

July 22, 2016

RE: SNMMI comments regarding RIN 2900-AP44-Advanced Practice Registered Nurses

Director
Regulations Management (02REG)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Director:

The Society of Nuclear Medicine and Molecular Imaging (SNMMI) appreciates the opportunity to submit comments on the Veterans Affairs (VA) proposed rule to amend 38 CFR Part 17. Specifically, SNMMI would like to comment on Section § 17.415(d)(1)(i)(B), and **oppose** any regulatory change that grants Certified Nurse Practitioners (CNP) the full practice authority to “perform” “supervise” and “interpret laboratory and imaging studies.”

SNMMI’s more than 17,000 members set the standard for molecular imaging and nuclear medicine practice by creating guidelines, sharing information through journals and meetings, and leading advocacy on key issues that affect molecular imaging and therapy, research and practice.

While SNMMI applauds the VA’s attempt to provide better health services for our nation’s veterans, SNMMI believes that this proposed rule would undermine the quality of care the VA hopes to deliver. The profession of imaging is comprised of numerous specialties, each with rigorous requirements to facilitate the delivery of high quality healthcare, while protecting patients and the integrity of imaging specialists. Nuclear Medicine is an imaging medical specialty that uses radioactive pharmaceuticals (radiopharmaceuticals) to diagnose, characterize and treat diseases. Due to the complexities of this field, it is imperative that the VA understand the importance of ensuring that those who “perform” “supervise” and “interpret laboratory and imaging studies” are qualified to administer these procedures. Detailed below are the education requirements a nuclear medicine professional is required to complete before they can perform the aforementioned services.

Qualifications to Interpret Laboratory and Imaging Studies

A Nuclear Medicine Physician (physician) must undergo 7-10 years of rigorous training before they are considered qualified to “interpret laboratory and imaging studies.” A physician’s training includes 4 years of medical school, one year of clinical internship followed by a combination of 4 years of diagnostic radiology, and 1 year of a nuclear medicine fellowship, or an internship followed by 3 years of dedicated nuclear medicine training. While a CNP also undergoes educational training, that training does not equate to the years of dedicated nuclear medicine training a physician receives that is specific to understanding disease processes, image interpretation, as well as safe and appropriate imaging procedures. It is therefore impossible, and unreasonable, to expect CNPs to “interpret” images at or approaching the same quality and level as Nuclear Medicine Physicians.

Most importantly, due to the use of radioactive materials in nuclear medicine procedures, all nuclear medicine activities are regulated by the Nuclear Regulatory Commission (NRC) regulation 10 CFR Part 35. This regulation permits only a physician, who is an Authorized User (AU), to write the directives needed to:

1. “supervise” a nuclear medicine procedure; and
2. change a specific protocol to fit a patient’s needs.

NRC 10 CFR 35 does not prohibit CNPs from physically placing an order to have a nuclear medicine procedure performed, or from sending a patient to the Nuclear Medicine Department for a scan, but NRC regulations *only* give AUs permission to “supervise” and implement any changes for a procedure. In this instance, only a physician who meets the NRC’s requirements can qualify to be an AU.

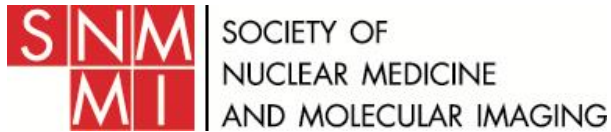
Qualifications to Perform Imaging Studies

Nuclear Medicine Technologists (NMTs) are also required to comply with NRC 10 CFR Part 35 radiation safety procedures. Proper radiation safety is vital because it minimizes radiation exposure to patients, health care personnel, and the general public. This includes the safe handling and administration of radiopharmaceuticals. For example, a CNP would need to know how to properly use a syringe shield to prevent radiation exposure to themselves and their environment when they are administering an injection to a patient. Failure to properly use the syringe shield endangers the CNP, their co-workers, and any other individual the CNP may interact with on their way to treat a patient. Additionally, before the CNP can administer an injection, they would need to use a dose calibrator to check the level of radioactivity in their syringe. Inadequate knowledge of how to use a dose calibrator could result in the patient receiving too much radiation, or not enough of the radiopharmaceutical to produce an accurate image. CNPs have not undergone any of this radiation safety training. NMTs, however, not only demonstrate thorough knowledge of NRC radiation safety procedures, but also implement these protocols daily when imaging patients. For the protection of all individuals involved in this process, it is the position of SNMMI that only certified NMTs be allowed to “perform” nuclear medicine studies.

Alternatively, SNMMI also recognizes Nuclear Medicine Advanced Associate’s (NMAA) as qualified to “perform” nuclear medicine exams. Not only are these individuals NMTs but they have Master’s level training and education. Due to the fact that NMAAs have already undergone nuclear medicine training, they are also recognized by the NRC to safely perform nuclear medicine procedures under 10 CFR Part 35. By employing NMAA’s, rather than CNPs, the VA could accomplish its goals of providing a quality care as efficiently as possible.

Conclusion

Considering the level of education and training the nuclear medicine professionals discussed above must achieve before they can practice nuclear medicine, SNMMI is **opposed** to the VA allowing CNP’s full practice authority to perform these duties. Allowing CNPs to “perform”, “supervise” and “interpret laboratory and imaging studies” will compromise, not enhance, the level of care received by veterans. Additionally, while combining all imaging services under a CNP may seem more efficient, CNPs lack of qualifications could result in dangerous misdiagnoses, improper utilization of imaging procedures, and a general deterioration in the level of care the VA is able to provide to veterans.



SNMMI appreciates the opportunity to provide comments to the VA on its proposed rule amend 38 CFR Part 17. Should you have any questions, please contact Sue Bunning, Director of Health Policy and Regulatory Affairs, via email at sbunning@snmmi.org or telephone (703) 326-1182.

Sincerely,

A handwritten signature in black ink that reads 'Sally W. Schwarz'.

Sally Schwarz, MS, Rph, BCNMP
SNMMI President

A handwritten signature in black ink that reads 'Sara G. Johnson'.

Sara G. Johnson, MBA, CNMT, NCT, FSNMMI-TS
SNMMI-TS President