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Phil Gramm
Texas

United States Senate

MEMORANDUM

Date: 7/15/98

Nuclear Regulatory Commission
Office of Congressional Affairs, Room H1159
Washington, D.C. 20555

REC'D BY SECY

21 JUL 98 2: 24

A constituent has sent the enclosed communication. A response which addresses his/her concerns would be appreciated.

Please send your response, together with the constituent's correspondence, to the following address:

Office of Senator Phil Gramm
2323 Bryan Street, #2150
Dallas, Texas 75201

Attention: Margaret Smith
(214) 767-3000
(214) 767-8754 (fax)



TEXAS RADILOGICAL SOCIETY

A CHAPTER OF THE AMERICAN COLLEGE OF RADILOGY

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The Honorable Phil Gramm
Attention: Philip Gleason
370 Russell Senate Office Building
Washington, D.C. 20510-4302

Dear Senator Gramm:

I am writing to you as President of the Texas Radiological Society. The fifteen hundred physician members would like to have your consideration in two areas in which we have concerns.

The Nuclear Regulatory Commission is in the process of reviewing Part 35 of its regulations. This covers the medical use of radioactive byproduct materials. In January 1998, the NRC released for discussion proposed revisions to Part 35 regulations. The restructuring is supposed to be "risk informed and more performance-based." The NRC draft proposes substantial reductions in the training and experience requirements of the current regulations. The general intent of the new proposal seems to be to separate the training and experience requirements necessary for radiation safety and protection from those necessary for proper clinical performance.

The draft was reviewed at the March 1998 meeting of the NRC's Advisory Committee on the Medical Use of Isotopes. Representatives from the American College of Radiology testified at this meeting. The Advisory Committee accepted the status quo position for training in the use of high dose radioactive materials used in radiation oncology. In oncology, the hazards are so great from the source used that it is impossible to separate radiation safety and protection training from clinical training.

The same logic did not hold for the low dose diagnostic use of isotopes. Granted, the use of diagnostic isotopes has an enviable safety record. This is probably due to the extensive training and present regulations now in place.

The American College of Radiology and the Radiologists of Texas feel that the proposed regulations cut training requirements too drastically. As a compromise, the College suggested a 50% reduction in the number of hours of training --- but not the 90% reduction proposed by the Advisory Committee.

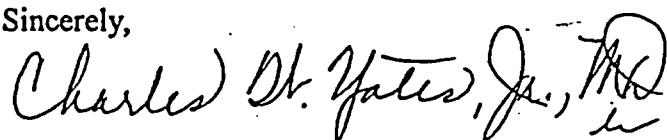
The Texas Radiological Society hopes that you might evaluate this proposal and write a letter to the members of the Nuclear Regulatory Commission asking them to consider a less drastic position than that suggested by the Advisory Committee. Patient safety is our greatest concern.

Secondly, the area of diagnostic imaging has shown remarkable technical breakthroughs in the past few years - ultrasound, CAT scanning, magnetic resonance imaging, nuclear SPECT imaging, and PET scanning represent significant achievements. These achievements are expensive, and the research to develop them is extremely costly. With managed care and decreased Medicare and Medicaid reimbursements, money available for future research will be decreased. In research, as in all other areas of medicine, we are going to have to find ways to get the most value for our dollars - the "biggest bang for our bucks."

It would seem logical to coordinate all government-aided research in diagnostic imaging into one area so that the research efforts and dollars could be coordinated. It would seem logical to set up a division of NIH for diagnostic imaging to accomplish this. Not necessarily more money, but better use of the numerous grants that are scattered throughout the various other NIH divisions.

I have included two bills already introduced. Please evaluate these to see if they are worthy of your support.

Sincerely,

A handwritten signature in black ink. The name "Charles" is written in cursive, followed by "W." in a smaller size, then "Yates" in cursive, "Jr." in a smaller size, and "M.D." in a smaller size at the end. There is a small circle drawn around the "D" in "M.D.".

Charles W. Yates, Jr., M.D.
President
Texas Radiological Society

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