some states don’t license NMTs and simply require that the physicians who utilize the equipment be responsible for their personnel and competency. If there are scopes of practice in your state, you may witness some very nasty legislative battles over who can do what when making changes to existing law.

The relationship between imaging physicians and imaging technologists in California has always been a very supportive one. For example, when the radiology community wanted to change the law related to RTs injecting contrast material and the level of radiologist supervision, we met with and obtained the support of the radiologists. Similarly, when it was decided to pursue legislation in California to permit qualified RTs and nuclear medicine technologists to be cross-trained to operate hybrid PET/CT units, we sought out all the impacted parties to achieve consensus.

That consensus within the medical community was already created in 2002 with the publication of a position document, Fusion Imaging: A New Type of Technologist for a New Type of Technology. The position paper was the result of a conference that included representatives from the American College of Radiology, SNM, the American Society of Radiologic Technologists, SNMTS, the American Registry of Radiologic Technologists (ARRT), and the Nuclear Medicine Technology Certification Board (NMTCB). The consensus document stated that radiographers, nuclear medicine technologists, and radiation therapy technologists are qualified to operate PET/CT scanners, provided they meet specific training and experience criteria. That document urged both ARRT and NMTCB to develop qualification guidelines to allow radiographers and radiation therapists to sit for the PET exam and nuclear medicine technologists to sit for the CT exam. Both certification boards have met that goal, and by 2005 both offered the respective technologists the opportunity to sit for a specific exam for certification. It was decided that we would follow a similar path of altering state law to allow NMTs or RTs to operate hybrid units either as stand-alone modalities or in the dual mode, if they obtained the respective cross-training and credentials.

Steps Taken

The Society of Nuclear Medicine’s Pacific Southwest Technologist Chapter (PSWTC) notified the BRH that PET/CT scanners were much more sophisticated than they were in 2000 and that many were used as diagnostic CT scanners as well. They requested that the BRH issue another advisory that would allow appropriately trained and credentialed technologists, as described in the position document, to be recognized by the state as qualified to operate the hybrid scanners. The BRH counsel indicated that this would not be possible under the current statutes and that this type of change would only be possible through new legislation.

The PSWTC contacted the California Society of Radiologic Technologists to inform them of the current regulatory climate and to ask them to cosponsor a bill. The chapter also contacted the physician organizations concerned (the California Radiologic Society and the PSW and Northern California chapters of SNM) and obtained their enthusiastic support. Financial assistance was received from the above-mentioned groups as well as imaging vendors.

In a state like California, with a full-time legislature and a fairly complex process for enact-
SNM Annual Meeting Educational Activities

The Washington, DC, location of the 2007 SNM Annual Meeting (June 2–6) provides an excellent opportunity for the molecular imaging and therapy community to get together with policymakers and regulators to discuss issues of shared concern.

Continuing education sessions provided by the Food and Drug Administration (FDA) and Centers for Medicare & Medicaid Services (CMS) have been among the most highly successful educational offerings of past SNM Annual Meetings. SNM hopes to expand upon this success in 2007 with an increase in the number of FDA and CMS/reimbursement offerings, an additional session on radiation safety regulation moderated by the Nuclear Regulatory Commission, and specialty workshops from the National Institute of Biomedical Imaging and Bioengineering and the National Cancer Institute. Last, but certainly not least, SNM will offer an educational session on health policy and communication with legislators, featuring meetings on Capitol Hill.

To learn more about government-related education offerings at the 2007 SNM Annual Meeting, please download the March 2007 issue of the SNM-ACNP Health Policy & Regulatory Affairs Newsletter at: http://interactive.snm.org/index.cfm?PageID=6068.

Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy

On March 29, Senators Michael B. Enzi (R-WY) and Edward M. Kennedy (D-MA) introduced the Senate CARE bill (S 1042), which was referred to the Senate Committee on Health, Education, Labor, and Pensions. The House version of the CARE bill (HR 583) was introduced in January by Representative Michael Doyle (D-PA). Both bills are essentially identical to the previous “RadCARE” legislation that unanimously passed the Senate in the waning days of the 109th Congress, but ran out of time in the House.

