

Our Mission

The SDMS PAC was established to preserve and promote good government, fiscal responsibility in government and the private business enterprise system, in particular with respect to Diagnostic Medical Sonography.

To achieve our mission, the SDMS PAC is organized and exclusively operated for the purpose of soliciting and accepting voluntary personal political contributions from individual SDMS members and employees, accepting unsolicited contributions from permissible sources, and making contributions and expenditures to support or oppose the candidacy, nomination and election of candidates for federal office and for such other political purposes as authorized by law.

CARE Bill Primed for Submission in the 111th Congress

On March 30 and 31, 2009 the twenty-two organizations that comprise the *Alliance for Quality Medical Imaging and Radiation Therapy* (Alliance) met in Destin, Florida to review and finalize the draft of the "Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2009"; the CARE bill. This iteration of the CARE bill focuses on the need for establishing national certification standards for those individuals who provide medical imaging services, including sonography, and radiation therapy. The key language included

in the 2009 version of the CARE bill, agreed to by the Alliance members, is: "... personnel who perform or plan the technical component of either medical imaging examinations or radiation therapy procedures for medical purposes must be qualified under this section to perform or plan such services... individuals qualified to perform or plan the technical component of medical imaging examinations must possess current certification in each medical imaging or radiation therapy modality and service provided from a certification organization designated by the Secretary (Health & Human Services)..."

This will be the 6th Congressional session in which the CARE bill will be brought to Congressional decision-makers for consideration. During the last two sessions, the CARE bill has come close, having passed out the Senate Health, Education, Labor, & Pensions (HELP) Committee with little to no opposition. In the last congressional session (2008), the CARE bill stalled after Congress passed the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). MIPPA arbitrarily divided medical imaging services into "advanced imaging" including CT, PET, MR, and NucMed, and all other imaging services including ultrasound (preferred term used by Congress) and x-ray. The advanced imaging services had mandatory quality standards established that were tied to reimbursement. The congressional tool-of-choice for setting the quality control standard for advanced imaging services was laboratory/facility accreditation. Interestingly, ultrasound, x-ray, and fluoroscopy were specifically excluded from the provisions of the MIPPA law.



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Using accreditation as the quality standard for ultrasound is problematic since the largest accrediting bodies for ultrasound services, the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) and the Intersocietal Commission on the Accreditation of Echocardiography Laboratories (ICAEL), do not currently require sonographer certification as part of their accreditation program requirements. This has been and continues to be perceived as an "Achilles Heel" by the SDMS leadership.

The approach for establishing the appropriate quality control standard for the routine imaging services, ultrasound, and x-ray, as reflected in the newly revised CARE bill, is provider certification. The CARE bill will not replace a state's right for establishing licensure for providers of routine imaging services, and the bill's provisions would not apply to physicians, nurse practitioners, or physician assistants. The CARE bill also recognizes the need for flexibility in establishing standards for different imaging disciplines; "...minimum standards may vary in form for each of the covered disciplines, reflecting the unique or specialized nature of the technical service provided, and shall represent expert consensus from those practicing in each of the covered disciplines as to what constitutes excellence in practice and be appropriate to the particular scope of care involved."

The CARE bill calls for an 18 month period during which the regulations (the detail for implementing and enforcing the law) would need to be written. It is during the regulatory rule-making process that the public has an opportunity for input into the process of how the law will be interpreted and enforced. The issue of grandfathering those sonographers (and other imaging professionals covered under the provisions of the CARE bill) has historically been an issue of concern for legislators. This issue is addressed in the CARE bill with a section dealing with; "Equivalent Education, Training and Experience." In essence, what is proposed in this version of the CARE bill is that there would be a method for recognition of individuals whose training or experience are determined to be equal to, or in excess of, those of an entry-level graduate of an accredited educational program in that specialty; however, that authority to grandfather those who do not meet the standard expires seven years after the enactment of the law. This approach allows for the deeply needed quality control standards for sonography, and other routine imaging services, to be established, yet provides an opportunity for those who do not initially meet those standards to do so within a reasonable and generous timeframe.

