

to all members and interested parties. The principal organizer of this conference, Dr. Robert Sonnemaker, promises an interesting and perhaps influential meeting for all who desire input into the future of nuclear medicine.

3. My third objective will be to develop a unified approach to the use of radiopharmaceuticals. The SNM has labored for over twenty years to diminish the bureaucratic burden of drug approval in our discipline, and although there have been some minor improvements in recent years, there is still a need to expedite drug approval within the Food and Drug Administration (FDA), particularly for Positron Emission Tomography (PET) and antibody radiopharmaceuticals. The SNM wants to ensure that all groups within the SNM and other related organizations are approaching such radiopharmaceutical issues in a unified manner and that there be no duplicated effort and thus waste of resources. A special consensus meeting regarding a unified approach to radiopharmaceuticals was convened in Orlando and was well attended by industry representatives, The American College of Nuclear Physicians (ACNP), and the SNM leadership. Dr. Peter Kirchner, SNM president-elect, has agreed to organize this task force and is moving forward on this project. A meeting is in the planning stages for September 8-9, 1994.

4. With the Society's new bylaws, we now must turn to developing procedures governing the bylaws. The conversion of our activities from the old to the new will be monitored closely to ensure a smooth transition. Paul H. Murphy, PhD, will spearhead this activity along with a task group. A Reference Committee meeting will be conducted at the midwinter meeting for everyone to provide input into the procedures. All committees, councils, and chapters will have the opportunity to review and contribute to the final version prior to submission to the Board of Trustees for final approval. This process will hopefully help the SNM to be more effective in addressing the issues facing nuclear medicine.

5. Finally, the SNM is already in the throes of change as it moves to Reston, Virginia. Torry Mark Sansone, SNM executive director, assures me that there will be no reduction in services to the membership during the move. Over 60% of our current employees will not make the move to Reston, and already replacements for some of these positions have been filled. The layout and design of our headquarters will be very practical and attractive, a facility of which the membership can be proud. The rental savings alone in the first year of our move will be over

\$200,000 from that of our New York City office. These savings will continue throughout the term of our ten year mortgage, and then there will be a substantial savings thereafter of nearly \$500,000 per year. We are expecting to be fully operational in the Reston office by the first of October 1994. We are planning a grand opening, inviting all interested parties to view the facilities and join with us in the festivities surrounding this important step in the Society's growth.

Finally, the membership will face a dues increase with our next annual billing at the end of this year. The fifty dollar dues increase for full members appears substantial but in perspective is reasonable. There have been no dues increases to the full membership since 1991. This increase represents only a 5.5% annual increase over that interval. Perhaps one might argue that the Board of Trustees might have adopted small incremental increases, but the effect would still be the same. Even with the increase, our dues are significantly less than those of almost every other medical society. Some of them, such as the AMA's, are five times higher. Even many subspecialty imaging societies without benefits such as our premiere annual scientific and exhibitors meeting, award winning journals, and liaison representatives to organized medicine have substantially higher dues. The increase was needed because of a budget deficit due in part to the Society's response to health care reform, and to the development of guidelines and standards for the profession, but, more specifically, to the declining revenues from decreased advertising in our journals and the significant decline in the sale of exhibit space at our annual meeting. These last factors are well understood in view of the significant cutback in imaging services for all of nuclear medicine during the last year. We could have depleted our reserves further, but that creates a vicious cycle since some of our revenues are based upon investments.

As Bob Dylan said "The times they are a changin'," and so must the Society position itself to ride out the current change in health care. Our experience is somewhat like being engulfed in a hurricane of change. We can skirt the issues and bypass the storm but then may find ourselves far off course and isolated from our objectives. We can ride within the storm or the eye of the hurricane and move forward without expending significant energy except to those issues directly related to our goals and objectives. That is our plan, and we ask the membership to understand our actions on their behalf.

—James J. Conway, MD

NEWS BRIEFS

New Bylaws Change Officer Succession and Election

The new SNM Bylaws approved at the June 5 business meeting at the 41st Annual Meeting in Orlando altered the terms and titles of elected officers and the election

process (see *Newsline*, April 1994, p11N). An elections transition schedule requires that the Spring 1995 ballot include candidates for president-elect (which should be a non-physician this year); for secretary/treasurer (who will serve as secretary only during the first year, then as secretary and treasurer for the next two years); and for vice-president (who will be entering a three-year progressive presidential

track). Thus, in this next election, a vote for vice president-elect will also designate the officer who will serve as president two years hence (the candidate elected vice president-elect for 1995-1996 will serve as vice president 1996-1997 and president 1997-1998).

