



# STEREOSCOOP-Web Version

## State Officers:

Jacqueline Kralik, BAS, RT(R)  
(CT) (MR)  
Chairman of the Board  
(W) 206-322-6100  
E-mail: jkralik@pmi.edu

Pamela Lee, M.Ed, RT(R) (CT)  
(QM)  
President  
(H) 360-692-9915  
(W) 253-566-5224  
E-mail: plee@tacomacc.edu

Cesar Soliman, AS, RT(R)  
President Elect  
(W) 206-322-6100  
E-mail: pimarad-  
tech@hotmail.com

Brenda Eldridge, AS, RT(R)  
Vice President

Lucretia Bell, RT(R)  
Secretary/Treasurer  
(W) 360-792-6781  
E-mail: cree33@comcast.net

EDITOR  
Judy Wheel BA, RT(R)  
(H) 425-739-4506  
E-mail: jkwheel@mac.com

EXECUTIVE SECRETARY  
Susan Jahn  
12609 NW 20th Ave.  
Vancouver, WA 98685  
1-800-953-0232  
E-mail: wsrt@e-z.net

## President's Message

Dear RT's:

Wow! This year has really gotten off to a bang. I hope all of you received notification regarding the proposed "license" fee increase for the Department of Health. Although we may recognize that a fee increase was overdue a 281% increase we believe is unjustified. To notify as many as I could, as fast as I could, I had ASRT do an e-mail blast to all members in Washington requesting that you go to [www.wsrt.com](http://www.wsrt.com) for more information. This is our best method of getting information to the membership quickly. If you are not a member of ASRT and would like notification you may request to be added to our listserve via the WSRT website, message to the webmaster. Jacqueline and I were unable to attend the June 10<sup>th</sup> hearing as it conflicted with AEIRS and ASRT. A big "THANKS" to Brenda, Cree and Diane for attending and reading a statement the Board had prepared. Their impression was that the hearing was just a formality they had to do and that the many suggestions presented would go unheard. As soon as we know more it will be posted on

the website.

A complaint was filed with the Department of Health back in May 2007 regarding CV techs practicing outside their scope of practice by performing fluoroscopy. To date, after many attempts to get the DOH to act on this complaint, there has been no response. A complaint has been filed with the Chief of Staff of the Governor's office regarding this issue.

For some good news, in March we saw the passage of RA legislation. The DOH has completed adding it to our WAC/RCW which means that RA's may now perform those tasks that they are credentialed to do.

The C.A.R.E. bills are doing well. There are 149 cosponsors on HR 583 with Congressmen Dicks, Baird and Reichert on the list from Washington. We lost Inseele



because of Sonosite. Let's work on Adams, Larsen, Hastings, McMorris-Rodgers and McDermott. There are 27 cosponsors on SB 1042 with our Senators not signed on. The House recently passed HR 6331 that provides technical standards for CT, MRI, Pet but not X-ray, fluoroscopy, ultrasound and radiation therapy. Calls and letters need to go to our Senators, especially Senator Cantwell to include these modalities into their version. For more information please visit the WSRT website. There is a letter and talking points provided for you.

The membership has been working diligently over the past five years at the annual conference preparing for submission of new state licensing legislation. They

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(W) 360-792-6781  
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E-mail: wsrt@e-z.net

## WSRT April 2007 Board of Director's Meeting Minutes

Teresa Willow, President, called the meeting to order at 12:30 pm. There was a quorum present.

### Officers Present:

Pamela Lee, Teresa Willow, Jacqueline Kralik, Brenda Eldridge, Lucretia Bell, Chris Beaudry, Judy Wheel, Loren O'Neal, Amanda Garlock and Susan Jahn.

Minutes of the 2006, WSRT Annual Business Meeting were approved by the Executive Board and presented to the membership.

### Treasury Report by Susan Jahn:

# Of Members: 529  
# Of Student Members: 227  
Checking Account: \$ 4,578.94  
Saving Account: \$ 46,164.63  
CD2: \$ 23,568.95

### Report of BOD/ OFFICERS/ COMMITTEES:

Teresa Willow an-

nounced that all Committee and Board Reports are on file in the Executive Office.

