Courses and articles, board reviews, and case studies. We are working toward providing 150 PET/CT and 500 diagnostic CT online case studies for MOC requirements. A new task force will examine MOC requirements, possibly linking practice standards with our own phantom program.

Every year, our Mid-Winter Educational Symposium and Annual Meeting, with more than 1,000 scientific papers, posters, exhibits, and CE courses, deliver highly rated educational experiences. This year’s Annual Meeting in Washington, DC, will feature a continuing education session specifically addressing MOC requirements and issues.

Gaining Industry Support. With members of our Molecular Imaging Center of Excellence, the society has drafted a separate 5-year action plan utilizing a community approach to moving molecular imaging research from bench to bedside. The society is grateful for the support (nearly $3 million) it has received from corporate donors GE Healthcare, Bristol-Myers Squibb, Siemens Medical Solutions USA, IBA Molecular, Philips, and FluoroPharma. The “Bench to Bedside” campaign will fund outreach activities to referring physicians and patient groups, support translational clinical studies and small innovative trials, and offer research grants and fellowships to advance new medical developments. The society welcomes Marybeth Howlett to its staff; she will serve as director of our Molecular Imaging Center of Excellence and implement its strategic initiatives.

SNM President Martin P. Sandler, MD, along with members Martin G. Pomper, MD, PhD, and Jean-Luc E. Vanderheyden, PhD, discussed the changes and growing importance of molecular imaging during a teleconference “virtual” summit sponsored by GE Healthcare for health care reporters. This call provided reporters with an exclusive occasion to hear 3 of the profession’s thought leaders discuss advances in—and the future of—molecular imaging.

Raising Funds to Support Education. This past year, nearly 400 individuals donated more than $151,000 to the Education and Research Foundation for the SNM to fund technologist students, young professionals, the Bench to Bedside campaign, and fellowships. Industry partners—our “Bench to Bedside” donors along with Bracco, Mallinckrodt, Biogen Idec, Capintec, and MDS Nordion—supported fellowships, scholarships, research grants, travel awards, and educational grants for continuing medical education. New awards, grants, and fellowships in the areas of multimodality molecular imaging will be developed, with an eye on identifying new funding opportunities.

Developing a Strong Brand. SNM is committed to creating a powerful and well-recognized brand. In the coming months, the society will revise and launch the “look and feel” of our Web site, printed materials, and e-mail communications.

Maintaining a Global Influence. Numerous society members developed and presented sessions for the 9th World Congress of Nuclear Medicine and Biology and the annual meeting of the European Association of Nuclear Medicine. An international contingent of members (Richard Baum, MD, Germany; Ignasi Carrio, MD, Spain; Christer Halldin, PhD, Sweden; and Mathew Thakur, PhD, and Richard Wahl, MD, both from the United States) represented the society at the annual meeting of the Japanese Society of Nuclear Medicine.

Virginia Pappas, CAE
Chief Executive Officer, SNM

From the SNM Department of Health Policy and Regulatory Affairs

Members of SNM and SNMTS were extraordinarily busy in 2006, addressing a full slate of reimbursement, legislative, regulatory, and scientific issues with direct relevance to nuclear medicine practice and the hundreds of thousands of patients who benefit from nuclear and molecular imaging and therapy techniques in the United States each year.

Centers for Medicare & Medicaid Services/Reimbursement

The SNM continues to work closely with the American Medical Association and the Centers for Medicare & Medicaid Services (CMS) to address coding and reimbursement issues affecting the molecular imaging community. The SNM Coding and Reimbursement Working Group compiled and submitted comments regarding the 2007 Hospital Outpatient Prospective Payment System (HOPPS) rule and the 2007 Physician Fee Schedule (PFS) rule to the CMS. SNM was persuasive with many of these comments and suggestions, as evidenced in both final rules. SNM members and staff plan to meet with CMS on some

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outstanding issues in 2007 regarding 2008 payments for many nuclear medicine procedures and radiopharmaceuticals.

Throughout 2006, SNM and approximately 40 other imaging societies, manufacturers, and patient advocacy groups worked together as the Access to Medical Imaging Coalition (AMIC) to find a solution to the Medicare reimbursement reductions for independent imaging facilities and physician offices brought on by the Deficit Reduction Act (DRA) of 2005. Since its formation, AMIC has developed data to debunk misassumptions about medical imaging, educated approximately 300 Congressional offices, solidified arguments against other physician specialties looking to imaging to pay for their Medicare needs, and lobbied for delays to legislation that, unfortunately, promises to have adverse effects for the imaging community. AMIC will continue to fight against physician payment cuts in the 110th Congress.

