**From:** Maureen Maxand
**To:** Rep. Sam Kito
**Subject:** HB 89
**Date:** Thursday, March 16, 2017 10:48:22 AM

Good morning,

I am writing out of concern about HB 89. I have been employed at Wrangell Medical center since 1995 as a Radiology tech. I was a Veterinary Tech II before that and was qualified to perform Radiographs. Myself and another employee have done extensive training and did 6 months hands on probationary training prior to being hired. We also did other training through courses and hands on at Providence prior to being able to perform CT studies.

Our hospital has upgraded technologies several times over the years. Going from plain film to single phase to 3 phase to CR to DR we all went through training for each new upgrade. Each upgrade was beneficial to lowering Radiation doses to patients.

HB 89 would have a very negative impact on our community as well as a multitude of other rural areas. Can you imagine having to fly from say Kake to Ketchikan (weather permitting) every time it was suspected a bone was broken or to set a dislocated finger? To rule out constipation vs. appendicitis. The difficulties and expense of retaining a full time or even part time registered Tech for small communities would prohibit small rural clinics and hospitals to provide the best patient care possible.

The State Radiation officer and the Physicist annually oversee and instruct on radiation safety and dose reduction.

For many years the Supervisor (who is licensed) and I took turns every other week on call after hours and weekends. This was not ideal but it worked well until she had a major health issue and I had to leave town at the same time. We were able to hire temp employees to come and fill in, but not being familiar with our procedures and systems, even after being trained it was a complete disaster. We were fortunate not to be sued. It is also a tremendous expense to house and use locums. Wrangell Medical Center spends tens of thousands on traveling nurses and Dr.s as it is. After nearly a decade we hired and trained another person to perform x-ray and share on call schedule. We all also took extensive courses and did hands on training at Providence and with instructor here prior to being qualified to perform CT studies. I have also been the only Tech in town for several weeks at a time on occasions without any problems.

Of course my main concern is self centered in wanting to retain my career until I can retire. I am 58 yrs old and take 250 hours of call a month. I also have a business that will not support me should I lose my job. Wrangell has been my home for nearly 40 years. This bill would destroy my life and countless other dedicated techs around the state. Alaska is a unique state with unique situations that require adaptable solutions. I sincerely hope a compromise can be found to fairly permit long term employees to retain our jobs. Unemployment would not suffice. Please consider all these points and create a wise alternative to pushing this bill though impulsively. Has there ever been a problem or lawsuit in recent years because a tech did harm?

Thank you for your time.

Maureen Maxand

Wrangell Medical Center

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**From:** Crystal Koeneman
**To:** Tally Teal
**Subject:** FW: HB 89
**Date:** Wednesday, March 15, 2017 5:12:05 PM
**Importance:** High

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**From:** Ann Kramer [mailto:Ann.Kramer@wrangellmedical.org]
**Sent:** Wednesday, March 15, 2017 4:52 PM
**To:** Rep. Sam Kito
**Cc:** Robert Rang
**Subject:** HB 89
**Importance:** High

Good Afternoon Representative Sam Kito
I am very concerned about the impact of HB89 will have in my community and others around Alaska.
I have worked as a Registered Radiologic Technologist since 1977. I have spent the past 22 years practicing in Wrangell, Alaska at Wrangell Medical Center.
Prior to my employment the hospital had cross trained the Laboratory Technologists in radiology and ultrasound. There were two other employees that had been cross trained in mammography. All of these staff members did an excellent job with their imaging and documenting.
August of 1994 I was hired because the government changed some of the rules. Medicare and Medicaid would not reimburse the hospital for screening mammograms unless they were performed by a Registered Radiologic Technologist with a Mammography Advanced Certification. Secondly, the Facility must be an ACR Accredited Facility.
I arrived August 1994. Between signing my agreement and traveling from Tennessee the Laboratory Staff had resigned. I was on call 24 hours a day 7 days a week until May 1995. I was the only Technologist on the island, so I began training someone to perform general x-rays. She worked for several years helping with call and vacations. Do to health reasons she had to resign. I trained another man to perform x-rays and help with call. He went on to school for Cardiac and Vascular Technology.
Late 1990's I trained two more individuals to perform x-rays. One of them worked 4 days a week and the other one worked 1 day a week. We all three of us take call for Radiology and CT. I am also on call for Ultrasound. One of them has been in their position for 21 yrs. and the other staff member has been in their position for 17 years.
Neither of them, registered/licensed technologist and I would put up against any registered technologist out there.
They both have taken Radiologic Technology Online courses and completed program through Glacier Medical in Washington State.
We have all 3 successfully completed several course through MIC in Anatomy and Physiology and CT Technology.
The State Radiation Inspector, Clyde Pearce, has given all of us radiation safety training several times over the years.
I haven't heard of any Radiologic Technologist that can't find a job in Alaska. There is a shortage of technologist willing to come to Alaska and that is only going to get worse.
Please seriously consider not backing, supporting or voting for this bill.
Next, if you do support this bill and would vote for it, I believe you should provide for a clause to Grandfather in the individuals who are currently working in the Radiology/CT/Imaging field in Alaska.
Consider a date in the future say 5 years out so we can all prepare for this. The bill reads it is

to become effective July 1 2017 if passed. That's just not time for people to get the necessary training that the bill requires in the real working world. This bill will just be denying a lot of people access to imaging capabilities, delay of care due to time, travel and increased cost.
Does the Department of Commerce, Community, and Economic Development even have a licensure Exam for qualified individuals to sit for?
If there is, who can I contact about it?
Thank you
Ann Kramer, ARRT R M, RDMS Imaging Department
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ISCD
The International Society For Clinical Densitometry