### New Business:

#### Nominations for 2007-2008 Officers by Teresa Willow:

Vice President--- Kathy Nierman  
President Elect --- Pamela Lee  
Secretary/Treasurer--- Lucretia Bell

Teresa announced that nominations will be closed until tomorrow, when they would be reopened during the business meeting.

#### LXMO proposal explanation and ballot by Pamela Lee:

Pamela Lee explained the WSRT concern on language regarding LXMO's in the state licensing requirement, and sought WSRT members input on the matter, At

this time ballots were handed out to all members present.

### 2007-2008 Budget by Teresa Willow

The proposed budget for the 2007-2008 fiscal year was presented by Teresa Willow.

#### Motion #1: I move to accept the budget as presented. Passed.

#### Presentation of Student Awards by Teresa Willow.

The winners of the Student Essay Contest were:

- 3<sup>rd</sup> Place: Justin Wheaton, BTC. Intensity Modulated Radiation Therapy.
- 2<sup>nd</sup> Place: Stein Ulmer, BTC. CT Screening: The Cost of Peace of Mind.
- 1<sup>st</sup> Place: Daryl Stevens, BTC. Electron Beam Tomography.

*(Continued on page 3)*

## President's Message (Cont. from page 1)

have voted on limiting grandfathering to five years for x-ray technicians. It was also passed that they would need to come in compliance with the regulations that will be set by the Secretary of HHS for Limited X-Ray Machine Operators. Their scope of practice will be more limited than the LXMO curriculum allows,

especially in regards to pediatric patients.

We will be providing one print version of the Stereoscoop annually but electronic versions will be available on the website more often. As the Board receives information updates can be done fairly quickly as the website is managed

from my home. Please do not hesitate to contact any board member if you have questions or concerns. Check the website, www.wsrt.com, on a regular basis for up to date information. We need your help in getting legislation passed.

Sincerely,  
Pamela L. Lee, M. Ed., R.T.

(Continued from page 2)

The winners of the Student Exhibit Contest were:

- 3<sup>rd</sup> Place: Caitlin Gallery, BTC.
- 2<sup>nd</sup> Place: Liz Collins, BTC.
- 1<sup>st</sup> Place: Amber Woody, BTC.

Winners of the Marcy Barnes Knowledge Bowl:

- 1<sup>st</sup> Place: PIMA- David Myrick, Amanda Garlock, Krella Griswold, Dave Raulston.

**2008 Annual Meeting:**

First, a big Thank you to Brenda Eldridge for all her hard work to make the 2007 Conference a big success. The plans for the WSRT 2008 Annual Meeting were then discussed. This meeting will be held in Vancouver at the Red Lion April 24-

26, 2008.

**Re-Opening of Nominations for 2007-2008 Officers by Teresa Willow:**

Secretary/Treasurer – Lucretia Bell  
No further nominations from the floor, nominations for Secretary/Treasurer closed.

Vice-President - Kathy Nierman  
No further nominations from the floor, nominations for Vice-President.

President Elect – Pamela Lee  
No further nominations from the floor, nominations for President Elect.

Lucretia Bell as Secretary/Treasurer, Kathy Nierman as Vice-President and Pamela Lee as President Elect were elected by acclamation.

Teresa Willow, President, then installed the new officers.

Meeting was then turned over to Jacqueline Kraik as new WSRT President. Jacqueline promoted the importance of RT in DC, and encouraged everyone to get involved. Also invited WSRT members to encourage other RT'S to that they may work with or know to become members of WSRT and strengthen our voice.

The next General Meeting will be held April 24-25 at the Red Lion in Vancouver. Meeting Adjourned at 1: 32pm.

Respectfully submitted.  
Lucretia Bell, RTR  
WSRT Secretary/  
Treasurer

## Virtual Autopsy in Radiology

Since Wilhelm Conrad Roentgen's discovery of x-ray in 1895 there have been many new developments in Radiology. Radiology has been used in many different ways in autopsy including x-raying postmortem to document fractures, locate foreign bodies, find bullet pieces, identification of remains, and to determine patterns of injuries. Virtual Autopsy is one new development that has expanded the uses of x-ray in medicine. If this method is accepted virtual autopsy could be the future of autopsy and open up new discoveries in learning

about causes of death.

