HB 186

Historical

Alaska State Legislature

House of Representatives

Official Business

State Capitol
Juneau, AK 99801-1182

SPONSOR STATEMENT FOR CSHB 186( )
BY: Representative Tom Anderson

TITLE: "An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

The Radiologic Health Science professionals in the State of Alaska are dedicated to the preservation of life and health as well as the prevention and treatment of disease. The use of x-rays and other medical imaging disciplines is the most acceptable method for discovering and treating many conditions that might not otherwise be observed until it is too late for treatment.

The unregulated practice of Radiologic Technology, Nuclear Medicine Technology and Radiation Therapy by unqualified individuals represents a serious health risk to the citizens of Alaska. The Alaska Society of Radiologic Technologists has consistently supported the enactment of state standards for the education and credentialing of Radiologic Technologists, Radiation Therapists and Nuclear Medicine Technologists as a means of protecting Alaskans from the harmful effects of excessive and unnecessary exposure to medical radiation.

Any radiology procedure is only as effective as the person performing it. An underexposed chest x-ray cannot reveal pneumonia or a malignant lesion, just as an inadequate mammography technique cannot detect breast cancer. No matter what the procedure, the Radiologic Technologist's knowledge of anatomy, careful application of radiation and skillful operation of sophisticated medical equipment are the keys to its success. Patients have long benefited from Alaska's wisely implemented Radiology equipment performance standards but those benefits can easily be negated by under trained operators of the equipment. To be clinically useful, diagnostic imaging exams must be accurate. To stop invasive cancers, radiation therapy treatments must be precise.

To ensure that the citizens of the State of Alaska receive maximum protection practicable from the harmful effects of excessive and improper exposure to ionizing radiation, licensure must be passed to establish standards.

Establishing state standards will ensure that Alaskans will have access to safe and high quality radiologic care. Licensure for Radiologic Technologists, Radiation Therapists and Nuclear Medicine Technologists will establish radiation protection measures as well as education and credentialing standards that will ensure the competency of persons operating medical equipment emitting radiation.

I urge your support of this important piece of legislation.

23-LS0380\E
Mischel
4/20/04

CS FOR HOUSE BILL NO. 186( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-THIRD LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES ANDERSON, Foster

A BILL

FOR AN ACT ENTITLED

"An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 08 is amended by adding a new chapter to read:

Chapter 89. Radiologic Technologists.

Article 1. Licensing Requirements.

Sec. 08.89.100. Unlicensed practice prohibited. (a) Except as provided in (b) of this section, a person may not knowingly

(1) use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes without a license or permit issued under this chapter that authorizes the person to do so; or

(2) employ another to use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes unless the employee has an appropriate license or permit issued under this chapter.

(b) The licensing or permit requirement in (a) of this section does not apply to a person who is

(1) licensed under another provision of state law if the license authorizes the person to use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes; or

(2) a student enrolled in and attending a school or college of medicine, osteopathy, chiropractic, podiatry, radiologic technology, radiation therapy, or nuclear medicine, while, as part of course work in the school or college, the student uses radioactive materials or equipment emitting radiation on humans under

(A) the supervision of a licensed practitioner; or

(B) the direct supervision of a person fully licensed under this chapter as a radiologic technologist, radiation therapist, or nuclear medicine technologist, as appropriate to the course.

(c) Violation of this section is a class A misdemeanor.

Sec. 08.89.110. Use of title prohibited. (a) Unless a person holds the corresponding full or limited certificate of licensure or permit issued under this chapter, a person may not use

(1) the title "radiologic technologist," "radiation therapist," "nuclear medicine technologist," "limited radiologic imager," "temporary permitted radiologic technologist," "temporary permitted radiation therapist," "temporary permitted nuclear medicine technologist," or "temporary permitted limited radiologic imager";

(2) an abbreviation that corresponds to a title listed in (1) of this subsection; or

(3) another title, abbreviation, letters, figures, signs, or other devices that would lead a reasonable person to believe that the person is licensed or permitted under this chapter.

(b) Violation of this section is a class A misdemeanor.

Sec. 08.89.120. Qualifications for full certificate licensure. (a) In order to receive a full certificate of licensure under this chapter, a person must apply to the division in a manner that indicates whether the person is applying to practice as a radiologic technologist, radiation therapist, or nuclear medicine technologist. In

addition, the person must

(1) be at least 18 years of age;

(2) have graduated from secondary school or have passed an approved equivalency test;

(3) have graduated from a program approved by the division under AS 08.89.130 in the area of practice for which the person seeks licensure;

(4) have met the examination requirement under AS 08.89.140 for the area of practice for which the person seeks licensure; and

(5) pay the required fees.

(b) A full certificate shall specify the area of practice authorized under it.

(c) A person with a full certificate of licensure may practice in the authorized area of practice only under the direction of a licensed practitioner.

Sec. 08.89.130. Program approval; full certificates. (a) The division shall, upon application by a program, evaluate an educational program that trains persons to receive full certificates of licensure under this chapter and approve or disapprove the program according to the criteria in (b) of this section.

(b) The division shall approve a program evaluated under this section if and only if

(1) the program is affiliated with at least one hospital that provides a clinical component for the program that is considered to be adequate by the division;

(2) the program's curriculum for each course of study in the areas of practice licensed under AS 08.89.120 meets the standards approved by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee on Educational Programs in Nuclear Medicine Technology, the United States Department of Education, or another appropriate accreditation agency whose standards are considered equivalent by the division; and

(3) a recognized national voluntary accrediting organization has reviewed the program's application to the division and submitted the review comments to the division.

Sec. 08.89.140. Examinations; full certificates. The examination requirement under AS 08.89.120 may be met by meeting one of the following criteria:

(1) successfully passing an examination approved by the division in the area of practice for which the full certificate of licensure is sought;

(2) proof of certification by the American Registry of Radiologic Technologists, Nuclear Medicine Technology Certification Board; or

(3) proof of current licensure in the area of practice for which a full certificate of licensure is sought by another jurisdiction with standards for licensure considered by the division to be equivalent to the standards of this state.

Sec 08.89.150. Qualifications for limited radiologic imager. (a) In order to be licensed as a limited radiologic imager, a person must

(1) be at least 18 years of age;

(2) have graduated from secondary school or have passed an approved equivalency test;

(3) have graduated from a program approved by the division under AS 08.89.160;

(4) have passed the exam approved by the division for limited radiologic imager licensure; and

(5) pay the required fees.

(b) A limited radiologic imager

(1) may perform limited radiologic diagnostic imaging only in a medical clinic in which the only radiologic services provided are limited radiologic diagnostic imaging or in a rural hospital facility;

(2) may perform limited radiologic diagnostic imaging only under the supervision of a fully licensed radiologic technologist or a licensed practitioner;

(3) may perform only radiography of the chest, abdomen, and axial-appendicular skeleton;

(4) may not perform radiologic procedures involving the use of contrast media, use of fluoroscopic equipment, mammography, tomography, magnetic resonance imaging (MRI), bone densitometry using ionizing radiation, nuclear medicine, radiation therapy, or computed tomography imaging (CT scan).

Sec. 08.89.160. Program approval for limited radiologic imager. (a) The division shall, upon application by a program, evaluate a program that trains persons

to be limited radiologic imagers and approve or disapprove the program according to the criteria in (b) of this section.

(b) The division shall approve a program evaluated under this section only if the program includes didactic instruction and clinical instruction considered adequate by the division in axial-appendicular skeleton radiography, chest and abdomen radiography, equipment maintenance and operation, radiation safety and protection, image production and evaluation, radiographic anatomy and positioning procedures, and applicable federal and state requirements relating to patient care and safety; in this subsection, "clinical instruction" means hands-on experience in a health facility setting, such as in a hospital or clinic, under the supervision of a licensed practitioner or fully licensed radiologic technologist.