The two organizations who have allocated the lion's share of lobbying support to promote the passage of the CARE bill, SDMS and the American Society of Radiologic Technologists (ASRT), have agreed to continue their lobbying support throughout the 111th congressional session to advocate on behalf of the CARE bill. The CARE bill developed by the Alliance for submission in the current congressional session may be accessed at: <http://www.sdms.org/pdf/CARE2009.pdf>

SDMS provides significant resources to maintain its advocacy and lobbying program. It does so in order to protect its sonographer members and the patients they serve. Members who may be interested in making a voluntary contribution to the SDMS PAC (political action committee) may do so by going online at: <http://www.sdmspac.org/contribute.htm>



SDMS PAC Leaders Support Sonography Certification Standards in Congress

SDMS PAC President, Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS and SDMS PAC Treasurer, Donald Haydon, CAE met with congressional offices in late May to promote the adoption of certification standards for medical imaging professionals, including sonographers. The message delivered by the SDMS PAC leadership was short, but clear... individuals, who are performing ultrasound examinations, including sonographers, should be required to have successfully completed a national certification examination by a nationally recognized credentialing organization. The reception in Congressional offices to the SDMS advocacy message was supportive. As a supporting partner of SDMS advocacy and lobbying activities, the SDMS PAC continues to provide support to SDMS legislative and regulatory initiatives. And as the national debate on health care reform moves forward, the interests of SDMS members and the patients they serve are the focus of SDMS and SDMS PAC efforts.

SDMS PAC President, Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS and SDMS PAC Treasurer, Donald Haydon, met with congressional offices to support the adoption of federal-level sonographer certification standards



SDMS PAC President, Charlotte Henningsen, MS, RT(R), RDMS, RVT, FSDMS met with former Congressman, Jim Walsh of New York, now a member of the K&L Gates lobbying team, to discuss strategy related to the SDMS national certification standards initiative for sonographers



SDMS PAC Contributions

The SDMS PAC is an essential component in the Society's efforts to represent the interests of the membership. It enables the association to send a strong, collective, bipartisan message to members of Congress that the members of SDMS are committed to support those

candidates in Congress that are engaged and supportive of our efforts to further the interests and policy positions of the SDMS and sonographers.

SDMS welcomes member PAC support. Members who may be interested in making a voluntary contribution to the SDMS PAC may do so by going online at <http://www.sdmspac.org/contribute.htm>.



Healthcare Reform in the 111th Congress: Implications for Medical Imaging and Sonography

Make no mistake; the American health care system is in crisis. The health care crisis confronting policy makers includes, but is not limited to, the 46 million Americans who are not covered under any health insurance program, the rapidly increasing costs of providing health care to those that are covered, and the effect on the American economy, families and businesses that proposals to fix the system would generate. In the decade between 1999 and 2008, the cost of healthcare premiums increased 117% for individuals and families and 119% for employers. According to a report published by the Senate Finance Committee on May 20, in 2009 alone, American health care spending is projected to increase 5.5%. Compare that increase to the overall gross domestic product (GDP) which is expected to decrease .2%. The problem is that these kinds of health care expense increases are not sustainable or compatible with a viable American economy. Something needs to be done, and sooner rather than later.

To further exacerbate the situation, the number of baby boomers on the cusp of retirement with their associated increases in Medicare costs is soon to skyrocket. To add to the challenge that policy-makers face with regard to health care reform, the Medicare Trustees now report that the Medicare Trust Fund will be exhausted in 2017, two years earlier than predicted the previous year. In 2008, health care spending in the United States accounted for 16.6% of the GDP, a much larger share of the nation's overall economy compared to all other industrialized nations. Even with planned Medicare expense reductions, the portion of the American GDP accounted for by health care is projected to increase to over 20% by 2018. While opinions vary dramatically on suggested approaches for fixing the problem, one point has generated a strong opinion consensus...the current situation cannot be tolerated, fundamental changes must occur within the American health care system. The future viability of the American economy demands that change be enacted now.

How does this issue relate to medical imaging and specifically to the profession of sonography? The U.S. Senate's Finance Committee report released a little more than one week ago points to medical technology and specifically to medical imaging technology as one of the most important factors in contributing to the rapidly escalating costs of health care spending. While also citing obesity and demographics as contributory factors, the Senate policy-makers attributed 38-65% of the health care cost increases to the increased use of medical technology.