Virtual Autopsy was developed recently in Switzerland at the University of Berne's Institute of Forensic Medicine working with diagnostic radiology to create a less invasive form of autopsy. Traditional autopsies are considered invasive by many and it also violates many different religious laws, this is why the development of a bloodless autopsy is so appealing to many. Virtual Autopsy uses both computed tomography (CT) and magnetic resonance imaging (MRI) to create a 3-D picture. The CT images present informa-

tion about the pathology of the deceased and can produce specifics about the trauma or injuries. MRI is used by focusing on specific areas of the body to provide details regarding muscles, tissues and organs. Time of death is determined by MR spectroscopy and technique used to measure the metabolites in the brain that occur post-mortem (RSNA, 2003). Comarow's (2006) article had this example of a virtual autopsy.

*"The mysterious death of a 3-week-old Swedish infant in early 2004 could have been an episode of CSI. The*

*(Continued on page 4)*

*3rd Place Essay Contest  
winner: Kaci Whitfield,  
of Bellingham  
Technical College*

## Virtual Autopsy Continued...

*(Continued from page 3)*  
*baby girl died while a defect in her vocal cords was being examined with a laryngoscope, and an autopsy failed to explain her death. But finely detailed 3-D images from a "virtual autopsy" – a CT scan performed prior to the usual kind-held the answer. The images showed a tiny perforation in the baby's voice box where a needle on the laryngoscope had gone astray. Air had rushed into her chest, collapsing her left lung. As doctors tried to relieve the pressure on the lung, the needle punctured the sac around her heart. Air leaked in. Her heart stopped." (p. 70-71)*

Virtual Autopsy is an important advance because it saves vital time in investigations. In just ten minutes a virtual autopsy can produce data that represents thin x-ray slices of the body which will form a detailed image of the bones and tissues. Radiologists and Pathologists can use these results to zero in on specific areas to determine the cause of death. These images can be angled and turned to see all different views of the body. The images can also be sent to another forensic pathologist or Radiologists for second opinions. Traditional autopsies take much more time and aren't able to have the same flexible images that virtual autopsies produce (Comarow, 2006).

The amount of autopsies has declined to only 5 percent since 1970.

Autopsies have shown misdiagnosis and errors, if autopsies findings were used doctors could learn from past problems. Also it is important for families to know the exact cause of their loved ones death. Findings could forecast a family's medical future (Comarow, 2006). Many people don't like the idea of their family member being cut into like in a traditional autopsy that is why the use of virtual autopsy shows better views of fatal injuries while treating the deceased with the respect they deserve.

Virtual autopsies or "virtopsy" has many advantages over the traditional autopsy. Virtopsy does not destroy evidence. Results from virtual autopsies are saved on disks and can be looked up later. Another advantage of using virtual autopsy is when presenting pictures to juries in court the pictures so longer have to be gruesome and bloody. Most pictures are shocking to the jury but virtual autopsy images can show the 3-D image of the body without the shock factor.

Virtual autopsies can be used in many different areas. Radiology has been a useful tool in forensic investigations for years. With the use of virtual autopsy in gunshot wound victims images can reveal the bullet path, visualize fracture patterns, and visualize injuries made to the organs. Also it can assist in locating the bullet jackets which are helpful in identi-

fying the weapon that fired the bullet. All of these things can be done quickly with the use of virtual autopsy, rather than waiting for the traditional autopsy to be performed ( Levy et al., 2006)

Virtual autopsy can also be used to determine the cause of death of victims after natural disasters like tsunamis, hurricanes, and earthquakes when the bodies are badly decomposed. Forensic science has also been able to use imaging for human rights cases. An exhibit at the National Institutes of Health's National Library of Medicine had a display about a group of students who partnered with an anthropologist Clyde Snow to help gather evidence by digging up mass graves that eventually helped convict six leaders for the deaths of thousands during the "Dirty War" in Argentina in 1976-83 ( Redfearn, 2006).