Sec. 08.89.170. Temporary permit. (a) The division may issue a nonrenewable temporary full permit or temporary limited permit to a person authorizing practice in an area corresponding to the person's scope of radiology training if the person

(1) has satisfactorily completed a program for that area approved under AS 08.89.130 or 08.89.160;

(2) has taken an examination described under AS 08.89.140 or 08.89.150 for that area and the results are not yet available;

(3) applies for the temporary permit within one year after completing the program approved under AS 08.89.130 or 08.89.160; and

(4) pays the appropriate fee.

(b) A temporary permit issued under this section must indicate the area of practice authorized. Except as provided in (c) and (d) of this section, the permit expires one year after completion of the program described in (a)(1) of this section or upon receipt of the examination results referred to in (a)(2) of this section, whichever is earlier.

(c) Notwithstanding (a) and (b) of this section, the division may issue a temporary permit valid for two years to an applicant who pays a fee determined by the division and who demonstrates to the satisfaction of the division that the applicant has been performing limited scope radiologic diagnostic imaging under AS 08.89.150(b)

for three out of the five years preceding application. A two-year temporary permit issued under this subsection qualifies the applicant for employment only as specified in AS 08 89.150(b).

(d) Notwithstanding (a) - (c) of this section, if an applicant has provided proof of certification by a recognized national credentialing body that covers the area of practice for which a certificate of licensure is sought, the division may issue a temporary permit valid for a period of one year to the applicant upon payment of a fee determined by the division.

(e) A person who holds a permit under this section is entitled to use the title "temporary permitted radiologic technologist," "temporary permitted radiation therapist," "temporary permitted nuclear medicine technologist," or "temporary permitted limited radiologic imager."

Sec. 08.89.180. License renewal; continuing education. (a) The division may not renew a license issued under this chapter unless the licensee pays the required fee and submits evidence satisfactory to the division that the person has met the applicable continuing education requirements.

(b) The division shall require a minimum of 20 hours of approved continuing education or training in radiology each biennium, at least 12 hours of which must be approved as Category A credits by the American Registry of Radiologic Technologists.

(c) A person with a full certificate of licensure who is licensed to practice in more than one area of practice is not required to complete more continuing education than a person with a full certificate of licensure who is licensed in only one area of practice. However, the division, in its communications with persons who have a full certificate of licensure in more than one area of practice, shall encourage those persons to receive continuing education in all of the areas for which they are licensed.

(d) The division shall make available a list of continuing education sponsors approved by the American Registry of Radiologic Technologists.

Sec. 08.89.190. License or permit to be kept on file. A person licensed or holding a permit under this chapter shall keep on file at each place of the person's employment the license or permit document issued under this chapter or a verified

copy of the license or permit document.

Sec. 08.89.200. Notification of address changes. A licensee or permittee under this chapter shall notify the division in writing within 30 days after a name or address change.

Sec. 08.89.210. Reapplication after revocation. A person whose license or permit is revoked by the division for a reason other than nonpayment of fees may not apply to be licensed under this chapter until 24 months have elapsed from the date of revocation.

Sec. 08.89.220. Fees. The department shall set fees under AS 08.01.065 for each of the following:

(1) application;

(2) examination;

(3) full certificate of licensure;

(4) limited certificate of licensure;

(5) temporary full permit;

(6) temporary limited permit;

(7) license renewal.

Article 2. Prohibitions; Penalties; Disciplinary Sanctions.

Sec. 08.89.300. Prescription required. (a) A person holding a license or permit issued under this chapter may not knowingly use a radioactive substance or equipment for radiologic procedures on a human for diagnostic or therapeutic purposes except as prescribed by a licensed practitioner.

(b) Violation of this section is a class A misdemeanor.

Sec. 08.89.310. Civil penalty for unlicensed practice. A person required to be licensed or to have a permit under this chapter who engages or offers to engage in a type of diagnostic radiologic imaging, radiation therapy, or nuclear medicine technology for which the person is not licensed or for which the person does not hold a permit may be fined up to $5,000 under the citation procedures of AS 08.01.102 - 08.01.104.

Sec. 08.89.320. Criminal penalty for certain fraudulent practices. A person who obtains or attempts to obtain a license or permit under this chapter by

dishonest or fraudulent means or who knowingly forges, counterfeits, or fraudulently alters a license or permit issued under this chapter is guilty of a class B misdemeanor.

Sec. 08.89.330. Grounds for disciplinary sanctions or denial of license. The division may impose a disciplinary sanction authorized under AS 08.89.340 on a person licensed or holding a permit under this chapter or refuse to issue or renew a license or permit if the division finds that the person

(1) used fraud or deceit in the procurement or holding of the license or permit or in the application process for the license or permit;

(2) has been convicted of a felony in a court of competent jurisdiction, either within or outside of this state, unless the conviction has been reversed and the person has been discharged or acquitted, or unless the person has been pardoned with full restoration of civil rights;

(3) is or has been afflicted with a medical problem, disability, or addiction that, in the opinion of the division, impairs professional competence;

(4) has aided a person who is not licensed or permitted under this chapter, or otherwise authorized to perform the duties of a licensee or permittee, to perform diagnostic radiologic imaging, radiation therapy, or nuclear medicine technology;

(5) has undertaken or engaged in a radiologic technology practice beyond the scope of duties permitted by law;

(6) has, under an assumed name, impersonated a person licensed or formerly licensed under this chapter or is performing duties of a fully certificated licensee, a limited certificate licensee, or a person holding a permit;

(7) is a licensee or permittee under this chapter and has violated the code of ethics established by the division;

(8) has interpreted a diagnostic image for a clinician, a patient, the patient's family, or the public;

(9) is a licensee or permittee under this chapter and is or has been incompetent or negligent in performance of the licensee's or permittee's duties.

Sec. 08.89.340. Disciplinary sanctions. (a) When it finds that a person licensed or holding a permit under this chapter has committed an act listed in

AS 08.89.330, the division may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require the licensee to

(A) report regularly to the division on matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the division to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The division may withdraw a limitation, condition, or probationary status if it finds that the deficiency that required the sanction has been remedied.

(c) The division may summarily suspend a license before final hearing or during the appeals process if the division finds that the licensee poses a clear and immediate danger to the public welfare and safety if the licensee continues to practice. An individual whose license is suspended under this subsection is entitled to a hearing by the division not later than seven days after the effective date of the order. The individual may appeal the suspension after the hearing to the superior court.

(d) The division may reinstate a license that has been suspended or revoked if the division finds after a hearing that the individual is able to practice with reasonable skill and safety.

(e) One year after revocation of a license issued under this chapter, the individual whose license was revoked may reapply for the license. The division may require an examination for reinstatement.

Article 3. General Provisions.

Sec. 08.89.900. Unified occupation for fee purposes. For purposes of AS 08.01.065, all persons licensed or holding a permit under this chapter are

considered to be engaged in the same occupation.

Sec. 08.89.990. Definitions. In this chapter,

(1) "axial-appendicular skeleton" means the skull, including the mandible, sinuses, and facial bones; spine, including cervical, thoracic, lumbar, sacrum, and coccyx areas; pelvis; ribs; and upper and lower extremities;

(2) "contrast media" means an examination where contrast media is introduced into a human body to define a part or parts not normally visualized on a radiograph;

(3) "department" means the Department of Community and Economic Development;

(4) "diagnostic radiologic imaging" means the making of film records or digital records by passage of radiation through the body to act on specially sensitized film or digital sensors;

(5) "direct supervision" means in the physical presence of a person who assists, evaluates, and approves the performance of tasks;

(6) "division" means the division of occupational licensing in the Department of Community and Economic Development;

(7) "knowingly" has the meaning given in AS 11.81.900(a);

(8) "licensed practitioner" means a physician, podiatrist, osteopath, dentist, or chiropractor who is either licensed in this state or exempt from licensure under AS 08.64.370(1) or (4);

(9) "nuclear medicine technologist" means a person who prepares, calibrates, and administers radiopharmaceutical agents to humans for diagnostic or therapeutic purposes;

(10) "radiation therapist" means a person who applies radiation to humans for therapeutic purposes;

(11) "radiologic technologist" means a person who uses radiation on humans for diagnostic purposes;

(12) "limited radiologic imager" means a person licensed under AS 08.89.150 to perform diagnostic radiologic imaging within the limits specified in AS 08.89.150(b);

(13) "rural hospital" means a hospital as defined in AS 18.20.130(3) that is located in a community with a population of 5,500 or less that is not connected by road or rail to Anchorage or Fairbanks or with a population of 1,500 or less that is connected by road or rail to Anchorage or Fairbanks.