One important success for the medical community was the passage of the Tax Relief and Health Care Act of 2006 prior to the adjournment of the 109th Congress on December 8. The legislation prevents an additional 5% cut in 2007 Medicare physician payment rates due to the sustainable growth rate by freezing the Medicare conversion factor at its 2006 level. Also included in the legislation is the Medicare Physician Quality Reporting Program for 2007, which establishes an evaluation mechanism using physician voluntary reporting program (PVPRP) quality measures for July 1 through December 31, 2007. A bonus payment of 1.5% will be paid to physicians who report on at least 3 PVPRP quality measures. The SNM is working closely with the American Medical Association and CMS to learn more about the program.

Legislative News

Appropriations/Department of Energy (DOE) Funding for Basic Nuclear Medicine Research. Efforts continued through 2006 to restore DOE Office of Science funding for basic nuclear medicine research formerly funded under the Office of Biological and Environmental Research “Medical Applications and Measurement Science” program. The Senate version of FY07 Energy & Water Appropriations restored the funding, but the House version did not. The 109th Congress adjourned without finishing appropriations business, instead funding the federal government via a continuing resolution through February 15, 2007. SNM will continue to work on this important issue in the 110th Congress.

CARE/RadCARE Technologist Licensure Legislation. The Consumer Assurance of Radiologic Excellence legislation—known as CARE in the House (H.R.1426) and RadCARE in the Senate (S.2322)—went further in the legislative process than ever before, when the Senate passed the RadCARE bill as part of the unanimous consent calendar on December 6. Unfortunately, because the Senate passed RadCARE only 2 days before adjournment of the 109th Congress, the bill ran out of time in the House of Representatives. The CARE/RadCARE legislation will continue to be supported by the SNMTS, American Society of Radiologic Technologists, and Alliance for Quality Medical Imaging and Radiation Therapy in the 110th Congress.

Regulatory Issues

Nuclear Regulatory Commission (NRC)/Expanded Definition of Byproduct Material. Section 651(e) of the Energy Policy Act of 2005 granted the Nuclear Regulatory Commission (NRC) regulatory authority over naturally occurring and accelerator-produced radioactive material (NARM). After holding a public meeting to get the perspective of key stakeholders, the NRC staff developed a proposed rulemaking incorporating NARM into the existing regulatory framework for reactor materials.

Prior to the close of the public comment period in September 2006, the SNM, American College of Radiology, and American Society of Nuclear Cardiology submitted a letter to the NRC addressing the proposed NARM rulemaking. The comments requested several reasonable modifications to ensure unhindered patient access to radiopharmaceuticals, including a category exemption from financial assurance for decommissioning for facilities with low-energy cyclotrons, further clarification of the applicability of the new fee category (3.S), an enhanced transition plan with formal guidance documentation, and several technical revisions.

In the interim between the writing and publication of this issue of Newsline, the NRC will revise the proposed rulemaking and release the final NARM rule. The NRC does not plan to hold another public meeting/workshop on NARM before the release of the final rule.

NRC/Patient Release Criteria. A petition for rulemaking (PRM-35-18) by an ex-NRC employee, Peter Crane, requested that the post-1997 patient release rule in 10 CFR Part 35 be partially revoked so that patients with more than the equivalent of 30 mCi of $^{131}$I in their bodies could not be released from isolation. The SNM response to the PRM generally stated that the petitioner’s request was not in line with modern methods of public dose calculation and should not be seriously considered. The relevant NRC work group is expected to resolve the Crane PRM by February.

NRC/National Source Tracking System (NSTS). Next year, the NRC will implement the NSTS for Category 1 and 2 sealed sources. Licensees will be required to report certain transactions (including the manufacture, transfer, receipt, disassembly, or disposal) involving these sealed sources to the NSTS. Also, each licensee will be required to provide its initial inventory of sources to the NSTS and annually reconcile the information in the system with the licensee’s actual inventory. In addition, the NRC will require manufacturers to assign a unique serial number to each nationally tracked source. Although the rule only applies to Category 1 and 2 sources at this writing, SNM anticipates that the NRC (Continued on page 24N)
will incorporate certain Category 3 sources in a separate rulemaking after the NSTS is operational.

**Radionuclide and Radiopharmaceutical Shortage Scenarios.** In 2006, SNM worked closely with industry, trade groups, and the U.S. Food and Drug Administration to establish a process by which the medical user community would be continuously informed via the SNM Web site in the event of an emergency shortage of important drug products used in molecular imaging and therapy. This process will continue to be developed and refined in 2007.