The military is also considering using virtual autopsy in Army investigations of soldier's deaths (Abboud, Windham, 2003). The Pentagon has also employed this new technology since 2004 on the remains of military members in Iraq and Afghanistan, to help see have helmets and body armor can be bettered (Comarow, 2006).

The use of virtual autopsy is widening but one important use is education. There are many ways students, teachers and doctors can learn from this new

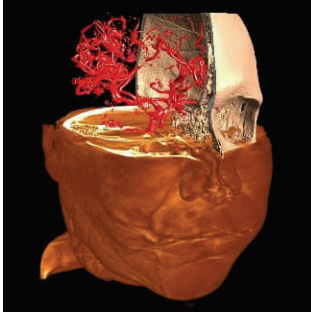
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## Virtual Autopsy Continued...

(Continued from page 4)  
form of autopsy. Schools can use the images to study instead of using cadavers. Doctors can use this as a learning tool to prevent problems that have occurred in the past.

This new method of autopsy has been widely accepted in Switzerland and Sweden and is now moving across the Atlantic, but will it be accepted? Virtual autopsy is useful in some ways but does have negatives. It is able to find foreign bodies, visualize fractures, find bullet paths, and find air and fluid collection in the bodies, but it can't detect bacteria in the body and visualize the color of the organs. Instead of replacing traditional autopsies both methods may work together in the future to succeed where the other



fails (Abboud, Windham, 2003).

Radiology has had many advances since its discovery. It has changed and diverged into many other fields. One great new advance has been virtual autopsy. With the use of virtual autopsy hopefully many new things can be learned to further the medical field. If used virtual autopsy could be much less invasive to the families show more respect to the deceased. It also has the ability to teach many students about the human body.

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### Washington State Affiliate Delegate Report-- from Pamela Lee, R.T.

ASRT Registration and Pin Exchange: June 12, 2008

RT Advocacy Luncheon: June 14, 2008

ASRT Credential check-in: June 12, 2008

1<sup>st</sup> Seating of the House of Delegates: June 13, 2008

2<sup>nd</sup> Seating of the House of Delegates: June 15, 2008

**By-Laws Open Forum**  
June 13, 2008

By-Laws were primarily limited to clarification changes. There were no major changes except for 60 days notice to 45 days notice. WSRT will need to review their By-Laws at our next meeting and be prepared to send out changes in time to vote on at the next annual meeting. We need to be in compliance with ASRT and we have very little to do to accomplish that.

### ARRT Report

June 13, 2008: The Transforming Healthcare Environment

- 86 years, and how fast we are now expanding
- Fusion imaging
- Online digital imaging academy
- Increased emphasis for exams
- Decreased shelf-life of knowledge
- Once certified, forever qualified – discounted
- Focus on qualifications over time
- Recertify all ARRT exams taken 2011 on, every 10 years
- Mandatory CE

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## The CARE Bill

### Katherine E. Foster Student

Professionals in the field of Radiology have been anxiously awaiting the passing of the CARE bill. Currently sitting in Congress waiting for approval, the “Consistency, Accuracy, Responsibility and Excellence in Medical Imaging and Radiation Therapy” bill would set and enforce minimum federal standards for the education and certification of personnel who perform medical imaging procedures and deliver radiation therapy. Many people have heard of the bill, but may not be familiar with its specific intent. This essay will cover the history of the CARE bill, its content and goals, and where this important bill is headed in the future.

### History of the CARE

#### Bill

Each year, millions of Americans undergo radiologic procedures, important examinations which greatly aid in the diagnosis and treatment of disease, injury, and illness. The quality of a patient’s health care is a direct result of the quality they encounter during these exams. Accurate diagnosis depends on quality radiographic information, and “any radiologic procedure is only as effective as the person performing it” (“Background Information,” 2007, Introduction, para. 8). In 1981, the U.S.