* **Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to read:

REGULATIONS. Notwithstanding secs. 3 and 4 of this Act, the Department of Community and Economic Development and the division of occupational licensing, Department of Community and Economic Development, may begin the process to adopt regulations to implement this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act) but not before the effective date of the statutes implemented by the regulations.

* **Sec. 3.** Except as provided by sec. 4 of this Act, this Act takes effect July 1, 2004.

* **Sec. 4.** AS 08.89.100 and 08.89.310, enacted by sec. 1 of this Act, take effect July 1, 2006.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM April 7, 2004

SUBJECT: Radiologic Technicians (CSHB 186( ), Draft Version "Z")
(Work Order No. 23-LS0380\C)

TO: Representative Tom Anderson
Attn: Jim Shine

FROM: Jean M. Mischel
Legislative Counsel

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Prohibits the use of, or employment of a person to use, radioactive materials or equipment on a human for diagnostic or therapeutic purposes without a license issued under the new chapter established in this section, unless specifically exempt. Provides radiologic technician and limited radiologic imager license exemptions, qualifications, temporary permit, renewal, fees, penalties, discipline, and definitions. Authorizes the Department of Community and Economic Development to adopt regulations to implement the new chapter.

Section 2. Allows the process of adopting regulations under the Act to begin immediately.

Section 3. Establishes a July 1, 2004 effective date, except as provided under sec. 4.

Section 4. Establishes an effective date of July 1, 2006 for the prohibition on practice without a license and for civil penalties for unlicensed practice under sec. 1 of the Act.

JMM:mdr
04-141.mdr

23-LS0380\Z
Mischel
4/7/04

CS FOR HOUSE BILL NO. 186( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-THIRD LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES ANDERSON, Foster

A BILL

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"An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 08 is amended by adding a new chapter to read:

Chapter 89. Radiologic Technologists.

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(1) use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes without a license or permit issued under this chapter that authorizes the person to do so; or

(2) employ another to use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes unless the employee has an appropriate license or permit issued under this chapter.

(b) The licensing or permit requirement in (a) of this section does not apply to a person who is

(1) licensed under another provision of state law if the license authorizes the person to use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes; or

(2) a student enrolled in and attending a school or college of medicine, osteopathy, chiropractic, podiatry, radiologic technology, radiation therapy, or nuclear medicine, while, as part of course work in the school or college, the student uses radioactive materials or equipment emitting radiation on humans under

(A) the supervision of a licensed practitioner; or

(B) the direct supervision of a person fully licensed under this chapter as a radiologic technologist, radiation therapist, or nuclear medicine technologist, as appropriate to the course.

(c) Violation of this section is a class A misdemeanor.

Sec. 08.89.110. Use of title prohibited. (a) Unless a person holds the corresponding full or limited certificate of licensure or permit issued under this chapter, a person may not use

(1) the title "radiologic technologist," "radiation therapist," "nuclear medicine technologist," "limited radiologic imager," "temporary permitted radiologic technologist," "temporary permitted radiation therapist," "temporary permitted nuclear medicine technologist," or "temporary permitted limited radiologic imager";

(2) an abbreviation that corresponds to a title listed in (1) of this subsection; or

(3) another title, abbreviation, letters, figures, signs, or other devices that would lead a reasonable person to believe that the person is licensed or permitted under this chapter.

(b) Violation of this section is a class A misdemeanor.

Sec. 08.89.120. Qualifications for full certificate licensure. (a) In order to receive a full certificate of licensure under this chapter, a person must apply to the division in a manner that indicates whether the person is applying to practice as a radiologic technologist, radiation therapist, or nuclear medicine technologist. In

addition, the person must

(1) be at least 18 years of age;

(2) have graduated from secondary school or have passed an approved equivalency test;

(3) have graduated from a program approved by the division under AS 08.89.130 in the area of practice for which the person seeks licensure;

(4) have met the examination requirement under AS 08.89.140 for the area of practice for which the person seeks licensure; and

(5) pay the required fees.

(b) A full certificate shall specify the area of practice authorized under it.

(c) A person with a full certificate of licensure may practice in the authorized area of practice only under the direction of a licensed practitioner.

Sec. 08.89.130. Program approval; full certificates. (a) The division shall, upon application by a program, evaluate an educational program that trains persons to receive full certificates of licensure under this chapter and approve or disapprove the program according to the criteria in (b) of this section.

(b) The division shall approve a program evaluated under this section if and only if

(1) the program is affiliated with at least one hospital that provides a clinical component for the program that is considered to be adequate by the division;

(2) the program's curriculum for each course of study in the areas of practice licensed under AS 08.89.120 meets the standards approved by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee on Educational Programs in Nuclear Medicine Technology, the United States Department of Education, or another appropriate accreditation agency whose standards are considered equivalent by the division; and

(3) a recognized national voluntary accrediting organization has reviewed the program's application to the division and submitted the review comments to the division.

Sec. 08.89.140. Examinations; full certificates. The examination requirement under AS 08.89.120 may be met by meeting one of the following criteria:

(1) successfully passing an examination approved by the division in the area of practice for which the full certificate of licensure is sought;

(2) proof of certification by the American Registry of Radiologic Technologists, Nuclear Medicine Technology Certification Board; or

(3) proof of current licensure in the area of practice for which a full certificate of licensure is sought by another jurisdiction with standards for licensure considered by the division to be equivalent to the standards of this state.

Sec 08.89.150. Qualifications for limited radiologic imager. (a) In order to be licensed as a limited radiologic imager, a person must

(1) be at least 18 years of age;

(2) have graduated from secondary school or have passed an approved equivalency test;

(3) have graduated from a program approved by the division under AS 08.89.160;

(4) have passed the exam approved by the division for limited radiologic imager licensure; and

(5) pay the required fees.

(b) A limited radiologic imager

(1) may perform limited radiologic diagnostic imaging only in a medical clinic in which the only radiologic services provided are limited radiologic diagnostic imaging or in a rural hospital facility;

(2) may perform limited radiologic diagnostic imaging only under the supervision of a fully licensed radiologic technologist or a licensed practitioner;

(3) may perform only radiography of the chest, abdomen, and axial-appendicular skeleton;

(4) may not perform radiologic procedures involving the use of contrast media, use of fluoroscopic equipment, mammography, tomography, magnetic resonance imaging (MRI), bone densitometry using ionizing radiation, nuclear medicine, radiation therapy, or computed tomography imaging (CT scan).

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to be limited radiologic imagers and approve or disapprove the program according to the criteria in (b) of this section.

(b) The division shall approve a program evaluated under this section only if the program includes didactic instruction and clinical instruction considered adequate by the division in axial-appendicular skeleton radiography, chest and abdomen radiography, equipment maintenance and operation, radiation safety and protection, image production and evaluation, radiographic anatomy and positioning procedures, and applicable federal and state requirements relating to patient care and safety; in this subsection, "clinical instruction" means hands-on experience in a health facility setting, such as in a hospital or clinic, under the supervision of a licensed practitioner or fully licensed radiologic technologist.

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(1) has satisfactorily completed a program for that area approved under AS 08.89.130 or 08.89.160;

(2) has taken an examination described under AS 08.89.140 or 08.89.150 for that area and the results are not yet available;

(3) applies for the temporary permit within one year after completing the program approved under AS 08.89.130 or 08.89.160; and

(4) pays the appropriate fee.

