

Examining the Appropriateness of Standards For Medical Imaging and Radiation Therapy Technologists

Testimony in Support of the Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy Bill (H.R. 2104)

Submitted to the House Energy and Commerce Committee, Subcommittee on Health
June 8, 2012

SUMMARY OF REMARKS BY SAL MARTINO, CHIEF EXECUTIVE OFFICER, AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS

The Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and Radiation Therapy bill asks the federal government to establish standards for technical personnel in the radiologic sciences. Under the CARE bill, individuals who perform medical imaging exams or plan or deliver radiation therapy treatments would be required to graduate from a formal educational program in the field, pass a national certification exam, and obtain continuing education throughout their careers.

- The CARE bill will **improve quality** by ensuring that individuals are properly educated to perform their work accurately. The accuracy of any radiologic procedure depends on the skill of the person performing it.
- The CARE bill will **improve safety** by ensuring that radiologic procedures are performed by personnel who know how to properly administer radiation, position patients and shield organs to deliver the lowest dose radiation possible.
- The CARE bill will **reduce health care costs** by lowering the number of procedures that must be repeated because unqualified personnel made positioning or exposure errors. Reducing the number of repeated exams by just 1 percent will result in Medicare savings of more than \$100 million a year.

The best way to ensure the quality, improve the safety and reduce the costs of radiologic procedures is to establish standards for personnel who perform them. That is the goal of the CARE bill, H.R. 2104.

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Chairman Pitts and members of the subcommittee, my name is Sal Martino and I am the chief executive officer of the American Society of Radiologic Technologists. I am also a registered radiologic technologist myself. On behalf of ASRT's 146,000 members, thank you for calling this hearing to examine why we must establish standards for medical imaging and radiation therapy technologists.

These individuals perform procedures that are critical to accurately diagnosing and treating millions of Americans each year, from the x-ray that monitors the lungs of a premature infant to the radiation therapy that extends the life of a grandmother fighting cancer.

Because these procedures expose patients to powerful doses of radiation, most of us assume that everyone who performs them is competent and educated. But the truth is, unqualified personnel examine and treat thousands of patients every day. That's because Washington, D.C., and 11 states do not regulate radiographers, 15 states do not regulate radiation therapists, and 20 states do not regulate nuclear medicine technologists. In states without regulations, people are allowed to expose patients to potentially dangerous levels of radiation

after just a few weeks of on-the-job training. And even in states where personnel are regulated, laws vary widely.

Unqualified personnel represent a serious health risk to the American public. Fortunately, a solution is within our reach. The Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy bill – known as the CARE bill – asks the federal government to establish standards for technical personnel in the radiologic sciences.

Under the CARE bill, anyone who performs medical imaging or delivers radiation therapy would be required to graduate from a formal educational program in the field. They also would have to pass a national certification exam that tests their understanding of radiation protection and patient care techniques. And finally, they would be required to obtain continuing education throughout their careers, ensuring that they remain proficient.

Many of you are familiar with the CARE bill. It was first introduced in the 106th session of Congress in 2000, and it has been introduced in every session since then. In 2006 the Senate passed the bill by unanimous consent, but the session ended before the House could take action.

The current version of the CARE bill, H.R. 2104, has more than 120 bipartisan cosponsors in the House of Representatives. It also has the support of dozens of health care and patient advocacy organizations that represent millions of Americans. Together, we support the CARE bill for three important reasons.

First, the CARE bill will improve quality. The accuracy of any radiologic procedure depends on the skill of the person performing it. An x-ray won't reveal a broken bone and a CT won't find a growing tumor if the person using the equipment doesn't know the basics of anatomy, exposure and technique. Accurate exams lead to diagnosis, treatment and cure. Poor quality exams lead to additional testing, delays in treatment and unnecessary anxiety for the

patient. Even worse, they may cause a misdiagnosis that has tragic consequences. Radiologic technologists must be properly educated to perform their work accurately.

Second, the CARE bill will improve safety. Medical radiation comes with risks. Overexposure can cause skin burns, lead to the development of cancer, and cause birth defects in future generations. CT scanners, gamma cameras and linear accelerators are some of the most complex technology in the medical field, and patients could be injured or even killed if this equipment is not used properly. Educated technologists know how to properly administer radiation, position patients and shield organs to deliver the lowest dose possible.

And third, the CARE bill will reduce health care costs. More than 300 million medical imaging procedures are performed in the United States every year. Unfortunately, thousands of these exams have to be repeated every day because unqualified personnel made positioning or exposure errors. The federal government pays for many of those mistakes. Medicare spent approximately 11.8 billion dollars on medical imaging in 2009. If we can reduce the number of repeated exams by just 1 percent, Medicare would save more than 100 million dollars a year. In an era when difficult budget decisions must be made, the CARE bill makes good fiscal sense.

The best way to ensure the quality, improve the safety and reduce the costs of radiologic procedures is to establish standards for personnel who perform them. For the past 12 years, that has been the straightforward goal of the CARE bill. It is time to pass this important piece of legislation.

Your support for the CARE bill shows your support for America's patients.

Thank you.