If passed, the CARE legislation would require those who perform medical imaging and radiation therapy procedures to meet minimum federal education and credentialing standards in order to participate in federal health programs administered by the Department of Health and Human Services, including Medicare and Medicaid. Under current law, basic training standards are voluntary in some states, allowing individuals to perform medical imaging and radiation therapy procedures without any formal education. Poor-quality images can lead to misdiagnosis, additional testing, delays in treatment, and anxiety for patients, costing the U.S. health care system millions of dollars each year.

The ACNP-SNM Legislative Action Center provides easy-to-use communication tools for contacting your legislators to support the Senate and House CARE bills. Please visit the CARE bill Action Alert page at www.snm.org/care to find out how to take advantage of these tools.

OSHA

On March 16, the Occupational Safety and Health Administration (OSHA) hosted the first of four stakeholder meetings on “Occupational Exposure to Ionizing Radiation.” The first meeting was dedicated to issues specifically pertaining to health care professionals. Future meetings will be dedicated to various nonmedical professionals.

SNM was represented at the meeting by Robert W. Atcher, PhD, SNM vice president-elect. Over 20 various professional and trade organizations were also represented, including the American College of Radiology, American Association of Physicists in Medicine, and Council on Radionuclides and Radiopharmaceuticals.

The primary objective of the meeting was to generate discussion and ideas from stakeholders. At this exploratory stage, OSHA staff did not disclose or verify any specific plans to modify their existing ionizing radiation regulations (29 CFR 1910.1096).
**NCOR Encourages Student Participation**

By Christina Cook, BS, RT(R,M)
Student Representative, National Council of Representatives

As an SNM member and the National Council of Representatives (NCOR) Student Specialty Representative, the two questions that I am asked most frequently by my classmates and other students are, “Why should I join SNM?” and “What benefits do students gain from membership in SNM?” Since attending the Mid-Winter Meeting in San Antonio, TX, I feel that I can answer these questions better.

SNM offers some great benefits, especially for student members. First, students can join SNM free for one year. Members can buy discounted books, apply for scholarships, and access the job bank and member directory. Students can also see what technology is on the horizon by reading the monthly journals or by attending a local, state, or national meeting at a discounted rate. Current issues and hot topics that could change the future of nuclear medicine are discussed at these meetings as well. By attending meetings, a student can voice his/her opinion and provide new insight into matters that will be affecting our future. Issues such as job availability for new graduates, bachelor’s degree requirements for entry-level technologists, educational program flexibility for adult learners, core curriculum changes, integration of other modalities into courses, and the role of the advanced practice technologist are currently being discussed. Accreditation of educational programs, changes to the ARRT and NMTCB primary and specialty exams, and future continuing education topics were recently presented at the technologists’ committee meetings. All these topics will greatly impact students and need to be discussed further. Students need to have a voice on these topics, and for that to happen, more students need to get involved.

Being an active member of SNM has given me a great appreciation for the kinds of benefits that go beyond educational programs and committee meetings.

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**Call for NMTCB Directors**

The Nuclear Medicine Certification Board (NMTCB) is seeking applicants to serve on its Board of Directors. This is an excellent opportunity to become involved in one of the more challenging and important areas of your profession—establishing standards of professional competency. Interested certified nuclear medicine technologists (CNMTs) may download an application form at www.nmtcb.org under the “Resources” tab. Direct any questions to Katie Neal, associate executive director, at 800-659-3953 or board@nmtcb.org.

Completed applications received by August 31 will be reviewed at the fall NMTCB board meeting. The four-year term for the newly elected director begins on January 1, 2008.
The Impact of CARE Legislation on the Practice of Nuclear Medicine Technology

By Lyn M. Mehlberg, BS, CNMT, FSNMTS
Chair, Advocacy Committee

Ever wonder how passage of the CARE bills will impact you? By now, most of you are aware that the medical imaging community has spent the past nine years lobbying members of Congress to pass the CARE legislation and establish minimum education and credentialing standards for those who perform the technical components of medical imaging and radiation therapy. But do you understand why this legislation is so important? Do you know how it will impact you?

