

February 13, 2008

The Honorable Mike Enzi
Ranking Member, Health, Education, Labor and Pensions Committee
379A Senate Russell Office Building
Washington, DC 20510

Dear Senator Enzi:

The Society for Cardiovascular Angiography and Interventions (SCAI) SCAI is a professional association representing over 4,000 invasive and interventional cardiologists. SCAI promotes excellence in cardiac catheterization, angiography, and interventional cardiology through physician education and representation, and quality initiatives to enhance patient care. The Heart Rhythm Society (HRS) is the international leader in science, education and advocacy for cardiac arrhythmia professionals and patients, and the primary information resource on heart rhythm disorders. We represent over 4,500 specialists in cardiac pacing and electrophysiology. The ACC is a more than 34,000 member, non-profit professional medical society and teaching institution whose mission is to advocate for quality cardiovascular care—through education, research promotion, development and application of standards and guidelines—and to influence health care policy.

SCAI and HRS support the goals of S. 1042, the “Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2007,” which is to “ensure the safety and accuracy of medical imaging studies and radiation therapy treatments, thereby reducing duplication of services and decreasing costs.” We also support the growth of training and credentialing programs for cardiovascular catheterization technicians. However, we do not believe that the legislation should apply to invasive cardiac catheterization technicians and allied health professionals in electrophysiology labs that work under the direct supervision of a physician.

Unlike most diagnostic radiological procedures, the cardiac catheterization technician is under the direct personal supervision of a duly trained and fully licensed physician, and the physician is legally liable for all imaging activity. Medicare requires this level of physician involvement for both cardiac catheterization and electrophysiology procedures. The physician bears the responsibility for radiation safety. Fifteen percent of interventional cardiology’s Medical Board exams address radiation issues.

SCAI and HRS believe that the bill places an unnecessary burden on hospitals and allied health personnel involved in cardiovascular catheterization and electrophysiology laboratory procedures. SCAI and HRS recommend that the legislation exempt technologists working under the direct personal supervision of a physician, such as allied health professionals in invasive cardiovascular catheterization and electrophysiology laboratories.

If the Secretary mandates certification programs that require significant new educational efforts, it may take several years to set up those programs, allow technicians to matriculate, and complete the mandated certification programs. It will also be difficult to convince educational institutions to set up training programs until the Secretary identifies the requirements for those programs. A period longer than 36 months will be needed to accomplish this.

If the impetus for this legislation is concern about the rapid growth in the number of non-invasive imaging procedures possibly performed by inadequately trained or supervised staff, this concern does not apply to invasive cardiovascular catheterization procedures. The number of these procedures performed in

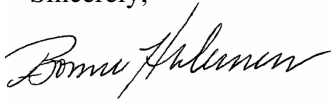
the Medicare population has declined by 4 percent from 2003 to 2005 (possibly due to the increasing capabilities of non-invasive imaging).

SCAI and HRS appreciate the intent of this legislation. We are strongly committed to the provision of high quality diagnostic and therapeutic services. However, we caution against putting in place a new federal regulatory framework for the purpose of “increasing the safety and accuracy of medical imaging examinations” without data or analysis suggesting that quality or medical necessity concerns exist with cardiovascular catheterization and electrophysiology laboratory procedures.

We hope that you will consider our request for further deliberation on this legislation before it is presented for formal consideration by your committee. Please feel free to contact SCAI, HRS, or ACC directly.

Thank you.

Sincerely,



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