

Should we care about the CARE bill?

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November 03, 2007**

Objectives for the talk

- Explain what CARE bill means
- Review the History
- Impact
- Status
- Plan of Action

CARE

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

Purpose

- The bill is designed to set minimum educational and credentialing standards for medical physicists, medical imaging technologists and radiation therapists
- The standards must be met to receive reimbursement for medical imaging examinations or radiation therapy treatments performed on patients covered by Medicare, medicaid or any program under the jurisdiction of the US department of Health and human Services

What will the CARE bill do?

The CARE bill will amend and enforce the Consumer-Patient Radiation Health & Safety Act of 1981 (42 USC 10001, et seq.), and charge the Secretary of the Department of Health & Human Services (HHS) to promulgate updated regulations specifying the education and credentialing requirements for persons who perform medical imaging examinations and who plan and deliver radiation therapy treatments.

Well trained and knowledgeable professionals

- Increase safety
- Increase quality
 - Lower cost

Little bit of History

Consumer Assurance of Radiologic Excellence

- In 1997 ASRT launched an aggressive campaign to protect patients from overexposure to radiation during radiologic procedures and help reduce the cost of administering health care.
- Since the 1999 Congressional session, ASRT has introduced House and Senate bills that pursue basic educational and certification standards for health care workers who administer radiologic procedures in every state in the union.
- The bill
- known as the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy (CARE) bill
- would ensure that patients undergoing all types of radiologic procedures have the same assurance of quality as those receiving mammograms under the provisions of the Mammography Quality Standards Act.

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- The American Society of Radiologic Technologists, an association that represents more than 118,000 radiologic science professionals nationwide, believes that all Americans should have access to the highest quality radiologic care, provided by qualified radiologic personnel.
- One way to achieve that goal is to add an enforcement mechanism to the Consumer-Patient Radiation Health and Safety Act that encourages all states to follow its provisions.
- Currently, states that do not comply with the Act face no repercussions. An enforcement provision would require the states to comply with the Act or risk losing Medicaid reimbursements for radiologic services.

When did ASRT and the Alliance start working on the CARE bill? How long has this been going on?

- ASRT and the Alliance have been working on the CARE bill since 1998.
- The first CARE Bill was introduced in 2000 in the last days of the 106th Congress by Rep. Rick Lazio (R-NY) as H.R. 5624. It was reintroduced in the 107th Congress in 2001 by Rep. Heather Wilson (R-NM) as H.R. 1011, and introduced again in the 108th Congress in 2003 by Rep. Wilson as H.R. 1214.
- The Senate CARE bill (called the RadCARE bill) was introduced in 2003 by Senator Mike Enzi (R-WY) as S. 1197.
- The CARE and RadCARE bills were reintroduced in the 109th Congress as H.R. 1426 by Rep. Chip Pickering (R-MS) and S. 2322 by Senator Mike Enzi (R-WY).
- The CARE bill will be reintroduced in the 110th Congress when it convenes in 2007.

What is the Alliance for Quality Imaging & Radiation Therapy?

- **The Alliance is a coalition of 18 organizations supporting the need for federal educational and credentialing standards for medical imaging and radiation therapy professionals.**
- **Founding members of the Alliance are the American Society of Radiologic Technologists (ASRT) and Society of Nuclear Medicine-Technologist Section (SNMTS).**

Other members of the Alliance

- American Association of Medical Assistants (AAMA),
- American Association of Medical Dosimetrists (AAMD),
- American Association of Physicists in Medicine (AAPM),
- American College of Medical Physics (ACMP),
- American Registry of Radiologic Technologists (ARRT),
- Association of Educators in the Imaging and Radiologic Sciences (AEIRS),
- Association of Vascular and Interventional Radiographers (AVIR),
- Cardiovascular Credentialing International (CCI),
- Joint Review Committee on Education in Cardiovascular Technology (JRCCVT),
- Joint Review Committee on Education in Radiologic Technology (JRCERT),
- Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT),
- Nuclear Medicine Technology Certification Board (NMTCB),
- Section for Magnetic Resonance Technologists (SMRT),
- Society of Diagnostic Medical Sonographers (SDMS),
- Society for Radiation Oncology Administrators (SROA) and the
- Society of Invasive Cardiac Professionals (SICP).

