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THE CONSUMER ASSURANCE OF
RADIOLOGIC EXCELLENCE ACT
(CARE)

HON. RICK LAZIO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. LAZIO. Mr. Speaker, CARE is legislation aimed at patient safety that would ensure technologists administering medical imaging and radiation therapy procedures have sufficient training and expertise. Medical imaging and radiation therapy involve the application of potentially dangerous articles like x-rays, nuclear isotopes, and powerful magnetic fields. Medical imaging provides radiologists and other physicians the vital imagery to diagnose illness and prescribe appropriate treatment. Radiation is the application of radiation to cancers as prescribed by oncologists. Currently, over 250,000 individuals work in thirteen disciplines in this field.

CARE would provide incentives for states to license or register persons who perform medical imaging and radiation therapy. Currently 15 states have no regulations governing the education or competence of individuals administering x rays and 29 states have failed to regulate individuals administering nuclear medicine tests. This legislation seeks to redress the deficiencies in the Consumer-Patient Radiation Health and Safety Act of 1981, by encouraging states to put in place minimal standards for the education and certification of practitioners in the field.

CARE is endorsed by the Alliance for Quality Medical Imaging and Radiation Therapy. The Alliance consists of the following organizations: American Association of Physicists in Medicine, American Registry of Radiologic Technologists, American Society of Radiologic Technologists, Association of Educators in Radiologic Sciences, Association of Vascular and Interventional Radiographers, Joint Review Committee on Education in Radiologic Technology, Joint Review Committee on Education in Nuclear Medicine Technology, Nuclear Medicine Technology Certification Board, Section for Magnetic Resonance Technologists of ISMRM, Society of Nuclear Medicine-Technologist Section, and Society for Radiation Oncology Administrators.

CARE is also endorsed by the Following organizations: American College of Radiology, American Organization of Nurse Executives, Cancer Research Foundation of America, National Coalition for Cancer Survivorship, the American Cancer Society, Conference of Radiation Control Program Directors, Inc., Help Disabled War Veterans, Help Hospitalized War Veterans, International Society of Radiographers and Radiologic Technologists, National Coalition for Quality Diagnostic Imaging Services and Philips Medical Systems, Inc.

TRIBUTE TO ALAN EMORY

HON. JOHN M. McHUGH

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. McHUGH. Mr. Speaker, it is with great pleasure that I rise today to pay tribute to Alan

EXTENSIONS OF REMARKS

Emory, a veteran writer for the Watertown Daily Times who is battling pancreatic cancer.

June 7 marked Alan's 51st year with the Times, 47 years of which he spent covering the Capital, earning him the title of Times Senior Washington correspondent. As a reporter, Alan has always held himself up to the highest standards of journalistic integrity. His readers have come to expect objective, accurate and intelligent reporting of events, both big and small.

Alan's readers have also come to expect from him a thoughtful understanding of the issues and events that affect our everyday lives. Through his weekly Sunday column, Alan has touched the lives of many by relating his own experiences, which enlighten and inspire, motivate and comfort. One such experience is his battle with cancer. In his weekly column, he recounts this very personal ordeal with his usual candor, and never before have his sense of humor, his courage, and his humanity been more clearly demonstrated to all those who have come to know him personally and through his articles.

This is not Alan's first brush with cancer. In 1991, he had been diagnosed and treated for prostate cancer. Experience, however, has not made the second time any easier. There were weeks of tests. There were unforeseen health complications that delayed surgery. There were innumerable pills to take, complicated doctors' orders to follow, and long trips back and forth to the hospital.

Yet—through all this—Alan's spirit, optimism, and courage are undiminished. He is gracious and humble as ever and, in his weekly articles, he has thanked his friends, family, and his readers for their support and prayers.

Alan's account of his battle with cancer offers hope to all those who find themselves in similar circumstances. Fighting a deadly disease can be a lonely experience, even with the support of loved ones.

Alan's articles over the last several months have been important for another reason. They were among the first to bring public attention to the Health Care Financing Administration's proposed regulation to implement severe cutbacks on reimbursement costs to physicians for vital outpatient chemotherapy treatment for senior patients. The attention that Alan's articles brought to the issue, and the subsequent pressure that his readers brought to bear upon public officials, were crucial in bringing the Clinton administration to put off plans to reduce payments for cancer drugs. I joined with my colleagues in writing the Clinton administration objecting to the proposed cutbacks, which I felt would put Medicare beneficiaries with cancer unnecessarily at risk by denying adequate reimbursement for essential drug therapy. Thankfully, the Administration reconsidered its position and ultimately decided not to reduce payments to doctors.

In sharing his experience, Alan not only shares his optimism and his spirit, he has helped prevent a potentially devastating regulation from coming into effect. Because of their significance in this regard, I ask that copies of Alan's stories, those on his own battle with cancer, as well as those on the Medicare cancer cutbacks, be printed in their entirety in the RECORD.

September 25, 2000

Mr. Speaker, I rise today to pay tribute to a great journalist, and more importantly, a good friend, Alan Emory. He has touched the lives of thousands—many of whom will never get the opportunity to thank him for all he has done in the course of his career. From all of us, I say thank you, Alan.

[From the Watertown Daily Times, July 2, 2000]

PAYMENT CHANGE MAY SPELL END OF
OUTPATIENT CHEMOTHERAPY

(By Alan Emory)

The Clinton Administration giveth and it taketh away.

The president makes a big deal of wanting the federal Medicare program to cover the cost of many prescription drugs for senior citizens who cannot afford them. He has pressed Congress to pass legislation providing for that help.

He says nothing, however, about a regulation issued by Health and Human Services Secretary Donna Shalala that runs flatly contrary to what he is asking from Congress.

That rule, by the Health Care Finance Administration which would take effect Oct. 1 unless scrapped by her department or blocked by lawmakers—would effectively end vital outpatient chemotherapy treatment of senior cancer patients in the offices of oncologists and, perhaps later, in hospitals.

It would be achieved by cutting back severely on reimbursement costs to physicians. In other words, at a time of huge budget surpluses likely over the next decade, the folks with green eyeshades and blue pencils would come out on top at the expense of patients.

From all appearances, analyses by experts have found that by swallowing 5 percent of chemotherapy drug costs, oncologists and hospitals get a fair reimbursement. But the new HCFA regulation would increase that shortfall to as much as 13 percent, effectively pressuring physicians to discontinue their chemotherapy office procedures, dismiss nurses and send patients to long lines at hospitals, assuming the hospital can continue to treat them.

There is a very good chance the hospitals might decide to close down their outpatient treatment services, too, in which case the patients would have no idea where to obtain their drugs.

About 60 percent of chemotherapy is now delivered in doctors' offices, a more comfortable environment for patients and a setting where they and their doctors and nurses can have a satisfactory relationship.

The compensation doctors receive would, on Oct. 1, be determined by an average wholesale price of the drugs set by a Justice Department "red book" for 20 drugs to treat cancer, and the pressure is on to lower that figure even more.

Letters to Congress have stressed that oncologists deserve an increase above that price, not a reduction, and they point out that many hospitals and doctors cannot obtain the needed drugs at those prices.

This is not the story of greedy drug manufacturers boosting prices to the point where some Americans travel to Canada to obtain medication at reasonable prices. It is not a story of doctors and hospitals pocketing huge markups. It is one about a reduction in compensation for doctors that may be cut even more to a point where the welfare of senior citizen cancer patients is endangered.

Basically, some surveys find, chemotherapy administration is essentially a break-even proposition in hospitals. More