The challenge, and its associated dilemma identified by the congressional leaders is this: "Responsible health care reform must provide health care coverage for all Americans while at the same time reduce the rate of growth in health care spending. These goals must be achieved in a fiscally responsible manner with sustainable sources of funding." In summary, we have to change the way in which American health care is delivered, expand the population to be covered, and do so without breaking the bank.

In the summer of 2008, Congress took its first step in trying to address the rising costs of medical imaging by passing the Medicare Improvements for Patients & Providers Act of 2008 (MIPPA). Section 135 in MIPPA dealt specifically with new

federal standards, linked to reimbursement, for "advanced" imaging modalities. The term expensive could easily have replaced the term advanced in describing the congressional interest in reducing medical imaging expenses as these imaging modalities included CT, MR, PET, and NucMed. Interestingly, ultrasound and x-ray were specifically excluded from MIPPA provisions. MIPPA required that the advanced imaging modalities comply with new lab/facility accreditation standards.

Previously, both MedPAC (a bi-partisan advisory group that provides analytical support to congress on Medicare related issues) and the Government Accounting Office (GAO) have recommended that Centers for Medicare and Medicaid Services (CMS) adopt certification standards for those personnel who provide the technical component of medical imaging services. To date, these recommendations have not resulted in any meaningful change or the adoption of new certification standards by CMS related to sonographers or ultrasound services.

Whatever congressional leaders do relative to health care reform, one message is clear; any actions taken will address, in some fashion, medical imaging services. The key concept reflected in the new CARE bill prepared for submission in this congressional session is focused on the need for establishing federal-level certification standards as a pre-condition for payment. In other words, ***taxpayers should have a reasonable assurance that the individual who provides their ultrasound examination has demonstrated a minimal level of professional competency by having successfully completed a national certification examination by a nationally recognized credentialing body.***

As the health care reform dialogue moves forward, we are hopeful that we can have our message heard and included in whatever health care reform package moves forward.

Further complicating the health care reform issue is the fact that politics are involved. The Chair of the Senate Finance Committee, Senator Max Baucus (D-MT), is likely to be the lynchpin in whatever health care reform structure is produced. He is at the right place, and at the right time to deliver the most significant and sweeping change to the American health care system since Medicare was first established 45 years ago.

In an article which ran in the Washington Post on Sunday, May 24, 2009, Senator Baucus was quoted as describing the health care reform movement as a "...train about to leave the station. There's a sense of inevitability here...The president wants a bipartisan bill; I want a bipartisan bill because it's more sustainable. I hope that happens; I think there's a good chance that might happen. But I don't know. Crunch time is coming up here pretty soon."

Whatever may happen, SDMS is doing its best to ensure that the interests of its members and the patients they serve are represented in the end.



*Topics of Interest
for Sonography
Professionals*

National and State News Updates

Comparison Of Medical Imaging Choices Finds Ultrasound To Be The Most Cost Efficient

Medical News Today

May 22, 2009 - 4:00 PDT

In comparing ultrasound with other medical imaging methods such as MRI and CT scans, a literature review of published studies in the May/June issue of Journal of Diagnostic Medical Sonography (JDMS) describes the use of ultrasound to provide an accurate diagnosis more cost effectively than the alternatives.

[More ... <http://www.medicalnewstoday.com/articles/151132.php>]

Ultrasound First, Not CT, For Diagnosing Suspected Acute Appendicitis

Bio-Medicine

May 7, 2009

Color Doppler ultrasound, not CT, should be the first imaging examination for adult patients with suspected acute appendicitis, a new study emphasizes.

[More ... <http://www.bio-medicine.org/medicine-news-1/Ultrasound-first--not-CT--for-diagnosing-suspected-acute-appendicitis-18685-1/>]

Good News for Sonography

Advance (www.advanceweb.com)

March 11, 2009 1:16 PM

by Daniel Merton

Two recent developments should prove beneficial for the sonography profession, as well as for patients who require imaging examinations.

[More ... http://community.advanceweb.com/blogs/xt_1/archive/2009/03/11/good-news-for-sonography.aspx]

*“Great things are done by a series of
smaller things brought together.”*

– Van Gogh