- The AAPM and other members of the Alliance for Quality medical imaging and Radiation Therapy are leading supporters of the RadCARE bill.

Other organizations supporting the Alliance and attending Alliance meetings are the

- **Conference of Radiation Control Program Directors (CRCPD),**
- **American College of Radiology (ACR)**
- **American Society for Therapeutic Radiation Oncology (ASTRO).**

Status of the Bill

- 109th Congress
- Bill passed in senate
- Did not come up for vote in the house
- Will be reintroduced in 110th Congress

UPDATE

08/02/07 from ASRT

- ASRT expects the
 - Senate Health, Education, Labor and Pensions Committee
 - and the
 - House Energy and Commerce Committee
 - to pass the CARE bill
 - and
- move it to the Senate and House floors before Thanksgiving.

AAPM suggestions in the 49th Board Meeting Minutes

- The CARE bill is anticipated to pass Congress this session and the development of a grass roots campaign is under consideration.
- We need to be prepared and eager to help each State comply with the resulting federal regulations.
- If you have not contacted your representatives and senators about co-signing the CARE bills, please use their August recess to personally talk with them if possible.

Illinois Co-Sponsors of CARE Bill

- Rep Jackson, Jesse L., Jr. [IL-2-D] - 4/23/2007.
- Rep Gutierrez, Luis V. [IL-4-D] - 3/21/2007.
- Rep Emanuel, Rahm [IL-5-D] - 4/17/2007.
- Rep Schakowsky, Janice D. [IL-9-D] - 4/17/2007.
- Rep Weller, Jerry [IL-11-R] - 4/18/2007.
- Rep LaHood, Ray [IL-18-R] - 6/6/2007.
- Rep Shimkus, John [IL-19-R] - 2/15/2007

Only 7 out of 19 Reps so far
officially supporting the bill

Need to contact

The 2 Senators & the 12 Reps

What about other neighbouring
states which are part of our
chapter?

Plan of Action

- **Discuss at the Business Meeting to determine chapter member support for the bill**
- **Designate a board member to be responsible to coordinate the activity**
- **Meet with congressional and senate representatives to help pass the bill**
- **Board Member at Large to provide feed back about National AAPM actions**
- **Interact and coordinate with
Lynne Fairobent,
Legislative and Regulatory Affairs Manager, AAPM**
- **Coordinate activity with Chicago Area RT Society and other societies**
- **Help state comply with the Federal Regulations by developing licensure standards**
- **Establish a sub committee to revisit licensure**
- **Educate local employers about the Bill**

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Some points for discussion

- When will it come for voting?
- Should we contact the rest of the 12 reps & the 2 senators?
- Coordinate activity with Chicago area ARRT
- Do we need to contact the Senators?
- AAPM position
- Does the CARE bill implicitly say professionals have to be licensed?
- Don't we already have standards for qualifications in IEMA regulations?

**How does this bill impact Medical
Physicists?**

What qualifications explicitly spelt out in the bill?

- None specific
only directs the Secretary of HHS to
establish minimum standards
- Certification
- Registration (?)
- Licensure (?)

More Questions?

- There will be various requirements (education, training, experience, etc.) for the different professional classifications of the individuals (such as, technologists, therapists, medical physicists, etc.).
- Will the bill require each state to have some type of licensure for medical physicists ?
- Presently, we have four states with licensure; Texas, Florida, Hawaii, and New York.
- Will this bill aid in the efforts of obtaining licensure in all 50 states!