(b) A temporary permit issued under this section must indicate the area of practice authorized. Except as provided in (c) and (d) of this section, the permit expires one year after completion of the program described in (a)(1) of this section or upon receipt of the examination results referred to in (a)(2) of this section, whichever is earlier.

(c) Notwithstanding (a) and (b) of this section, the division may issue a temporary permit valid for two years to an applicant who pays a fee determined by the division and who demonstrates to the satisfaction of the division that the applicant has been performing limited scope radiologic diagnostic imaging under AS 08.89.150(b)

for three out of the five years preceding application. A two-year temporary permit issued under this subsection qualifies the applicant for employment only as specified in AS 08.89.150(b).

(d) Notwithstanding (a) - (c) of this section, if an applicant has provided proof of certification by a recognized national credentialing body that covers the area of practice for which a certificate of licensure is sought, the division may issue a temporary permit valid for a period of one year to the applicant upon payment of a fee determined by the division.

(e) A person who holds a permit under this section is entitled to use the title "temporary permitted radiologic technologist," "temporary permitted radiation therapist," "temporary permitted nuclear medicine technologist," or "temporary permitted limited radiologic imager."

Sec. 08.89.180. License renewal; continuing education. (a) The division may not renew a license issued under this chapter unless the licensee pays the required fee and submits evidence satisfactory to the division that the person has met the applicable continuing education requirements.

(b) The division shall require a minimum of 20 hours of approved continuing education or training in radiology each biennium, at least 12 hours of which must be approved as Category A credits by the American Registry of Radiologic Technologists.

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Sec. 08.89.220. Fees. The department shall set fees under AS 08.01.065 for each of the following:

(1) application;

(2) examination;

(3) full certificate of licensure;

(4) limited certificate of licensure;

(5) temporary full permit;

(6) temporary limited permit;

(7) license renewal.

Article 2. Prohibitions; Penalties; Disciplinary Sanctions.

Sec. 08.89.300. Prescription required. (a) A person holding a license or permit issued under this chapter may not knowingly use a radioactive substance or equipment for radiologic procedures on a human for diagnostic or therapeutic purposes except as prescribed by a licensed practitioner.

(b) Violation of this section is a class A misdemeanor.

Sec. 08.89.310. Civil penalty for unlicensed practice. A person required to be licensed or to have a permit under this chapter who engages or offers to engage in a type of diagnostic radiologic imaging, radiation therapy, or nuclear medicine technology for which the person is not licensed or for which the person does not hold a permit may be fined up to $5,000 under the citation procedures of AS 08.01.102 - 08.01.104.

Sec. 08.89.320. Criminal penalty for certain fraudulent practices. A person who knowingly obtains or attempts to obtain a license or permit under this

chapter by dishonest or fraudulent means or who knowingly forges, counterfeits, or fraudulently alters a license or permit issued under this chapter is guilty of a class B misdemeanor.

Sec. 08.89.330. Grounds for disciplinary sanctions or denial of license. The division may impose a disciplinary sanction authorized under AS 08.89.340 on a person licensed or holding a permit under this chapter or refuse to issue or renew a license or permit if the division finds that the person

(1) used fraud or deceit in the procurement or holding of the license or permit or in the application process for the license or permit;

(2) has been convicted of a felony in a court of competent jurisdiction, either within or outside of this state, unless the conviction has been reversed and the person has been discharged or acquitted, or unless the person has been pardoned with full restoration of civil rights;

(3) is or has been afflicted with a medical problem, disability, or addiction that, in the opinion of the division, impairs professional competence;

(4) has aided a person who is not licensed or permitted under this chapter, or otherwise authorized to perform the duties of a licensee or permittee, to perform diagnostic radiologic imaging, radiation therapy, or nuclear medicine technology;

(5) has undertaken or engaged in a radiologic technology practice beyond the scope of duties permitted by law;

(6) has, under an assumed name, impersonated a person licensed or formerly licensed under this chapter or is performing duties of a fully certificated licensee, a limited certificate licensee, or a person holding a permit;

(7) is a licensee or permittee under this chapter and has violated the code of ethics established by the division;

(8) has interpreted a diagnostic image for a clinician, a patient, the patient's family, or the public;

(9) is a licensee or permittee under this chapter and is or has been incompetent or negligent in performance of the licensee's or permittee's duties.

Sec. 08.89.340. Disciplinary sanctions. (a) When it finds that a person

licensed or holding a permit under this chapter has committed an act listed in AS 08.89.330, the division may impose the following sanctions singly or in combination:

(1) permanently revoke a license to practice;

(2) suspend a license for a determinate period of time;

(3) censure a licensee;

(4) issue a letter of reprimand;

(5) place a licensee on probationary status and require the licensee to

(A) report regularly to the division on matters involving the basis of probation;

(B) limit practice to those areas prescribed;

(C) continue professional education until a satisfactory degree of skill has been attained in those areas determined by the division to need improvement;

(6) impose limitations or conditions on the practice of a licensee.

(b) The division may withdraw a limitation, condition, or probationary status if it finds that the deficiency that required the sanction has been remedied.

(c) The division may summarily suspend a license before final hearing or during the appeals process if the division finds that the licensee poses a clear and immediate danger to the public welfare and safety if the licensee continues to practice. An individual whose license is suspended under this subsection is entitled to a hearing by the division not later than seven days after the effective date of the order. The individual may appeal the suspension after the hearing to the superior court.

(d) The division may reinstate a license that has been suspended or revoked if the division finds after a hearing that the individual is able to practice with reasonable skill and safety.

(e) One year after revocation of a license issued under this chapter, the individual whose license was revoked may reapply for the license. The division may require an examination for reinstatement.

Article 3. General Provisions.

Sec. 08.89.900. Unified occupation for fee purposes. For purposes of

AS 08.01.065, all persons licensed or holding a permit under this chapter are considered to be engaged in the same occupation.

Sec. 08.89.990. Definitions. In this chapter,

(1) "axial-appendicular skeleton" means the skull, including the mandible, sinuses, and facial bones; spine, including cervical, thoracic, lumbar, sacrum, and coccyx areas; pelvis; ribs; and upper and lower extremities;

(2) "contrast media" means an examination where contrast media is introduced into a human body to define a part or parts not normally visualized on a radiograph;

(3) "department" means the Department of Community and Economic Development;

(4) "diagnostic radiologic imaging" means the making of film records or digital records by passage of radiation through the body to act on specially sensitized film or digital sensors;

(5) "direct supervision" means in the physical presence of a person who assists, evaluates, and approves the performance of tasks;

(6) "division" means the division of occupational licensing in the Department of Community and Economic Development;

(7) "knowingly" has the meaning given in AS 11.81.900(a);

(8) "licensed practitioner" means a physician, podiatrist, osteopath, dentist, or chiropractor who is either licensed in this state or exempt from licensure under AS 08.64.370(1) or (4);

(9) "nuclear medicine technologist" means a person who prepares, calibrates, and administers radiopharmaceutical agents to humans for diagnostic or therapeutic purposes;

(10) "radiation therapist" means a person who applies radiation to humans for therapeutic purposes;

(11) "radiologic technologist" means a person who uses radiation on humans for diagnostic purposes;

(12) "limited radiologic imager" means a person licensed under AS 08.89.150 to perform diagnostic radiologic imaging within the limits specified in

AS 08.89.150(b);

(13) "rural hospital" means a hospital as defined in AS 18.20.130(3) that is located in a community with a population of 5,500 or less that is not connected by road or rail to Anchorage or Fairbanks or with a population of 1,500 or less that is connected by road or rail to Anchorage or Fairbanks.

*** Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to read:

REGULATIONS. Notwithstanding secs. 3 and 4 of this Act, the Department of Community and Economic Development and the division of occupational licensing, Department of Community and Economic Development, may begin the process to adopt regulations to implement this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act) but not before the effective date of the statutes implemented by the regulations.

