

The Society for Cardiovascular Angiography and Interventions

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Written Statement to the Committee on Energy and Commerce

Subcommittee on Health

United States House of Representatives

On

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

June 8, 2012

The Society for Cardiovascular Angiography and Interventions (SCAI) supports the goals of the “Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2011” (H.R. 2104), which are to “to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly.” SCAI also supports the growth of training and credentialing programs for cardiovascular catheterization technicians. However SCAI seeks an exemption for procedures performed in cardiovascular catheterization labs where technicians are working under the direct supervision of physicians.

SCAI, a professional association representing over 4,000 invasive and interventional cardiologists, promotes excellence in cardiac catheterization, angiography, and interventional cardiology through physician education and representation, and quality initiatives to enhance patient care.

Unlike most non-invasive imaging procedures where there is no physician in the room, invasive cardiovascular procedures are performed only while a physician who has formal training in radiation safety is in the room with the technician and that technician is under the direct supervision of that physicians. Medicare requires this direct physician supervision for all invasive cardiovascular procedures. The supervising physicians are responsible for all aspects of care during invasive cardiovascular procedures, and they bear the responsibility for radiation safety. This is an issue covered by continuing educational processes and is a subject covered on the Board Certification exam for interventional cardiologists.

SCAI is concerned that in emergency situations, requiring a certified technician to be in the room could make billing for the proper care of a heart attack victim illegal. This would create a worrisome disincentive for the delivery of high-quality care.

We are also concerned that the criteria to be used in identifying acceptable credentialing organizations is very vague and if the cardiovascular technician certifications are not recognized, there could be significant personnel shortages and an inability to provide necessary care.

SCAI respectfully requests your consideration of these issues, and recommends the legislation exempt technologists working under the direct personal supervision of a physician. SCAI hopes you will consider a modification to this bill if it proceeds to a Subcommittee mark-up. To communicate with SCAI about this issue, please contact Wayne Powell at 202.741.9869 or wpowell@scai.org.