CARE Bill Reintroduced in House

The federal legislation now known as the *Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy* (CARE) bill (HR 583) was introduced into the U.S. House of Representatives on January 19 by Representative Mike Doyle (D-PA 14th) and referred to the House Committee on Energy and Commerce.

The CARE bill would define standards for personnel performing the technical components of medical imaging and radiation therapy. Medical imaging procedures and radiation therapy treatments for patients covered by federal health programs such as Medicare and Medicaid would need to be performed by personnel meeting the federal standards in order to be eligible for reimbursement.

As of this writing, the bill has 5 Democrat cosponsors and 7 Republican cosponsors, although these numbers should significantly increase in the coming months, given the success of the legislation in the previous session of Congress and the upcoming RT in DC legislative initiative by radiologic technologists.

A template constituent letter discussing the CARE bill and an electronic delivery system for communicating with legislators are available at the SNM Legislative Action Center (http://capwiz.com/snm/home/). Interested readers can visit that page, learn more about the legislation, and take advantage of these simple communication tools.

SNM Coding Corner Available to the Public

SNM has made access to its *Coding Corner*—the popular online nuclear medicine coding toolbox—available free of charge, thanks to an educational grant provided by Bracco Diagnostics Inc. Now, the public may view and download all of SNM's coding and reimbursement materials, including charts and educational materials related to the Medicare Physician Fee Schedule, Hospital Prospective Payment System, and radiopharmaceuticals and PET. Visitors to the Coding Corner can also view all formal coding and reimbursement questions and answers published by the SNM Coding and Reimbursement Working Group.

Please note that the Coding Corner is still open for subscription to people interested in having their coding and reimbursement questions answered by the SNM's coding experts. Persons who have not subscribed or are not active members of the SNM will not be allowed to ask individual questions. To obtain a 1-year subscription to the Coding Corner, please visit www.snm.org/codingcorner.

SNM Submits Comments on Revisions to Medication Management Standard

SNM and the SNMTS submitted comments to the Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations) regarding the "*Proposed Revisions to the Medication Management Standards MM.4.10 and MM.8.10: Prospective and Retrospective Review of Medication Orders and Prescriptions by a Pharmacist*." The comments requested the inclusion of diagnostic radiopharmaceuticals in the provisions for intravenous contrast media in MM.4.10 and in the January 2007 "*Interim Action for Standard MM.4.10, Element of Performance 1, for Critical Access Hospitals and Hospitals*."

Hugh Cannon
Director of Health Policy and Regulatory Affairs, SNM

The proposed revisions to MM.4.10 and MM.8.10 were developed by the Joint Commission to define situations in which a pharmacist is needed to conduct a prospective review of a medication order and when a retrospective review is acceptable. According to the proposed revisions, exemptions from the need for prior pharmacist review would be granted if the licensed independent practitioner (LIP) "controls the ordering, preparation, and administering of the drug." In a January 2007 *Perspectives* article, the Joint Commission clarified that "control" is interpreted as in-room supervision of the patient during the administration of the medication.

In an attempt to immediately address compliance difficulties faced by radiology services, the Joint Commission put in place interim provisions for MM.4.10 (Element of Performance 1) which would allow a hospital's radiology services (including hospital-associated ambulatory radiology) to define, through protocol or policy, the role of the LIP in directly supervising a patient during and after the administration of intravenous contrast. The protocol/policy would need to be approved by the medical staff, and the role of the LIP would be defined so that he/she could intervene in a timely manner in the event of a patient emergency. Unfortunately, the interim action did not address the similar difficulties MM.4.10 created for the use of diagnostic radiopharmaceuticals in hospitals.

The proposed revisions to MM.4.10 will likely be reviewed, finalized, and implemented by the Joint Commission next year. The interim action containing the immediate provisions for the administration of IV contrast will remain in effect until that time. If you have questions about compliance with Joint Commission standards, please visit www.jointcommission.org.