*** Sec. 3.** Except as provided by sec. 4 of this Act, this Act takes effect July 1, 2004.

*** Sec. 4.** AS 08.89.100 and 08.89.310, enacted by sec. 1 of this Act, take effect July 1, 2006.

asrt
American Society of
Radiologic Technologists

February 12, 2004

The Honorable Tom Anderson
Alaska House of Representatives
State Capitol, Room 432
Juneau, AK 99801-1182

Dear Representative Anderson:

The American Society of Radiologic Technologists, representing more than 110,000 medical imaging professionals nationally including more than 250 in Alaska, is pleased to hear of your continuing sponsorship of HB 186 before the Alaska Legislature.

The National and Alaska Society's goals include educating the medical community and the public about the benefits and risks of medical imaging and radiation therapy procedures while providing safe, effective examinations and treatments to patients. ASRT and the Alaska Society of Radiologic Technologists firmly believes that personnel performing diagnostic and therapeutic procedures on patients must be required to demonstrate competence through education and certification.

ASRT has pursued these goals by supporting the federal Consumer-Patient Radiation Health and Safety Act of 1981, which established basic certification and education guidelines for personnel who perform radiologic procedures. However there was no enforcement provision in this act, leaving the adoption of certification and education standards to the discretion of each state. To date, only 37 states have enacted licensure laws or regulations and they vary widely from state to state. Hopefully Alaska will be the 38th state to enact a law that guarantees that all members of the public—young, old, male and female—receive safe and high-quality images for all medical imaging and radiation therapy examinations and treatments.

On behalf of ASRT's and AlaskaSRT's members, I thank you for advocating quality radiologic patient care. Please feel free to call upon me in the ASRT Government Relations department if I can be of assistance.

Sincerely,

Christine J. Lung
Director of Government Relations

15000 Central Ave SE Albuquerque, NM 87123-5917 505 298 4500 800 444 2778 Fax 505 298 5063 www.asrt.org

Alaska Society
of Radiologic Technologists
P.O. Box 3601
Homer, AK 99603

Representative Tom Anderson
Room 432
State Capitol
Juneau, AK
99801-1182

Dear Representative Anderson,

The Alaska Society of Radiologic Technologists is asking that the State of Alaska establish Standards for the health care personnel in the State of Alaska who perform medical imaging and radiation procedures. A draft bill, written by the Licensure Committee of the Alaska Society of Radiologic Technologists, has been reviewed and approved by The American Society of Radiologic Technologists Governance Committee. It meets the criteria for education and certification established by The American Society of Radiologic Technologists.

In 1981 Congress passed The Consumer-Patient Radiation Health and Safety Act which established voluntary guidelines for states to follow in regulating health care personnel who perform radiology procedures. Because compliance with the 1981 Act was voluntary, only 35 states have enacted licensure laws. Alaska is not one of the 35 states. The American Registry of Radiologic Technologists is proposing legislation to amend the Consumer-Patient Radiation Health and Safety Act. This legislation, the Consumer Assurance of Radiologic Excellence (CARE) bill was introduced in the U.S. House of Representatives by Representative Heather Wilson of New Mexico. The CARE bill would establish basic educational and certification standards for health care personnel who perform medical imaging and radiation therapy procedures. The Draft bill proposes that Congress make a state's participation in Federal Medicaid waiver programs contingent upon compliance with the mandates of the Act. Under the proposed bill each state shall adopt and administrate programs to achieve the purposes of the Act.

Any radiology procedure is only as effective as the person performing it. An underexposed chest x-ray cannot reveal pneumonia or a malignant lesion, just as an inadequate mammography technique cannot detect breast cancer. No matter what the procedure, the Radiologic Technologist's knowledge of anatomy, careful application of radiation and skillful operation of sophisticated medical equipment are the keys to its success. To be clinically useful, diagnostic imaging exams must be accurate. To stop invasive cancers, radiation therapy treatments must be precise.

An improperly trained x-ray operator could cause a patient to incur unnecessary radiation exposure. Patients have long benefited from Alaska's wisely implemented Radiology equipment performance standards but those benefits can easily be negated by under trained operators of the equipment. Studies indicate that the risks of receiving excessive or accidental exposure to ionizing radiation can be substantially reduced through adequate education of operators.

To ensure that the citizens of the State of Alaska receive maximum protection practicable from the harmful effects of excessive and improper exposure to ionizing radiation, licensure must be passed to establish standards. The Alaska Society of Radiologic Technologists urges the legislators to support quality health care by establishing licensure regulations for Radiologic Technologists in the State of Alaska.

Sincerely,

Donna J Rufsholm, R.T. (R)(M)

Donna J. Rufsholm, R.T. (R)(M)
President, Alaska Society of Radiologic Technologists

UNIVERSITY OF ALASKA ANCHORAGE
COMMUNITY AND TECHNICAL COLLEGE
MEDICAL IMAGING SCIENCES
Allied Health Science Bldg., Room 152
3211 Providence Drive • Anchorage, AK 99508
(907) 786-6941 • Fax (907) 786-6938

TO: Representative Tom Anderson

FROM: Erica Koch Wight, M.Ed., R.T.(R)(M)(QM)

REF: HB 186

DATE: March 18, 2003

Rep. Anderson, I congratulate you and thank you for your support regarding HB 186. As a radiographer, I realize the importance of licensure in this state, especially for those using ionizing radiation as a means of aiding in diagnosis. Please know that I support your efforts completely.

A portion of HB 186 addresses the need for limited licensure. As an educator in the Medical Imaging Sciences Program at UAA and the Clinical Coordinator, I identify with this need. We are a rural state of great size. It is imperative that those persons in need of imaging services have trained individuals, even on a limited level, to provide services.

There is a large national shortage of certified radiographers, (those having completed ~ two years of training) Alaska is feeling the effect of the shortage in an immense way. Hospitals and specialized imaging centers, tend to capture registered (American Registry of Radiologic Technologist, ARRT) radiographers. It is a necessity for them to have employees that can provide diverse imaging services in a variety of situations. However, this is not true for those in rural Alaska. Rural Alaska's need, I believe, can be fulfilled by those trained in a well-structured limited imaging program. Those providing services to minimal populations primarily aid in triaging patients to large hospitals or impart services to patients who have health care difficulties that require limited services.

The University of Alaska Anchorage is currently developing a program for limited imaging based on a course I am already instructing for those taking radiographs in medical offices, chiropractic situations and other non hospital or imaging center facilities. This curriculum, in development, will meet the ARRT guidelines and upon completion, the learner will have the opportunity to take the Certification for Limited Practice Examination provided by the ARRT. The entire curriculum should be approved by early summer.

I realize that there are radiographers in the state who do not agree with limited licensure. However, in rural areas, there are currently people with little or no training providing less than optimal imaging services. This compromises care for those patients living in these areas.

Training is imperative if we are to provide quality care for every Alaskan. Registered Radiographers with ARRT aptitude are necessary. However, Alaska necessitates, due to its size and rural populations, a component for trained limited personnel.

I highly support your efforts with this entire bill. If I can be of any assistance, please do not hesitate to contact me. Your service is deeply appreciated.

Respectfully,

Erica K Wight

Erica Koch Wight, M.Ed., R.T.(R)(M)(QM)
Assistant Professor
Medical Imaging Sciences
University Alaska Anchorage

UNIVERSITY OF ALASKA ANCHORAGE
COMMUNITY AND TECHNICAL COLLEGE
MEDICAL IMAGING SCIENCES
Allied Health Science Bldg., Room 152
3211 Providence Drive • Anchorage, AK 99508
(907) 786-6941 • Fax (907) 786-6938

The Honorable Tom Anderson
State Capitol, Room 432
Juneau, AK 99801-1182

Dear Representative Anderson,

As Program Chair of the Associate of Applied Science degree in Radiologic Technology at the University of Alaska Anchorage I would like to endorse the efforts of the Alaska State Society of Radiologic Technologists and your office in developing criteria for licensure in Radiologic Technology.

House Bill No. 186, Licensing Radiologic Technicians does an effective job outlining educational and credentialing standards for health care personnel who perform medical imaging examinations. Without this law the residents of Alaska will continue to receive substandard imaging examinations performed by unqualified and non-credentialed personnel. Licensing radiologic technologists will insure that competent qualified personnel are providing the public with the quality of care they expect.