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Testimony of the International Society for Clinical Densitometry
**HB 89 "An Act Requiring Licensure of Occupations Relating to Radiologic Technology, Radiation Therapy, and Nuclear Medicine Technology**
March 7, 2018
Labor and Commerce Committee

Dear Representative Kito, Representative Wool and members of the Committee:

I am writing on behalf of the International Society for Clinical Densitometry (ISCD) regarding **HR 89, An Act Requiring Licensure of Occupations relating to Radiologic Technology, Radiation Therapy and Nuclear Medicine Technology.** The ISCD shares the goal of insuring competency of individuals performing radiologic procedures, including bone density testing. However, we are suggesting an amendment to the bill to include bone densitometry as an appropriate area for a limited license and to recognize the **ISCD's National Commission for Certfying Agencies (NCCA) accredited technologist certification program (CBDT®)** for individuals performing bone density testing.

Bone density testing is used to diagnose and treat osteoporosis, a disease that results in over 2 million fractures in the United States each year. The need for accurate bone density testing is a critical tool in fighting osteoporosis and reducing the number of these fractures. As Alaska adopts a new framework to regulate radiologic technologists, we urge you to incorporate the ISCD's certification program for bone density testing.

The ISCD is the oldest and largest certifier of bone density technologists in the United States. Our mission is to advance excellence in the assessment of skeletal densitometry through certification, education, and facility accreditation programs. Our certification programs **are designed to ensure competency in the field of bone densitometry.** Successful candidates receive the designation of Certified Bone Densitometry Technologist (CBDT). The CBDT credential meets all the standards for the accreditation of certification programs, as established by the NCCA, and is evaluated annually by the NCCA to ensure continued compliance.

ISCD certification lends assurance to patient and payers that an individual has achieved a high level of competency in the field of bone densitometry and is recognized by other state regulators and Medicare providers (see attached for examples). Our certification program currently has 1,443 Certified Bone Density Technologists (CBDT) in the United States**, including eight people in the state of Alaska.**

As currently drafted, these highly qualified and trained bone density technologists are excluded from the legislation. Specifically, **Sec 08.89.150(b)(3) Qualifications for a limited radiologic imager,** excludes limited licensees from performing bone densitometry.

We urge you to follow the path of many other states and include bone densitometry as an appropriate area to obtain a limited license, provided that individual is certified by either the International Society for Clinical Densitometry or the ARRT in bone densitometry.

At the end of this letter is a more comprehensive description of the ISCD and our Certified Bone Densitometry Technologist program. I would be happy to provide additional information or to speak with you about the legislation. My contact information is listed below.

Thank you very much for your consideration of this important issue.

Sincerely,

Robert Blank, MD, PhD

**Description of the International Society for Clinical Densitometry and the Certified Bone Densitometry Technologist program**

Certified Bone Densitometry Technologist (CBDT®) is a professional certification accredited by the National Commission for Certifying Agencies (NCCA) in the field of bone densitometry for technologists who *perform* bone

densitometry scans. The CBDT® credential signifies that an individual has passed an examination that has been designed to meet established certification industry standards and best practices. The CBDT® Exam is offered at computer-based PSI locations worldwide and paper and pencil at designated ISCD pre-selected sites. The ISCD CBDT® examination consists of multiple choice questions based on 5 Content Outline domains.
***Effective June 15, 2017***, the CBDT® examination will have a total of 150 multiple choice questions, 125 scored and 25 pretest questions. Of the 125 scored questions, 25 will be case-based multiple choice questions. Candidates will have three and a half hours to complete the examination.

Eligibility: Any technologist who performs human bone densitometry scans and meets the eligibility requirements as specified in the CBDT® Handbook & Application

Application:

1. Download the CBDT® Handbook & Application
2. Fill out the CBDT® Exam application (pages 20 – 24)
3. Submit application to the ISCD via fax or mail with appropriate fee

Examination Results: Candidates will be notified in writing with a pass/fail score within **four** weeks following the date of the examination. No results will be provided by telephone, fax or email. Scores are released ONLY to the individual candidate. More information regarding CBDT exam results can be found on Pg 10 of the ISCD CBDT® Handbook & Application.

Locations and Testing Windows: The CBDT® examination is offered at PSI computer-based testing sites located throughout the world internationally **AND** paper and pencil exam throughout the year at designated ISCD pre-selected sites.