Now that these CARE bills have been introduced in both the Senate and the House of Representatives and have gained strong support over the years, a significant push will likely move them out of committee and onto the floors of their respective chambers for a vote in the near future. Therefore, technologists are beginning to question how these standards will impact them personally.

First of all, the legislation mandates that states wishing to receive funding through Department of Health & Human Services (HHS) programs, such as Medicare and Medicaid, adopt education and credentialing standards promulgated by HHS. We anticipate that HHS will adopt the standards drafted by the Alliance of Quality Medical Imaging and Radiation Therapy, a coalition of 20 professional organizations representing over 350,000 imaging professionals. These bills will add teeth to a similar law adopted in 1981 that did not include an enforcement mechanism. Any facilities seeking reimbursement through Medicare/Medicaid will need to employ only those personnel who have met these standards.

If you already hold and maintain your ARRT and/or NMTCB certification, then you may not be required to do anything, unless your state establishes a licensure or monitoring program. If you are practicing nuclear medicine technology and do not hold current certification, then you will be required to obtain certification as a nuclear medicine technologist. Time to accomplish this will be established by regulations adopted by the Secretary of Health and Human Services upon enactment of the law.

The most important benefit is that each state will be encouraged (through Medicare and Medicaid funding requirements) to establish minimum standards for technologists, especially in those states that do not currently recognize nuclear medicine technologists. This will ensure that only qualified people are performing medical imaging and therapeutic procedures and will also keep uncertified technologists from practicing medical imaging, thus enhancing the job security and marketability of those professionals who are already credentialed.

Once passed, this law will also shelter practicing and future technologists from a certain level of medical liability risk. Currently, only 25 states recognize nuclear medicine technologists through licensure or regulation. This means that in 25 states, NMTs are not recognized at all. The CARE bills will encourage states to establish minimum standards through statutes or regulations and, as another benefit, will establish a place to add regulations on emerging technologies, such as SPECT/CT and PET/CT.

Over the past 10 years, technologists have been named in numerous medical liability cases. These legal cases often last three to five years, from the time of the incident to conclusion, and can cost the technologist dearly in terms of emotional, financial, and security burdens. The CARE bills, by setting minimum standards, will help ease this liability risk. Be aware that technologists who currently perform tasks outside of the defined scope of practice and are not covered under hospital or department policy for that task are putting themselves and the hospital/clinic at great liability risk, especially in nonlicensure states.

Help Move the CARE Bill Out of Committee

Excitement and support are mounting on Capitol Hill for the CARE bills. Following the recent American Society of Radiologic Technologists (ASRT) annual “RT in DC” event, March 18–20, a number of new cosponsors have added their names to the House version of the CARE bill (HR 583). The medical imaging community needs to gain even more support for this bill by soliciting more cosponsors in order to move the

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Basic Science Online Courses

The Basic Science of Nuclear Medicine CD has been reformatted and is now available online. This online series contains 20 of the original 22 presentations and has been approved for VOICE credit. It provides valuable information to technologists and technologist students on the basic science of nuclear medicine as required by the Nuclear Regulatory Commission (NRC).

For more information visit www.snm.org/OnlinCourses.

You can purchase individual sessions on topics that interest you or buy the entire series at a significant discount. Individual sessions are priced at $25 for current SNMTS members and $40 for non-members. The entire course is available to SNMTS members for $175 and non-members for $200.

Brought to you by snm advancing molecular imaging & therapy
CE Attendance Verification Is Here to Stay

By Kathy Thomas, MHA, CNMT
Chair, Continuing Education Committee

The attendance verification process that has been implemented in a variety of ways across the country by chapters and local organizations that sponsor educational programs is clearly causing a great deal of dissatisfaction among participants and program sponsors. The double standard for attendance verification for technologists versus physicians attending the same program cannot be justified in the minds of most; however, if technologists want to obtain educational credits necessary for recertification, they must accept that the double standard is here to stay.

This article introduces technologists to the published ARRT guidelines that define the attendance verification requirements for educational sponsors who award educational credits to participants.