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Existing IEMA Standards pertaining to Physicists Qualifications

- Electronic Products Division
 - State registered physicist
 - [IEMA/Section 410.pdf](#)
- Radioactive Materials Branch
 - Named in the license

**Are these adequate or should
we work towards state
licensure as suggested by
national AAPM?**

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Acknowledgements

- Presentations on the net by
 - Lynne Fairobent
 - Bill Vanek
 - Herb Mower
 - Gerald White
- ASRT website

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**The CARE bill used to be known as the Consumer Assurance of Radiologic Excellence (CARE) bill.
Why the name change?**

Many of the imaging disciplines included in the CARE legislation are not directly related to radiology and some cross over into other medical fields such as cardiology and obstetrics.

To more accurately reflect medical imaging's move to the front lines of medicine, the Alliance changed the name of the legislation to the Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy" bill.

Why isn't the 1981 CPRHSA unenforceable?

- The Consumer-Patient Radiation Health & Safety Act of 1981 was lobbied by the ASRT for more than 10 years.
- When the bill was on the Senate floor for the final vote a political bargain was struck to ensure the bills passage and the enforcement mechanism was stripped out in an amendment.
- This law directed HHS to develop regulations specifying the education and credentialing of radiographers, radiation therapists, dental radiographers, sonographers and nuclear medicine technologists, but there are no legally enforceable penalties for states which chose not to comply by adopting the education and credentialing standards.
- In 1985 ASRT initiated legal action requiring HHS promulgate regulations (42 CFR 75), however states face no penalty for not meeting the HHS regulations and they are now considered to be federally-recommended guidelines" for states to follow.

If there are Federal standards in place why don't states follow them?

- Some states have chosen to follow the Federal standards and have put state laws or regulations into place specifying the education and credentials for medical imaging and radiation therapy personnel; many state laws set standards significantly lower than the federal recommendations.
- States that have not followed the Federal guidelines cite many reasons including impasses in the state legislative bodies, lack of evidence supporting a benefit, states-rights and the non-applicability of 20 year-old standards in today's health care environment.

How will the CARE Bill make the 1981 CPRHSA enforceable?

- Looking at the bill it may appear that there isn't much "meat" on it specifying educational and credentialing standards. This is because the bill amends the 1981 CPRHSA to make the law enforceable.
- The CARE bill makes it a condition of payment under all federal health insurance programs (Medicaid and Medicare) that medical imaging and radiation therapy personnel working in facilities receiving Medicaid/Medicare payments or working for physicians receiving Medicaid/Medicare payments must meet the federal education and credentialing requirements or the insurance claim for imaging or therapy services will not be paid.
- The end result is that medical imaging and radiation therapy professionals will have to meet the Federal education and credentialing standards set by HHS.

Will radiologic technologists be required to get a Federal license to practice?

- No.
- Medical imaging and radiation therapy professionals will either have to get a state license to practice (and all states that license personnel will have to issue licenses based on the Federal education and credentialing standards)
- or medical imaging and radiation therapy professionals will have to meet the Federal standards in order to have their services paid for by Medicaid/Medicare.
- There will be no federal license to practice, at most only a state license.

When will the CARE bill be passed and enacted?

- ASRT and the Alliance feel that the CARE bills are important pieces of patient quality care legislation and are committed to seeing them enacted.
- We came very close in the 109th Congress when the bill was passed in the Senate and missed passing the House by mere hours before Congress adjourned.
- We are hopeful that the bills will be acted on in the 110th Congress.

- **This sounds like something I should support and tell my patients and lawmakers about. How do I get more information?**

Pros & Cons of the Bill

- Unfortunately, adoption of these standards was rendered discretionary with each state,
- no sanctions for noncompliance.
- As a result, only 35 states have developed regulatory guidelines for radiologic personnel, and standards vary dramatically from state to state.
- In the remaining 15 states and the District of Columbia, any individual is permitted to perform sophisticated radiologic procedures after only a few weeks' training.
- By comparison, a certified radiologic technologist must have at least two years of formal education in radiation protection and technique, pass a national certification exam and earn 24 hours of continuing education every two years.