Congress passed the Consumer-Patient Radiation Health and Safety Act, in which minimum standards for state certification and licensure of radiologic personnel were developed by the Secretary of Health and Human Services. The bill required operators of radiologic equipment to achieve a basic level of education, skill, and knowledge and be certified as such. However, the implementation of these standards was left to the discretion of the states themselves with no repercussions for noncompliance. Because of the optional nature of the act, only 35 states have developed regulatory guidelines, with standards varying dramatically from one state to the next. Individuals in states with no regulation are not required to demonstrate any level of training or education before administering radiation to patients. “In some states, a person can go from operating a forklift one day to operating a CT scanner the next, with no training in between,” says Christine Lung, ASRT director of government relations. “The lack of a federal minimum standard poses a danger to patients” (“Join a Virtual March,” 2007, para. 6).

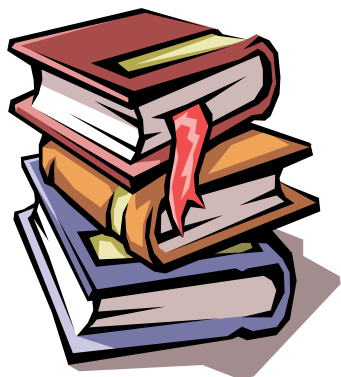
The American Society of Radiologic Technologists “believes that every American should have access to the highest quality radiologic care, provided by qualified radiologic personnel” (“Background,” 2007, Introduction, para. 4). So,

in 1997, ASRT began a campaign that would add legal enforcement to the Consumer-Patient Radiation Health and Safety Act, and in turn protect patients from overexposure, and reduce costs in the administration of health care. Under the CARE bill, Medicaid, Medicare, and other federally funded programs administered by the Department of Health and Human Services would withhold specific payments from states that do not comply with the bill’s standards. Facilities receiving these benefits would be required to employ fully qualified technologists.

Beginning in 1998, the ASRT worked to draft and refine the legislative proposals and regulations that would, if passed, amend the existing voluntary Consumer-Patient Radiation Health and Safety Act. Whereas the previous bill left the discretion of licensure and regulation to the states, a new bill would seek “to set national stringent Standards” (Forsythe, 2006). That same year, a new organization was formed that would lend broad support to ASRT and its legislative goals. The Alliance for Quality Medical Imaging and Radiation Therapy (AQMIRT) is a coalition of 20 “professional, educational, and credentialing organizations representing personnel who perform, plan, and evaluate medical imaging and radiation therapy.”

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*2nd Place winner in the  
WSRT Essay Contest  
from Bellingham  
Technical College*



*“Radiation is a valuable tool for diagnosis and treatment when administered properly, but carries potential health risks if it is not used correctly.”*

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Founding members included the ASRT, and the Society of Nuclear Medicine- Technologist Section (“CARE Bill Introduced,” 2007)

In April of 1999, “ASRT sponsored a ‘RT in DC’ meeting in which over 100 medical imaging and radiation therapy professionals attended to educate their congressmen and lobby for the ‘Medical Imaging and Radiation Therapy Quality Assurance Act’ in the 106<sup>th</sup> Congress” (“ASRT Government Relations,” 2007, CARE Bill History, para. 5). Over the next couple of years, the ASRT found sponsors for the bill in both the House and the Senate and worked to find supportive cosponsors. In 2000, the bill’s name was changed to the “Consumer Assurance of Radiologic Excellence (CARE) Bill” and was introduced in the House for the first time. Unfortunately, no action was taken. Since then, the bill has been reintroduced in Congress every year, but the legislative session adjourns time and time again with little or no action taken. In December 2006, however, the Senate passed the bill unanimously. Despite last minute efforts in the House of Representatives, the session ended without the bill getting through.

Aware of the global nature of medical imaging, ASRT and AQMIRT proposed a name change for the bill in 2007, and decided the “Consistency, Accuracy, Responsibility and Excel-

lence in Medical Imaging and Radiation Therapy” bill would include the many imaging disciplines, not just those directly related to radiology. The renamed bill was introduced in January of 2007 in the 110<sup>th</sup> session of Congress as H.R. 583, the House version, and subsequently presented in the Senate as S.1042 in March. “The CARE bill came very close to passing last year, and this is the earliest it has ever been introduced to a session. This is the fifth time the bill has been introduced into Congress and each time, we get closer,” quotes Christine Lung (“CARE Bill,” 2007).

