SNM Works with USP, Congress, NRC on Diverse Issues

USP: MEDMARX Data

On January 18 the United States Pharmacopeia (USP) released a MEDMARX database report on medication errors occurring in radiology services, cardiology cath labs, ICUs, and nuclear medicine departments during the period of 2000–2004. The data implied that very low numbers of dispensing errors occurred in U.S. nuclear medicine departments last year—approximately 40 errors in 20 million procedures. Many of the errors associated with nuclear medicine cited by the USP analysis are attributable to the moving of patients between various departments in the hospital rather than the actual procedures performed within the nuclear medicine department.

SNM is committed to working with the USP staff on all issues pertaining to nuclear medicine patient care. For more information, please read the SNM press release about the USP MEDMARX data report online at: http://interactive.snm.org/index.cfm?PageID=4786.

CARE Legislation: Technologist Licensure

Senator Michael B. Enzi (R-WY) and Senator Edward M. Kennedy (D-MA) introduced the RadCARE bill (S 2322) on February 17. The RadCARE bill is the Senate companion to the House of Representatives' Consumer Assurance of Radiologic Excellence (CARE) bill (HR 1426).

The fact that the RadCARE bill was introduced by the chairman and ranking minority member of the committee of jurisdiction—the Health, Education, Labor and Pensions (HELP) Committee—is extremely encouraging and a monumental accomplishment for the advocacy network led by the American Society of Radiologic Technologists (ASRT) and the SNM Technologist Section. There is little doubt that RadCARE is now in the most favorable position it has ever been in to move through committee.

The House version of the CARE legislation currently has 113 cosponsors approximately one year after its reintroduction in the 109th Congress.

For more information about the CARE and RadCARE legislation and to track the status of these bills, please visit the SNM online legislative action center at http://capwiz.com/snm/home/.

Hugh Cannon
SNM Director of Public Affairs

NRC Comments: NARM and Crane Petition

The SNM Nuclear Regulatory Commission (NRC) Task Force sent a letter to the 5 commissioners outlining our ideas and concerns regarding the regulations currently being written to enforce Section 651(e) of the Energy Policy Act of 2005, which granted the NRC regulatory authority over naturally occurring and accelerator-produced radioactive material (NARM). The letter to the commissioners is part of an ongoing effort to keep the medical/scientific community involved in the rulemaking process for NARM, and contains concepts previously shared with the NRC and other stakeholders at the public meeting on November 9, 2005.

The SNM NRC Task Force also developed and submitted comments in response to the September 2, 2005, petition submitted by Peter G. Crane, entitled "Re: Petition for Partial Revocation of the Patient Release Criteria Rule." In the petition, Crane requested that 10 CFR part 35, "Medical Use of Byproduct Material," be changed to partially revoke the 1997 amendment to 10 CFR 35.75, "Release of Individuals Containing Radiopharmaceuticals or Permanent Implants" (62 FR 4120; January 29, 1997, Patient Release Criteria Rule). The partial revocation would prohibit the release of patients from radioactive isolation with more than the equivalent of 30 mCi of ^{131}I in their systems. The SNM's response stated that the Crane petition, and its term dose equivalent of 30 mCi of ^{131}I, is misinformed and, if taken seriously, would be a significant step backward for radiation safety and patient care.