- By encouraging every state to enforce the Act, Congress will ensure that all Americans are cared for by properly educated and certified radiologic personnel.
- Lack of uniform standards nationwide for operators of radiologic equipment poses a hazard to the public and jeopardizes quality health care.

- The American Society of Radiologic Technologists has joined with other health care organizations to form the Alliance for Quality Medical Imaging and Radiation Therapy in an effort to make mandatory the existing voluntary federal minimum standards for medical imaging and radiation therapy professionals.
- The proposed Consumer Assurance of Radiologic Excellence (CARE) Act will strengthen the Consumer-Patient Radiation Health and Safety Act of 1981 to ensure that the personnel who perform our nation's diagnostic imaging examinations and who plan and deliver radiation therapy procedures are properly educated and credentialed.

- Recognizing this need, the U.S. Congress voted in 1981 to adopt the Consumer Patient Radiation Health and Safety Act.
- The Act directed the Secretary of Health and Human Services to develop minimum standards for state certification and licensure of personnel who administer ionizing or nonionizing radiation in medical and dental radiologic procedures.
- These standards were designed to ensure a basic level of education, knowledge and skill for operators of radiologic equipment.

With the passage of proposed federal legislation and state licensure laws, the public will benefit from being cared for by properly educated and certified radiologic personnel.

No matter what the radiologic procedure, the technologist's detailed knowledge of anatomy, careful application of radiation and skillful operation of sophisticated medical equipment are the keys to its success.

To be clinically useful, diagnostic imaging exams must be accurate.
To stop invasive cancers, radiation therapy treatments must be precise.

- Accurate radiologic procedures that are properly performed by educated personnel can save health care dollars in the long run.
- Some have argued in the past that the establishment of federal minimum standards and state licensure laws for personnel who operate radiologic equipment would reduce the number of radiologic personnel and drive up health care costs because it would cause salaries to rise.
- Experience shows this is not true.
- A 1976 study of three states that established licensure laws for radiologic personnel in the 1960s—New York, New Jersey and California—showed that mandatory state licensure had no significant impact upon technologist manpower in terms of recruitment, availability or compensation.
- Regulation of radiologic personnel would not increase health care costs; rather, it would reduce costs by ensuring quality exams.

- The current lack of uniform educational standards nationwide for operators of radiologic equipment poses a hazard to the public.
- State and federal standards will ensure a minimum level of education, knowledge and skill for the operators of radiologic equipment.
- Ultimately, they will reflect the radiologic technologist's ability to provide the highest quality of patient care.

- The Licensure Committee continues to work on a generic licensure bill model with the hope that it will be used by the various states for establishing their licensure requirements for Medical Physicists once the CARE bill (Consumer Assurance of Radiologic Excellence Act) is passed by the U.S. Congress (hopefully, in the very near future).
- We anticipate that the CARE bill will be re-introduced again this year and will be brought to a vote this time. This bill may be the most important recent piece of legislation to affect our professional future. The bill's aim is to ensure that properly trained and credentialed professionals are involved in the diagnostic and therapeutic use of radiation.
- A very brief interpretation of the bill is as follows: for any state to receive funds through the Social Security Act pertaining to diagnostic and therapeutic uses of radiation, the state must have a mechanism in place within 18 months of the passage of the legislation to provide "a medical radiation license" for the various individuals involved with the procedures.

CARE bill

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

- The House CARE bill, H.R. 583, was introduced
- January 19 by Rep. Mike Doyle (D-PA).
- Cosponsors are Reps. Blackburn (R-TN), Duncan (R-TN), Rogers (D-MI), Capps (D-CA), Pickering (R-MS) and Wilson (R-NM).
- The new name of the CARE bill is the "Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy" bill.
- The bill is the same as S. 2322 (the RadCARE bill) passed last year by the Senate.
- We are anticipating that the Senate version will be introduced in the Senate shortly.
- We are very optimistic that our time has finally come and encourage you to contact your US Representative and encourage them to vote for and even co-sponsor this bill.

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