### **Content and Aims of the CARE Bill**

The ultimate goal of the CARE bill is to establish national required educational and certification standards for individuals performing medical imaging and radiation therapy. Its mechanism for achieving this is to “amend the Public Health Service Act to make the provision of technical services for medical imaging examinations and radiation therapy treatments safer, more accurate, and less costly” (S.1042, 2007). By setting and enforcing established standards, the bill will ensure quality information is presented for diagnosis, and quality radiation treatments are delivered. Poor quality images

may lead to inaccurate diagnoses, additional testing, delays in treatment, more exposure to radiation due to repeat exams, causing unnecessary anxiety for the patient. Health care costs would be reduced by lowering the number of repeated exams performed by technologists with little or no training. “Each year, between 4 and 7 percent of medical imaging examinations have to be repeated due to improper positioning or technique. This not only puts patient safety at risk due to the threat of overexposure, but it also costs Americans and the federal government a staggering amount in unnecessary health care bills. If the provisions of the [CARE] bill could reduce the number of examinations nationally by just 1 percent, Medicare would save an estimated \$92 million a year” (Orfield, 2006).

Another major concern addressed by the CARE bill is safety. Radiation is a valuable tool for diagnosis and treatment when administered properly, but carries potential health risks if it is not used correctly. It is vital that a technologist educated in proper radiation protection, exposure techniques, and control of the x-ray beam performs each exam to ensure optimum safety and high quality images for diagnosis. Repeat exposures mean a 100% increase in patient radiation dose. Data from the National College of Radiology supports

*(Continued on page 8)*

## The CARE Bill, continued

*(Continued from page 7)*

the theory that mandatory licensing for technologists reduces the number of radiation therapy misadministrations significantly. After Massachusetts approved a licensure law in 1990, misadministrations dropped from an average of 5.5 per year to only seven incidents in sixteen years- less than one per year. Similar drops in error rates have been reported in several other states after enacting required standards for radiologic technologists” (“Background Information,” 2007, Increase Safety, para. 8).

According to the text of “The Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Act of 2007,” introduced in Senate as S. 1042 (“Consistency,” 2007), would require the Secretary of Health and Human Services to establish the following:

(a) Standards

In consultation with recognized experts... [the Secretary] shall establish standards to ensure the safety and accuracy of medical imaging studies and radiation therapy treatments. Such standards shall pertain to the personnel who perform, plan, evaluate, or verify patient dose for medical imaging studies and radiation therapy procedures... [These standards] may vary from discipline to discipline, reflecting the unique and specialized nature of the technical services provided, and shall represent expert

consensus as to what constitutes excellence in practice and be appropriate to the particular scope of care involved.

(b) Requirements

The Secretary shall ensure that individuals... demonstrate compliance with these standards through successful completion of certification by a professional organization, licensure, completion of an examination, pertinent coursework or degree program, verified pertinent experience...or through some combination thereof.

(c) Recognition of individuals with extensive practical experience

The Secretary shall, through regulation, provide a method for recognition of individuals whose training or experience are determined to be equal to, or in excess of, those of a graduate of an accredited educational program in that specialty, or of an individual who is regularly able to take the licensure or certification examination for that discipline.

(d) Approved bodies

The Secretary shall begin to certify qualified entities as approved bodies with respect to the accreditation of the various mechanisms by which an individual can demonstrate compliance with the standards...The Secretary shall establish minimum standards for the certification of approved bodies... (including standards for recordkeeping, the

approval of curricula and instructors, the charging of reasonable fees for certification or for undertaking examinations, and standards to minimize the possibility of conflicts of interest).

### The Future of the CARE Bill

If the bill passes in either the Senate or the House in the 2008 session, a “joint conference committee would sort out the differences in the bills and send it to the other chamber to be voted upon. The final stop is the president’s desk. He either signs it into law or vetoes it” (“The CARE Bill”, 2003). A strong difference in the CARE bill from other legislation currently pending is its bipartisan nature. Chip Gardiner, legislative director for a Minnesota Senator commented in RT Image (2006), “When a person breaks a bone, they don’t come to you as a republican or democrat.” This is a bill that should influence all party members, regardless of affiliation.

