

■ Revision of Immigration Policy: A Possible Means for Easing Manpower Shortages

By a vote of 81-17, the Senate on July 13 approved a major revision of U.S. immigration policy. This legislation, S.358—Immigration Act of 1989, proposes increases in visas for professional and skilled workers as well as allowing the entry of thousands of foreigners each year under expanded categories. S.358 has since been referred to the House Judiciary Committee, Subcommittee on Immigration, Refugees and International Law. A hearing was held on September 27, but no further action has been taken. S.358 reflects growing debate on the criteria used in revising immigration policy and on the use of foreign workers to meet labor needs.

In essence, S.358, sponsored by Senators Edward M. Kennedy, Alan K. Simpson and Paul Simon, would increase both the number and proportion of visas to individuals based on work credentials, special occupational skills, and other specified criteria. In its current version, S.358 would limit immigration to a total of 590,000 individuals annually. Of this total, 150,000 individuals would be admitted based upon the pre-

viously mentioned occupational criteria (Table 1). S.358 is significant in that it allows for the creation of an independent category for allocating visas to individuals with specific skills needed in this country who do not have employers sponsoring them. Eligible applicants who qualify will be selected on the basis of a new point system (Table 2). Current policy stipulates that immigrants in "non-family" categories must have secured employment prior to immigrating.

A proposed amendment to S.358, which was adopted, adds 30,000 visas to the third and sixth preference categories (visa classification listings according to occupation—third preference refers to selected professionals and individuals with exceptional ability; sixth preference refers to those workers in occupations that cannot be filled by American residents) for a total of 85,000 to be split between the two categories. Currently, workers in the exceptional worker category (third preference) wait one year for visa approval; those in the skilled worker category wait three years. According to Senator Alan Specter, proposer of the amendment, this waiting period is detrimental to businesses that need qualified workers in order to remain economical-ly competitive.

Other adopted amendments to S.358 relating to labor in general and specifically to health care include requiring the Secretary of Labor to identify and report on labor shortages and the admittance of up to 4,000 nurses and 10,000 physicians who agree to work and remain for at least ten years in areas where there are shortages of health care professionals.

Revision of immigration policy has been in effect since 1965, but there is little accord on how to achieve needed reforms (1). A bill similar to S.358 was passed by the Senate in 1988, but the measure died in the House (2). In an alternative measure, congressional action (HR 115-PL 100-658) addressed an issue of great importance to health care fields: visa extensions to foreign nurses. A recent *New York Times* article stated that the nursing shortage and the subsequent use of foreign nurses appears to be symptomatic of an upcoming labor crisis in many skilled professions (3). Data from the Department of Labor indicate that the labor force in the 1990s (due to declining birth rates in the 1960s and 1970s) will grow by 1.2% annually, compared with increases of more than 2% in recent years (3). In the *Times* article, Representative Bruce Morris, Chairman of the House Subcommittee on Immigra-

TABLE 1. Comparison of Visa Numbers Under Current Law and S.358

Independent	Current law	S.358 as passed by Senate	Changes in definitions
Special immigrants (ministers of religion, etc.)	no limit	4,000 (2.7%)*	same
Rural medical personnel	none	5,000 (3.3%)	new
3rd preference (professionals and exceptional ability)	27,000	40,100 (26.8%)	advanced degree or exceptional ability required
6th preference (skilled and unskilled workers)	27,000	40,100 (26.8%)	Limited to only skilled workers
Employment generating investors	none	6,800 (4.5%)	new
Selected immigrants	none	54,000 (35.9%)	new†
Total	54,000	150,000	

*Percent going to each category of independent visas.

†To be administered according to new point system (see Table 2).

TABLE 2. Point System*

Criteria	Maximum points	Percent of total
Age	10	11%
10 pts for age 21-35		
5 pts for age 36-45		
Education	25	28%
10 pts for high school		
10 pts for Bachelor's degree		
5 pts for graduate degree		
Occupational demand	20	22%
Occupational training of work experience	20	22%
Pre-arranged employment	15	17%
Total	90	100%

* Minimum points needed to apply: 60.

tion, Refugees and International Law stated that "the nursing crisis is a test case for how we deal with a labor force emergency without inducing hospitals to look at immigration as the easy answer to their problems and without letting them give up efforts to draw Americans into those jobs." That manpower shortages are presenting issues that go way beyond immigration policy is evidenced by a statement in the *Times* article by Doris Meissner, an immigration expert at the Carnegie Endowment in Washington, DC. According to Ms. Meissner, "while immigration might be an acceptable response to short-term shortages, we have to look at our education system and the kinds of incentives offered to young people entering the labor force to determine why we are not producing the kinds of technicians and scientists we need."

With the extension of visas to foreign nurses, radiology fields are viewing the changes in immigration policy as a means of dealing with manpower shortages in radiology. In a recent interview, Marcia Boyd, CNMT and chairperson of the Summit on Manpower's Task Force on Government, stated that the Summit is currently investigating methods to change current policy to allow for immigration of technologists. Under the

current policy for issuing visas based on occupation or profession, radiological fields are not listed as professions. "For example," Ms. Boyd noted, "Canadian technologists have expressed interest in working in this country, but because of the current policy they cannot obtain visas." Ms. Boyd stated that there are two ways in which policy changes can be made; congressional action which would result in a new law or changes through bureaucratic channels. After its meeting in Washington, DC in October, Summit representatives will be meeting with various immigration officials and other legislative contacts to develop appropriate mechanisms.