At the February 1995 mid-winter meeting, the Nominating Committee will review nominations for president-elect

and vice president-elect, for four delegates-at-large, and for three chapter delegates-at-large (to be assigned to the most underrepresented chapters—the Central, Greater New York, and Mideastern). The Nomination Committee must receive any nominations with chapter endorsement or by petition from 25 voting members. Richard C. Reba, MD, SNM immediate past president, suggested that chapter meetings, which begin in the Fall, put national nominations at the top of their agenda. Nominating letters, with the candidates' curriculum vitae, should arrive at the Nominating Committee, in care of the central office, no later than December 22, 1994. ■

Compromise for Metzenbaum Amendment

In late June, the nuclear medicine lobby worked out a compromise with Congress on Sen. Howard Metzenbaum's (D-OH) amendment to S. 1162, the NRC Reauthorization bill. The original amendment proposed a \$20,000 base penalty for medical therapy misadministrations, extending to Severity levels 1, 2, and 3. Myron Pollycove, MD, after examining NRC data from the past five years, calculated that the same pattern of violations over the next five years (assuming half the Severity level 3 cases were therapeutic) would cost the nuclear medicine community \$1.36 million.

"Far beyond the cost savings is the benefit of keeping the many small and rural practitioners of nuclear medicine in [practice]," said J. Michael Hall, director of legislative affairs, SNM/ACNP Joint Government Relations Office. "With the threat of a very significant increase in the base fine [hanging] over the head of nuclear medicine practitioners, many would have simply dropped out and stopped performing the therapies."

The SNM and ACNP leadership campaigned against the amendment throughout this Spring, beginning with a letter requesting Society and College members to write to the Senate Committee on Environmental and Public Works (EPW), which was considering the amendment. The SNM/ACNP leadership upheld the upgrading of the NRC's training requirements for nuclear medicine practice as a

better way to ensure public safety than a penalty proposal. On March 9, SNM Richard C. Reba, MD, then SNM president, and Conrad E. Nagle, MD, then ACNP president, discussed these matters with key senatorial staff members, and Dr. Nagle testified before the EPW Committee. Later, EPW Committee member Sen. Simpson agreed to help eliminate the amendment.

Finally, after three months of SNM and ACNP campaigning, Sen. Simpson, noting he did not have the votes to strike or modify the Metzenbaum amendment, agreed to request a compromise before the bill went to the Senate floor. On June 21, the staffs of Sens. Metzenbaum and Lieberman agreed to a compromise that would limit the increased base penalty to Severity levels 1 and 2, and the EPW Committee adopted this compromise June 23, when it passed the bill out of committee.

According to the NRC, Severity level 1 cases are failures to follow procedures of the Quality Management Program (QMP) that result in death or serious injury to the patient, and Severity level 2 cases are such failures that result in a misadministration. Severity level 3 cases are such failure that do *not* result in midadministration; a weakness in the QMP that results in a misadministration, or a failure to report a misadministration. ■

New Organization, Congress Face Isotope Supply

The beginning of summer witnessed several steps taken toward ensuring a stable domestic supply of radioisotopes. At the Orlando meeting, Owen Lowe, director of DOE's Isotope Production and Distribution, announced the five institutions selected to carry out the project definition studies (PDS) for the National Biomedical Tracer Facility (NBTF; see *Newsline*, January 1994, p. 12N). A new industry group, the Alliance for American Isotope Production (AAIP) began its campaign to ensure a reliable domestic isotope source. And, with encouragement from the SNM and ACNP, the U.S. Senate has included language in its reports for DOE appropriations addressing how the department should direct its efforts toward tackling the domestic radioisotope supply problem.

The five groups winning the PDS grants for the NBTF—the University of Alabama, Birmingham; the North Texas Research Institute, in conjunction with the University of North Texas; Purdue University; the University of Southern California; and University of California, Davis—will each receive \$300,000 and, according to Bob Wood of DOE's Office of Health and Environmental Research, should complete their studies by next winter. The agency will then evaluate the results along with those from a similar Institutes of Medicine study, to decide the next step for the NBTF. "The big issue is to determine if the private sector can do this [program] in an economically viable way," Dr. Wood said.

The AAIP, a consortium including the SNM, ACNP, the American Nuclear Society, and the Council on Radionuclides and Radiopharmaceuticals, came into being this June. AAIP is concerned not only with supplying radioisotopes for the more than 13 million annual medical diagnostic procedures, but also for industrial instrumentation and for manufacturing. Because of this great economic need, the alliance views domestic isotope supply as a question of national security. AAIP's major thrust will be educating the public and policy-makers and proposing legislation on national isotope strategies.

To stave off threats to the domestic isotope supply that may arise from foreign conflicts, the SNM and ACNP approached Congress this year with the nuclear medicine position on the matter. The Joint Government Relations Office convinced both the House and Senate appropriations committees to adopt language early this summer in their reports to the DOE confirming Congress' concerns about radioisotope supply. After describing the U.S. dependency on foreign supplies and mentioning the DOE's steps toward converting an existing facility to produce ⁹⁹Mo, both reports conclude, "The Committee supports this effort and wishes to be kept informed as to the Department's progress." The House report also brings up the NBTF effort, concluding, "Should a positive role for the Department be identified for the NBTF, DOE is encouraged to allocate sufficient resources in its subsequent budget requests to Congress." ■