ASRT and AQMIRT have been “working on a comprehensive draft of updated education and credentialing guidelines to provide to the HHS when the rule-making process begins” (“Care FAQs,” 2007, Twenty-five Questions, para. 8). This document will most likely be the basis for the standards the Secretary of Health and Human Services decides upon once the bill is enacted.

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*“Similar drops in error rates have been reported in several other states after enacting required standards for radiologic technologists”*

## The CARE Bill, continued

*(Continued from page 8)*

During the first week of November last year, AQMIRT led a "Virtual March" on Capitol Hill, encouraging its members to contact cosponsors of this legislation and their own state senators and representatives to enact the CARE Bill. As of this time, 22 senators and 124 Representatives have signed on to cosponsor the bill in the House and Senate. As an important step, ASRT has opened the advocacy portion of its website to the public to encourage the public to find their representatives and contact them about supporting the CARE bill ("Join a Virtual March," 2007).

The Fall 2006 Stereoscoop, published by the Washington Society of Radiologic Technologists, reported that its Chairman of the Board "has been working closely with the ASRT legislative team to provide a comprehensive bill for the Washington State Legislators to consider that not only matches the CARE Bill intent, but also enhances our rights as radiologic technologists, while protecting our patients by establishing educational and competency guidelines for the 'person' behind the control panel" (Willow, 2006).

The CARE bill is a valuable tool in improving the quality of care in the radiological sciences. Its eventual passage in Congress will ensure, by law, the highest educational and licensure standards in

Washington State and around the nation. These standards will uphold the important goals of the ASRT to improve safety, reduce healthcare costs, and promote the highest quality of patient care.

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*Willow, Teresa CRT(R)(M) (BD) (2006) Stereoscoop, President's Message. Washington Society of Radiologic Technologists.*

*"These standards will uphold the important goals of the ASRT to improve safety, reduce healthcare costs, and promote the highest quality of patient care."*

## WSRT Mission and Goals:

### Mission:

The Washington Society of Radiologic Technologists strives to give medical imaging and radiation therapy professionals the knowledge, resources and support they need to provide quality medical care.

### Goals:

- Be responsive to the professional needs of its members.
- Provide continuing education credits throughout the state.
- Promote quality in the science and practice of Radiologic Technology.
- Provide a network system for professionals within radiography to interact within the state and on a national level with ASRT.
- Enhance the image and reputation of the profession.

*We would like your feedback on the new format for the Online Stereoscoop. We are planning on publishing the Stereoscoop twice a year, once on-line and once on paper. Please e-mail Susan Jahn at [www.wsrt@e-z.net](mailto:www.wsrt@e-z.net) and let us know what you think.*

## ASRT Delegate Report Continued

*(Continued from page 5)*

- CQ/2001 – continued qualifications
- Nuclear Medicine advanced Associate
- PACS Administrators – Certified Imaging Informatics Board.
- American Board Imaging Informatics
- Computer based testing
- On-demand testing
- New assessment

### JRCERT Report

June 13, 2008

- USDE and Council for Higher Education Accreditation
- Peer review
- Input from communities of interest
  - Staff review
  - Site visit
  - Board reviews and awards accreditation

7.2

Must assure attendance poli-

cies are published and made known to enrolled students and policies promote professionalism.

8.8

- Student supervision in energized lab must be done by an RT
- Electronic submission – Fall 2008
- Web redesign – offer more resources
- USDE – Distance learning
  - ASRT curriculum, new for 9/2008

Formats

### ASRT Update

June 13, 2008

Strategic Initiatives

1. Develop and display customization and personalization
2. Secure a favorable professional environment
3. Establish pathways for professional growth

4. Maintain the financial and organizational viability of the ASRT

4% growth rate 2007  
128,000 as of now

Education and Research

1. Scholarships, entry and advanced levels
2. International speakers – travel and expenses
3. Scientific poster display – virtual
4. Grants up to \$10,000
5. Study abroad in China

## WSRT wants you.

We need willing members to participate on committees and run for offices For more information please contact any officer. We will be happy to assist you.