The University of Alaska Anchorage has developed a Board of Regents approved A.A.S. degree program that adheres to national curriculum standards published by the American Society of Radiologic Technologists (ASRT), certification eligibility requirements published by the American Registry of Radiologic Technologists (ARRT), and subscribes to the guidelines for program accountability outlined by the Joint Review Committee on Education in Radiologic Technology (JRCERT). This program was developed in response to identified state workforce needs in health care and provides the state with a valuable resource to assure a supply of qualified practitioners.

Elements necessary to insure that licensure is effective and can be sustained is assuring educational opportunities are accessible in the state, provision for educating limited practice radiographers is available, and development of continuing education opportunities for practicing technologists are obtainable. All of these are presently being accomplished or under development at the University of Alaska Anchorage.

If I can be of addition service in supporting your efforts on this matter please feel free to contact me. Thank you for your consideration on this matter.

Sincerely,

Dale E. Collins, M.S., R.T.(R)(M)(QM), RDMS
Program Chair, Radiologic Technology
University of Alaska Anchorage
Community and Technical College
Medical Imaging Sciences Department
907-786-6941
afdec@uaa.alaska.edu

January 26, 2003

Representative Tom Anderson
Rm. 432 State Capital
Juneau, AK 99801-1182

Dear Representative Tom Anderson,

I am a radiologic technologist and I am writing to you in support of a bill that you are going to introduce for The Alaska Society of Radiologic Technologists. This bill is a very important bill in that it will help to increase patient care and safety here in the state of Alaska. Right now anyone in our state can take x-rays even though they have not been to school to be trained in the field of radiology. This is an injustice to the people of our state. They need to be protected from those who have no training in taking x-rays or performing other exams like Cat Scans, Nuclear Medicine, or MRI's. The use of x-rays or radioactive nuclides should not be taken lightly. If it is put in the hands of those who have not been properly trained they can cause some serious injuries to the patient. Some of these injuries could even lead to death in some cases.

As a registered technologist with The American Registry of Radiologic Technologists and a member of The American Society of Radiologic Technologists I fully support this state licensure bill. State licensure would require everyone who takes x-rays or any of the above mentioned exams to become a registered Radiologic technologist. In other words they would have to go to an accredited radiology program and pass the boards in order to carry the title of Radiologic Technologist.

In this day and age we are trying to make good improvements in our health care and this would be one of the greatest improvements here in our state. As a technologist I am all for good patient care and safety. This bill would allow us to better increase patient care and safety. Just think about it, we could be preventing your family from having some missed pathology because the x-rays were overexposed or underexposed or delved incorrectly because of the chemicals being contaminated. They could even be told they have something that they really don't have which would cause unnecessary medical treatment. This state licensure bill would help to prevent the above mentioned mistakes due to someone who has not gone to school to learn about the above mentioned results that could happen. As a Radiologic technologist I am hoping that we can put an end to just anyone being able to take x-rays. I would like to see every person who takes x-rays to be required to go to school, pass the boards to be a registered technologist, and then be licensed in our state.

The Alaska Society of Radiologic Technologists appreciates your willingness in taking on this task of helping us to achieve state licensure and improve patient care.

Sincerely,

Rhonda E. Merrihew, R.T. (MRI, CT)

Rhonda E. Merrihew, R.T. (MRI, CT)

Representative Tom Anderson
Room 432
State Capitol
Juneau, AK 99801-1182

POB 886
Homer, AK 99603
January 24, 2003

Dear Representative Anderson:

This is a letter of support for the State Licensing Bill for Radiologic Technologists who administer radiation to the Alaskan population.

I have resided in the bush for twenty years and understand the need for quality health care in the field of radiation. Radiation safety and formal radiologic education is essential for appropriate radiographic studies that aid the clinician in proper diagnosis.

Introduction and passage of this bill will greatly benefit Alaskans. If there is anything I can do to help get this licensure bill passed, please do not hesitate to contact me at 907-235-3653.

Respectfully,

Blynn H. Dahlhamer R.T.(R)(M)

Blynn H. Dahlhamer, R.T.(R)(M)
An Active Member of the Alaska Society of Radiologic Technologists

To Whom It May Concern:

I am a practicing Diagnostic and Interventional Radiologist at Providence Alaska Medical Center. I have recently learned that Alaska does not have any true requirements governing training for personnel using ionizing radiation in a diagnostic or therapeutic manner. Furthermore, it seems that some of these untrained personnel want to advance to performing CT scans.

As a radiologist who has been trained in radiation biology and safety, I can attest that technologist training is critical for patient safety. An example of how important this training is can be found in mammography. Although I know that mammography is thoroughly governed and regulated (and therefore is not a directly equivalent analogy), it is nonetheless a useful example in this instance. When performing mammography, it is given that we are causing 3-5 cancers per million mammograms performed. This is under controlled environments with minimal radiation exposure.

This concept of ionizing radiation being dangerous has been around a long time and I hate to see it rediscovered by untrained personnel at the expense of Alaska's patients. Moreover, allowing them to perform high-radiation CT scans is downright scary.

In addition to the safety points, I would not personally work with untrained personnel in my department. Patients are too important and their health care too critical to take chances with. If a physician doesn't know enough to care about the quality of their images and the health of their patients, then they shouldn't be performing imaging studies.

Jonathan P. Coyle, M.D.
Diagnostic Radiology PAMC

TO:	Representative Peggy Wilson ASHNHA	1-26-04
FROM:	William S. Roberts M.D., Dept Radiology, South Peninsula Hospital, Homer AK	
Re:	Limited Scope Individuals and Computed Tomography (CT) Scanning	

It is my opinion, after working as a Radiologist in Alaska for 10 years, a person with "limited scope" credentials should not be asked or expected to perform computed tomography (CT) examinations on patients. I know the issue is money in an overly stressed healthcare environment, yet we should not be tempted to reduce our standards of safety and efficacy to meet budgetary constraints.

The modern CT is a complex machine with multiple variables, often asked to perform exams that are time critical for patient care. We now have multi-slice CT, power injectors for iodinated contrast with transitory peak contrast values, with multiple scanning variables. The ease to which multiple imaging phases can be obtained is a double edged sword: do we do one phase, two phases or three? What slice selection, couch indexing, or pitch should we use? What Kvp and MA settings should be used? Multiple scans increase radiation exposure to patients. CT now accounts for the majority of radiation exposure to the public; we all know radiation exposure should be minimized to the extent feasible to solve a medical question. Inexperience in training and computers and imaging parameters results in more, not less, radiation exposure to the patient.

The certifying agency for Radiologic Technologists in the U.S. is the American Registry of Radiologic Technologists (ARRT). This organization is widely accepted in the U.S. as the certifying body promoting high standards and promoting patient safety in the in-patient or out-patient setting. Certification and registry with objective testing to assess the knowledge and skills required in a modern imaging department are offered in multiple modalities including CT.

When treating a patient I always stop and ask myself, "If this were my mother or daughter, what would I do?". In setting policy and regulations we should always keep in mind it may be our loved ones receiving treatment. We have no less responsibility to the public and must expect to maintain high standards. In a world where a hair stylist or barber or tattoo

artist has to be licensed it makes sense to uphold reasonable standards in the operation and oversight of a million dollar CT machine capable of generating significant amounts of radiation and directly affecting patient treatment decisions. Contrast reactions can (and does) lead to patient death and significant reactions result in unexpected hospitalization of patients. In our current legal climate a conservative regulatory approach makes the most sense.

Technologists operating a CT scanner should be certified through the ARRT (or equivalent governing body. Furthermore I think CT exams should be performed only under the direct supervision of a board certified Radiologist.

Thank you for your time.

Sincerely,

William S. Roberts

William S. Roberts M.D.