The question that every sponsor must be able to successfully answer, if audited, is: “What documentation do you have verifying that each technologist attended at least 80% of each lecture for which they are claiming credit?”

There are a variety of ways to meet the guidelines below, and, like it or not, they must be met. Perhaps you can help your educational sponsors create a less disruptive mechanism for attendance verification that meets these guidelines. It’s all about credibility. How can you help?

ARRT Guidelines: Procedures Used for Attendance Verification

For ARRT, attendance verification is a critical part of the CE activity. It is the sponsor’s responsibility to ensure that the certificates of attendance are an accurate accounting of the time spent in CE participation. While the following examples are not all-inclusive, they may be used as guidelines. ARRT strongly recommends a check-in as well as a check-out procedure. The check-in process verifies that an individual is at the facility at the beginning of the presentation. This process would prohibit an individual who arrives late from receiving credit for the activity. This process can also be used to reduce disruption during the presentation when individuals arrive late.

The check-out procedure verifies that the participant completed the activity. This will reduce the number of individuals who may cause a disruption by leaving before the activity is completed.

Here are some examples:

1. Preprinted Admission Ticket: Have participants indicate, during registration, which activities they wish to attend. A pre-printed ticket (name, ID#, title of presentation, and maybe a barcode) would be provided in the registration packet. Individuals must show their cards in order to get into the class. Individuals who arrive for the start of the presentation would keep their tickets. The lecture monitors would collect and set aside the cards of the individuals who arrive late. If individuals leave during the presentation, they would need to turn in their cards to be re-admitted. These cards would also be set aside. At the end of the activity, have participants turn their cards over to the lecture monitors. Credit responding standards, and how to effectively communicate with their legislators at “RT in DC.” Following the educational sessions, participants went on over 250 legislative appointments to share with their Senators and Representatives how the CARE legislation will improve the quality of care, reduce costs, and increase safety within medical imaging and radiation therapy. Cindi Luckett-Gilbert, BHS, CNMT, PET, RT(N), Mary Beth Farrell, CNMT, MS, RDCTS, CPC, and Lyn Mehlerberg, BS, CNMT, FSNMTS, represented SNMTS at this event.

Now is the time for you to show you CARE about patient safety, quality care, and health care costs. Please visit www.snm.org/care and use the supplied communication tools to quickly and easily contact your legislators to ask them to support the CARE legislation. If your Representative or Senator is already a cosponsor, please let them know that you appreciate their support. Thank you for taking the time to advocate for quality in medical imaging and radiation therapy on behalf of the nuclear medicine community.
is awarded to the participants who arrive on time, who do not leave during the activity, and who submit their cards at the end of the activity. The cards that have been set aside during the presentation (arrived late or left during the activity) should be discarded.

2. **Blank Admission Ticket**: Print the title of the activity on the blank (no name or ID#) ticket. These tickets can be included in the registration packet or can be distributed to the participants when they arrive (only if on time). Use the same procedures as for the pre-printed ticket, except that participants have to write their own identification (name and ID#) on the tickets. Some use a fill-in-the-bubble format to capture the ID# so the ticket can be scanned.

3. **Scanned Ticket**: Some sponsors use an admissions scanner to verify participation. When individuals arrive, they scan their registration cards. Every time individuals leave or re-enter the room, they must rescan their cards. At the end of the session, they scan their cards as they leave the classroom. Using the computer, the scanned data will be sorted so that only individuals who attended the whole activity will receive credit.

4. **Admission Ticket and Presentation Evaluation With Individual “bubbles” in ID # and Course Number**: The ticket is left with the course monitor for admission. Tickets received late are discarded. When the ticket is received, a course evaluation form is distributed. The course evaluation form is submitted at the end of the activity. If individuals leave during the activity, they are required to submit the evaluation forms, which are set aside. The ID#s are not added into the database. CE credit is awarded only to individuals who submitted an admissions ticket on time and who submitted a course evaluation form at the end of the activity.