**U.S. Pharmacopeia (USP) General Chapter <797>/Proposed Revisions.** On August 15, 2006, the SNM Radio- pharmaceutical Sciences Council Committee on Pharmaco- peia (RPSC COP) submitted comments to the USP regarding the proposed revisions of USP General Chapter <797>. Pharmaceutical Compounding—Sterile Prepara- tions (CSP), published in the *Pharmacopeial Forum* (32[3]; May–June 2006). The RPSC COP was concerned about the prescriptive nature of the proposed revisions and requested an intermediary category between “same-day CSP” and “low-risk CSP” for short-lived radiopharmaceuticals.

### National Studies

**National Academy of Sciences (NAS)/Studies Pertaining to Molecular Imaging and Therapy.** The NAS oversaw several studies on topics related to molecular imaging and therapy in 2006. The “State of the Science in Nuclear Medicine” study (finishing up by spring 2007) looks at the future of the radiopharmaceutical sciences, including computational and instrumental needs, impediments to the approval and distribution of radiopharmaceuticals, impact of isotope shortages, and lack of federal funding for nuclear medicine basic science and clinical research. The “Radiation Source Use and Replacement” study (scheduled to finish in 2007) reviews the current industrial, research, and commercial/medical uses of radiation sources, and works to identify uses for which a radiation source could be replaced with an equivalent or improved process. Beginning in 2007, the NAS will conduct the “Medical Isotope Production Without Highly Enriched Uranium” study on the feasibility of low-enriched uranium for medical isotope production in the United States.

### State Legislative and Regulatory Roundup

**New York/A3255 and A4882.** SNM worked closely with trade groups to support Governor George E. Pataki’s important veto of New York state bill A3255, which had been unanimously approved by the state assembly. If signed into law, A3255 could have unintentionally limited or prohibited the transfer of any quantity of radioactive material, sale of used cyclotrons and facilities, and the reprocessing/recycling of used generators by the manufacturer. In addition, Governor Pataki signed into law the SNM-supported A4882, which updates certain New York Department of Health requirements related to nuclear medicine and, most important, creates a recognized license for nuclear medicine technologists.

**California/AB2720.** California Governor Arnold Schwarzenegger signed the SNM-supported AB2720 into state law on September 7, 2006. Until AB2720, California law did not recognize the nuclear medicine technologist’s role in diagnostic CT in PET/CT or SPECT/CT technologies, essentially making it unlawful for any person who was not a radiologic technologist to use the CT element of these hybrid units. AB2720 corrected this oversight by permitting nuclear medicine technologists with the proper training, certification, and licensing to perform diagnostic CT functions on multimodality technologies.

**Indiana/LSA Document #05-190.** On September 20, 2006, the Executive Board of the Indiana State Department of Health approved the proposed final rule on radiology licensing. This proposed rule would ensure that personnel operating radiology and nuclear medicine technologies are appropriately trained and educated. As of this writing, the proposed final rule is still being reviewed by the office of Governor Mitchell E. Daniels, Jr.

### Practice Management

**Credentialing.** In 2006, the SNM and the American College of Nuclear Physicians jointly developed and adopted 2 important credentialing statements on PET and CT: the Conjoint Statement of the SNM and American College of Nuclear Physicians on Credentialing and Delineation of Privileges for Cardiac PET, and the Conjoint Statement of the SNM and American College of Nuclear Physicians on Credentialing and Delineation of Privileges for Cardiovascular CT—both of which will be published in upcoming issues of *The Journal of Nuclear Medicine* and the *Journal of Nuclear Medicine and Technology*.

**Procedure Guidelines.** In 2006, the SNM developed 2 new procedure guidelines: *Procedure Guidelines for Tumor Imaging with 18F-FDG PET/CT 1.0*, and *Procedure Guide- line for SPECT/CT Imaging 1.0*. Three important therapy guidelines were also revised: *Procedure Guideline for Scintigraphy for Differentiated Papillary and Follicular Thyroid Cancer 3.0*, *Procedure Guideline for Thyroid Scintigraphy 3.0*, and *Procedure Guideline for Thyroid Uptake Measurement 3.0*.

**Quality Assurance Program/Phantoms.** 2006 marked another successful year for the Quality Assurance (Phan- toms) program used by the Department of Veterans Affairs to evaluate their nuclear medicine facilities. The 2005 Lumbar Spine Phantom tested the ability to detect the number, location, and significance of possible abnormalities identified in a simulated bone scan of the lumbar spine using a new 3-dimensional lumbar spine simulator.

*Hugh Cannon*

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