Committee Substitute House Bill 186
Points of Concern
February 11, 2004

FEB 13 2004

- **Severe shortages of radiologic-based professionals already exist in Alaska.** ASHNHA's Workforce Development efforts have assisted the University of Alaska to develop an Associate Degree program, offered in Anchorage. ASHNHA members are offering clinical rotation sites for these students and have hired many graduates. In addition, UAA will be rolling out the curriculum for a limited-scope technician, to be entirely distance-delivered, primarily in support of our rural facilities. CSHB186 as written would worsen these manpower shortages and would severely compromise health care providers' ability to provide diagnostic imaging.

- **There are no workable provisions to protect current workforce from impact of bill.** ASHNHA members are aware that we have many employees who are not ARRT credentialed, working in our facilities. Some of these hold other health care certificates or licenses, and are cross-trained to perform diagnostic imaging. Some of these have been educated in Canada and hold their CAMRT credential. Some have been trained on-the-job. Despite 9 months of discussions, CSHB186 still does not contain provisions for grandfathering or reciprocity. The proposed effective date is July 2004, and the only acknowledgement of the employer's circumstance is a 24 month moratorium on fines and sanctions. This is not workable.

- **Restricting work sites is unworkable and inconsistent with other professions.** CSHB 186 introduces the concept of a limited scope worker to the diagnostic imaging team, and then restricts where a limited scope worker may be employed. This restriction is a poorly crafted effort to prevent private physicians from employing and training people who don't possess the ARRT credential that would also impact rural and urban hospitals, as well as our colleagues operating primary care clinics. Education, credentials and accountability define all health care professionals' scope of work. Examples of other multi-tiered scopes are seen in Nursing, Physical and Occupational Therapy, Pharmacy and Social Work. None of them restrict practice by artificially applied geography, let alone by employment. Instead of prohibiting private physician's offices from employing people without the ARRT credential, CSHB 186 would prohibit community and urban hospitals and clinics from hiring the limited scope worker, raising their costs and again, worsening the manpower shortages.

It is our hope that these concerns can be adequately addressed before any hearings are scheduled on this bill.

Rod L. Betit, President/CEO
ASHNHA 907 586-3881

ALASKA STATE LEGISLATURE
House of Representatives

COMMITTEE ASSIGNMENTS
LABOR & COMMERCE COMMITTEE, CHAIRMAN
COMMUNITY & REG. AFFAIRS COMMITTEE, MEMBER
SPECIAL COMMITTEE ON OIL & GAS, MEMBER
ADMINISTRATIVE REGULATION REVIEW COMMITTEE, MEMBER

website: http://www.akrepublicans.org/Anderson.htm

INTERIM
716 WEST 4TH AVENUE, SUITE 650
ANCHORAGE, AK 99501
PHONE: (907) 269-0265
FAX: (907) 269-0264

SESSION
ALASKA STATE CAPITOL
JUNEAU, AK 99801-1182
PHONE: (907) 465-4939
1-800-465-4939
FAX: (907) 465-2418

Representative Tom Anderson

email: Representative_Tom_Anderson@legis.state.ak.us

JAN 20 2004

MEMORANDUM

DATE: January 20, 2004

TO: Representative Peggy Wilson, Chair,
Health, Education & Social Services Committee

FROM: Representative Tom Anderson T.A.

SUBJECT: House Bill 186, Version X

Attached please find the most recent work draft "X" for House Bill 186: "An Act establishing the Radiologic Technology Board of Examiners; requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

Jim Shine from my office and Donna Rufsholm, president of the Alaska Society of Radiologic Technologists have been working with the Alaska State Hospital and Nursing Home Association (ASHNA) to alleviate some of the concerns raised last year about HB 186.

If you have any questions, please feel free to contact my staff Jim Shine at 465-2811.

23-LS0380\X
Mischel
12/30/03

Rep. Anderson
Anc.

CS FOR HOUSE BILL NO. 186( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-THIRD LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES ANDERSON, Foster

A BILL

FOR AN ACT ENTITLED

"An Act establishing the Radiologic Technology Board of Examiners; requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* **Section 1.** AS 08 is amended by adding a new chapter to read:

Chapter 89. Radiologic Technologists.

Article 1. Radiologic Technology Board of Examiners.

Sec. 08.89.010. Board established. (a) There is established the Radiologic Technology Board of Examiners consisting of seven residents of the state who are appointed by the governor as follows:

(1) three persons licensed with a full certificate under AS 08.89.120, at least two of whom are fully licensed as radiologic technologists;

(2) one physician certified by the American Board of Radiology, American Osteopathic Board of Radiology, British Royal College of Radiologists, or

Canadian College of Physicians and Surgeons;

(3) in addition to the person appointed under (2) of this subsection, one physician, podiatrist, osteopath, or chiropractor;

(4) one person who is certified in radiological physics or one of the subspecialties of radiological physics by the American Board of Radiology, American Board of Medical Physics, American Board of Health Physics, American Board of Science in Nuclear Medicine, or Canadian College of Physicists in Medicine; and

(5) one public member.

(b) The commissioner shall provide staff, logistic, budgetary, and other support to the board, as appropriate, including the appointment of a person who is not a member of the board to act as secretary for the board.

(c) The board shall meet at least twice a year.

Sec. 08.89.020. Duties of the board. The board shall

(1) authorize the issuance of full and limited certificates of licensure and temporary permits under this chapter;

(2) establish continuing education requirements for the renewal of full and limited certificates of licensure under this chapter;

(3) establish a code of ethics for persons licensed or holding permits under this chapter;

(4) approve programs for the training of persons seeking or holding full or limited certificates of licensure under this chapter.

Article 2. Licensing Requirements.

Sec. 08.89.100. Unlicensed practice prohibited. (a) Except as provided in (b) of this section, a person may not knowingly

(1) use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes without a license or permit issued under this chapter that authorizes the person to do so; or

(2) employ another to use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes unless the employee has an appropriate license or permit issued under this chapter.

(b) The licensing or permit requirement in (a) of this section does not apply to

a person who is

(1) licensed under another provision of state law if the license authorizes the person to use radioactive materials or equipment emitting radiation on a human for diagnostic or therapeutic purposes; or

(2) a student enrolled in and attending a school or college of medicine, osteopathy, chiropractic, podiatry, radiologic technology, radiation therapy, or nuclear medicine, while, as part of course work in the school or college, the student uses radioactive materials or equipment emitting radiation on humans under

(A) the supervision of a licensed practitioner; or

(B) the direct supervision of a person fully licensed under this chapter as a radiologic technologist, radiation therapist, or nuclear medicine technologist, as appropriate to the course.

(c) Violation of this section is a class A misdemeanor.

Sec. 08.89.110. Use of title prohibited. (a) Unless a person holds the corresponding full or limited certificate of licensure or permit issued under this chapter, a person may not use

(1) the title "radiologic technologist," "radiation therapist," "nuclear medicine technologist," "limited radiologic imager," "temporary permitted radiologic technologist," "temporary permitted radiation therapist," "temporary permitted nuclear medicine technologist," or "temporary permitted limited radiologic imager";

(2) an abbreviation that corresponds to a title listed in (1) of this subsection; or

(3) another title, abbreviation, letters, figures, signs, or other devices that would lead a reasonable person to believe that the person is licensed or permitted under this chapter.

(b) Violation of this section is a class A misdemeanor.

Sec. 08.89.120. Qualifications for full certificate licensure. (a) In order to receive a full certificate of licensure under this chapter, a person must apply to the department in a manner that indicates whether the person is applying to practice as a radiologic technologist, radiation therapist, or nuclear medicine technologist. In addition, the person must

(1) be at least 18 years of age;

(2) have graduated from secondary school or have passed an approved equivalency test;

(3) have graduated from a program approved by the board under AS 08.89.130 in the area of practice for which the person seeks licensure;

(4) have met the examination requirement under AS 08.89.140 for the area of practice for which the person seeks licensure; and

(5) pay the required fees.

(b) A full certificate shall specify the area of practice authorized under it.