5. **Double Sponsor Stamp (or Sticker)**: (Note: This procedure works best with smaller groups.) In the registration packet, individuals are provided with attendance verification sheets that list all of the available courses. Participants must get the form stamped (or have a sticker applied) at the beginning of the activity. At the end of the activity, participants receive another stamp or sticker when leaving. Individuals arriving late or leaving early would not be able to get the double stamp. Lecture monitors should watch for individuals who leave and return during the activity. At the end of the conference, participants are required to turn in copies of the attendance verification sheet so that the sponsor can verify participation. Credit should be awarded to the individuals who have the double stamp and who did not leave and re-enter the classroom during the presentation.

Questions should be directed to the ARRT Department of Continuing Education at 651-687-0043, ext. 540.

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**Regulation continued from page 2**

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**Summary and Next Steps**

If legislative change is needed, five elements must be present for an uneventful and successful process:

1. A good relationship with the agency that regulates radiation in the state;
2. Support of both the radiology and nuclear medicine communities;
3. Radiologic and nuclear medicine technologist cosponsorship;
4. Financial assistance; and
5. An experienced lobbyist familiar with the state's legislative process as it relates to medical imaging.

Although the bill is signed into law and the BRH recognizes the CT and PET credentials, the respective technologist societies must educate their constituents. Technologists must become competent and knowledgeable in hybrid imaging to pass the certification exams and provide excellent patient care.

Lynne Roy is director of imaging at Cedars Sinai Medical Center, Los Angeles, CA. Robert A. Chernam, of AMCIA (Advocacy and Management Group, Inc., Sacramento, CA), represents the California Radiology Society.
Uptake publishes meetings of SNM chapters and other nonprofit organizations sponsoring events of interest to SNMTS members free of charge. Interested parties are encouraged to report their meeting plans, including a description of the topics covered and CE credit available, at www.snm.org/CalendarSubmit. A more extensive calendar may be found online at www.snm.org.

Calendar of Events

Events of Interest to the Nuclear Medicine Community

2007

June 2–6: 54th SNM Annual Meeting, Washington, DC **Host:** SNM (www.snm.org/am) **Contact:** SNM Meetings, meetinginfo@snm.org, 703-708-9000, x1229, fax: 703-709-9274

July 21–22: Viva Las Vegas—2007, Aladdin Hotel/Planet Hollywood, Las Vegas, NV **Host:** Pacific Southwest Technologist Chapter (www.nucgang.org) **CE Credit:** 12 hrs VOICE (anticipated) **Contact:** Susan Gavel, 818-676-4107, susan.gavel@hcahealthcare.com

September 7–8: Clinical Pre-Conference Symposium: Imaging in Molecular Medicine 2007, Rhode Island Convention Center, Providence **Hosts:** AMI, RSNA, SNM and SMI **CE Credit:** 12 AMA PRA Contact:** Amy Ngwaba, 310-267-2614, ami@mednet.ucla.edu, fax: 310-267-2617

September 7–8: Translational Research in Radiation Oncology and Radiology, Westin St. Francis, San Francisco, CA **Host:** ASTRO **Contact:** Education Department, 703-502-1550, educationdepartment@astro.org

October 11–14: 32nd Annual Western Regional Meeting, Embassy Suites South (Disneyland), Anaheim, CA **Host:** Western Regional Chapters **CE Credit:** CME, VOICE, SCOPE **Contact:** Sue Hogeboom, wrsmn@cs.com, 425-893-8410, fax: 425-882-7902

October 13–14: 2007 Central Chapter Fall Meeting, The Columbus-Renaissance Hotel, Columbus, OH **Host:** Central Chapter (www.ccsnm.org) **CE Credit:** 11 hrs VOICE (anticipated) **Contact:** Merle Hedland, mhedland@bacon-hedland.com, 630-323-6880, fax: 630-323-6989

2008

April 4–6: 2008 Central Chapter Spring Meeting, Intercontinental Hotel Milwaukee (WI) **Host:** Central Chapter (www.ccsnm.org) **CE Credit:** 17 hrs VOICE (anticipated) **Contact:** Merle Hedland, mhedland@bacon-hedland.com, 630-323-6880, fax: 630-323-6989