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References

1. Biskupic J. Senate votes 81-17 to revamp U.S. visa allocation system. *Congressional Quarterly* July 15, 1989; 1785-1788.
2. Biskupic J. Key senators remain at odds over immigration reform. *Congressional Quarterly* May 6, 1989; 1046-1047.
3. Suro R. Employers are looking abroad for the skilled and the energetic. *New York Times* Aug. 20, 1989.

Industry Responds to Technologist Concerns

The technologist shortage has promulgated the cooperative efforts of industry and technologists with the formation of advisory boards to deal with issues critical to technologists.

Mallinckrodt has formed the Technologist Advisory Group (comprised of technologists from various chapters across the country) that seeks technologist input in the following areas: communication and research on product use and development; assistance in product marketing and development of educational programs that best fulfill technologist needs; and addressing concerns of technologists. Pat Hastings, CNMT, board liaison and a marketing consultant, recently outlined some of the

group's activities. Mr. Hastings stated that Mallinckrodt is currently working with NeoRx to develop a program on technologist input in the growing technology of tumor imaging with monoclonal antibodies. According to Mr. Hastings, "technologists definitely have a role in various aspects of this technique and it is important to develop the necessary educational [resources]." Mr. Hastings also stated that a possible project would be to work with the Section's Academic Affairs committee for inclusion of antibody imaging as a subspecialty on the Section's career ladder module. In conclusion, Mr. Hastings state that "technologist issues, particularly the shortage, concern all of us." "Since industry has the resources, it is now time to work together to address these issues and protect the field." The technologist Advisory Group is tentatively scheduled to meet in January to discuss mechanisms for various projects.

The Du Pont Technologist Advisory Board cites as its mission "to address and act upon critical issues facing the nuclear medicine technology profession." Objectives include: addressing the technologist shortage; improving the professional image of nuclear medicine; developing a communication network between the Board and industry; acting as consultant to Du Pont in the development of educational programs and products; and serving as a liaison with SNM. One board activity is the recent publication of the "Technologist Professional Development Program," a workbook designed to foster development in professionalism, communication, and patient relations. The workbook can be obtained by contacting David B. Pendleton, Program Manager, Customer Support, Du Pont, 331 Treble Cove Road, N. Billerica, MA 01862.

Assistance in Preparing for NMTCB Exams

Applicants frequently ask for assistance in preparing for the NMTCB examina-

tion. While it is not possible for the NMTCB to recommend specific study materials, the following information may help in your preparation.

The NMTCB examination is task-oriented, in that the exam does not test the recall of basic knowledge but instead tests the applicant's knowledge of nuclear medicine technology practice. For example, modes of radioactive decay and interactions of radiation and matter are not tested. However, knowledge of these two areas can be applied to choosing appropriate shielding for radioactive material or selecting the optimum collimator for imaging. The job-related tasks that will be included on the NMTCB exam are outlined in the *NMTCB Task Analysis of Nuclear Medicine Technology*. This list is available from the NMTCB office. The NMTCB encourages examinees to review this list carefully. Candidates can best prepare for the NMTCB exam in two ways:

1. Candidates should review their practical clinical experience and compare it to those tasks outlined in the Task Analysis to identify individual strengths and weaknesses.
2. Candidates may wish to review a current textbook of nuclear medicine technology and issues of recent nuclear medicine technology journals. While the NMTCB exam does not address research topics, teaching editorials and continuing education articles appearing in the *JNMT* may provide a useful review of current clinical practice.

■ News Briefs

SPECT Education Programs

With the current and increasing availability of SPECT systems in clinics and hospitals, the Du Pont Technologist Advisory Board has determined that practical SPECT education is needed in two specific areas: "technical hands-on education for technologists and image-interpretation education for physicians."

To meet technologists' needs, the Board is exploring methods for supporting SPECT workshops for technologists. An additional SPECT education activity is the current production on a Section-sponsored workbook entitled "Community SPECT Workshops." Coordinated by Brad Pounds, CNMT and reviewed by the Section's Continuing Education Committee, the workbook is designed to assist regional chapters and nuclear medicine organizations in the planning and production of community SPECT workshops, which offer participants, through the use of lectures and laboratory sessions, a hands-on approach in acquisition, processing, and interpretation of quality control data applications.

OSHA Proposes Draft Rules

Two proposed draft rules, made public by the Occupational Safety and Health Administration (OSHA) require that employers pay for hepatitis B vaccine for employees who are "regularly exposed" to blood and body fluids and that employers develop employee education programs and provide repair and replacement of protective clothing and facewear.

DOE Establishes Isotope and Distribution Office

A headquarters office of Isotope Production and Distribution has been established by the Department of Energy (DOE) with management responsibility for the development of policies and objectives and the production, distribution, and supply of stable isotopes and radioisotopes for medicine and research.

HCFA Requires Diagnostic Coding

Effective October 1, 1989, the HCFA has advised carriers that claims submitted on that date or later without an ICD-9-CM diagnostic code should be denied payment. At the request of the AMA, the HCFA has agreed to instruct its carriers not to deny claims for improperly coded

diagnoses until at least January 1, 1990, providing physicians with an additional three months in which to familiarize



themselves with the specifics of the coding guidelines. The AMA is publishing abstracted sets of the ICD diagnostic codes based on medical specialty groupings as part of the CPT 1990 minibook series in an effort to assist physicians in finding appropriate diagnostic codes.