(c) A person with a full certificate of licensure may practice in the authorized area of practice only under the direction of a licensed practitioner.

Sec. 08.89.130. Program approval; full certificates. (a) The board shall, upon application by a program, evaluate an educational program that trains persons to receive full certificates of licensure under this chapter and approve or disapprove the program according to the criteria in (b) of this section.

(b) The board shall approve a program evaluated under this section if and only if

(1) the program is affiliated with at least one hospital that provides a clinical component for the program that is considered to be adequate by the board;

(2) the program's curriculum for each course of study in the areas of practice licensed under AS 08.89.120 meets the standards approved by the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee on Educational Programs in Nuclear Medicine Technology, the United States Department of Education, or another appropriate accreditation agency whose standards are considered equivalent by the board; and

(3) a recognized national voluntary accrediting organization has reviewed the program's application to the board and submitted the review comments to the board.

Sec. 08.89.140. Examinations; full certificates. The examination requirement under AS 08.89.120 may be met by meeting one of the following criteria:

(1) successfully passing an examination approved by the board in the

area of practice for which the full certificate of licensure is sought;

(2) proof of certification by the American Registry of Radiologic Technologists, Nuclear Medicine Technology Certification Board; or

(3) proof of current licensure in the area of practice for which a full certificate of licensure is sought by another jurisdiction with standards for licensure considered by the board to be equivalent to the standards of this state.

Sec 08.89.150. Qualifications for limited radiologic imager. (a) In order to be licensed as a limited radiologic imager, a person must

(1) be at least 18 years of age;

(2) have graduated from secondary school or have passed an approved equivalency test;

(3) have graduated from a program approved by the board under AS 08.89.160;

(4) have passed the exam approved by the board for limited radiologic imager licensure; and

(5) pay the required fees.

(b) A limited radiologic imager

(1) may perform limited radiologic diagnostic imaging only in a medical clinic in which the only radiologic services provided are limited radiologic diagnostic imaging or in a rural hospital facility;

(2) may perform limited radiologic diagnostic imaging only under the supervision of a fully licensed radiologic technologist or a licensed practitioner except in a medical clinic in which radiologic services provided are only limited radiologic diagnostic imaging;

(3) may perform only radiography of the chest, abdomen, and axial-appendicular skeleton;

(4) may not perform radiologic procedures involving the use of contrast media, use of fluoroscopic equipment, mammography, tomography, magnetic resonance imaging (MRI), bone densitometry using ionizing radiation, nuclear medicine, radiation therapy, or computed tomography imaging (CT scan).

Sec. 08.89.160. Program approval for limited radiologic imager. (a) The

board shall, upon application by a program, evaluate a program that trains persons to be limited radiologic imagers and approve or disapprove the program according to the criteria in (b) of this section.

(b) The board shall approve a program evaluated under this section only if the program includes didactic instruction and clinical instruction considered adequate by the board in axial-appendicular skeleton radiography, chest and abdomen radiography, equipment maintenance and operation, radiation safety and protection, image production and evaluation, radiographic anatomy and positioning procedures, and applicable federal and state requirements relating to patient care and safety; in this subsection, "clinical instruction" means hands-on experience in a health facility setting, such as in a hospital or clinic, under the supervision of a licensed practitioner or fully licensed radiologic technologist.

Sec. 08.89.170. Temporary permit. (a) The board may grant a nonrenewable temporary full permit or temporary limited permit to a person authorizing practice in an area corresponding to the person's scope of radiology training if the person

(1) has satisfactorily completed a program for that area approved under AS 08.89.130 or 08.89.160;

(2) has taken an examination described under AS 08.89.140 or 08.89.150 for that area and the results are not yet available;

(3) applies for the temporary permit within one year after completing the program approved under AS 08.89.130 or 08.89.160; and

(4) pays the appropriate fee.

(b) A temporary permit issued under this section must indicate the area of practice authorized. Except as provided in (c) and (d) of this section, the permit expires one year after completion of the program described in (a)(1) of this section or upon receipt of the examination results referred to in (a)(2) of this section, whichever is earlier.

(c) Notwithstanding (a) and (b) of this section, the board may issue a temporary permit valid for two years to an applicant who pays a fee determined by the board and who demonstrates to the satisfaction of the board that the applicant has been

performing limited scope radiologic diagnostic imaging under AS 08.89.150(b) for three out of the five years preceding application. A two-year temporary permit issued under this subsection qualifies the applicant for employment only as specified in AS 08.89.150(b).

(d) Notwithstanding (a) - (c) of this section, if an applicant has provided proof of certification by a recognized national credentialing body that covers the area of practice for which a certificate of licensure is sought, the board may issue a temporary permit valid for a period of one year to the applicant upon payment of a fee determined by the board.

(e) A person who holds a permit under this section is entitled to use the title "temporary permitted radiologic technologist," "temporary permitted radiation therapist," "temporary permitted nuclear medicine technologist," or "temporary permitted limited radiologic imager."

Sec. 08.89.180. License renewal; continuing education. (a) The board may not renew a license issued under this chapter unless the licensee pays the required fee and submits evidence satisfactory to the board that the person has met the board's continuing education requirements.

(b) The board shall require a minimum of 20 hours of approved continuing education or training in radiology per biennium, at least 12 hours of which must be approved as Category A credits by the American Registry of Radiologic Technologists.

(c) A person with a full certificate of licensure who is licensed to practice in more than one area of practice is not required to complete more continuing education than a person with a full certificate of licensure who is licensed in only one area of practice. However, the board, in its communications with persons who have a full certificate of licensure in more than one area of practice, shall encourage those persons to receive continuing education in all of the areas for which they are licensed.

(d) The board shall make available a list of continuing education sponsors approved by the American Registry of Radiologic Technologists.

Sec. 08.89.190. License or permit to be kept on file. A person licensed or holding a permit under this chapter shall keep on file at each place of the person's

employment the license or permit document issued under this chapter or a verified copy of the license or permit document.

Sec. 08.89.200. Notification of address changes. A licensee or permittee under this chapter shall notify the board in writing within 30 days after a name or address change.

Sec. 08.89.210. Reapplication after revocation. A person whose license or permit is revoked by the board for a reason other than nonpayment of fees may not apply to be licensed under this chapter until 24 months have elapsed from the date of revocation.

Sec. 08.89.220. Fees. The department shall set fees under AS 08.01.06) for each of the following:

(1) application;

(2) examination;

(3) full certificate of licensure;

(4) limited certificate of licensure;

(5) temporary full permit;

(6) temporary limited permit;

(7) license renewal.

Article 3. Prohibitions; Penalties; Disciplinary Sanctions.

Sec. 08.89.300. Prescription required. (a) A person holding a license or permit issued under this chapter may not knowingly use a radioactive substance or equipment for radiologic procedures on a human for diagnostic or therapeutic purposes except as prescribed by a licensed practitioner.

(b) Violation of this section is a class A misdemeanor.

Sec. 08.89.310. Civil penalty for unlicensed practice. A person required to be licensed or to have a permit under this chapter who engages or offers to engage in a type of diagnostic radiologic imaging, radiation therapy, or nuclear medicine technology for which the person is not licensed or for which the person does not hold a permit may be fined up to $5,000 under the citation procedures of AS 08.01.102 - 08.01.104.

Sec. 08.89.320. Criminal penalty for certain fraudulent practices. A

person who knowingly obtains or attempts to obtain a license or permit under this chapter by dishonest or fraudulent means or who knowingly forges, counterfeits, or fraudulently alters a license or permit issued under this chapter is guilty of a class B misdemeanor.

Sec. 08.89.330. Grounds for disciplinary sanctions or denial of license. The board may impose a disciplinary sanction authorized under AS 08.01.075 on a person licensed or holding a permit under this chapter or refuse to issue or renew a license or permit if the board finds that the person

(1) used fraud or deceit in the procurement or holding of the license or permit or in the application process for the license or permit;

(2) has been convicted of a felony in a court of competent jurisdiction, either within or outside of this state, unless the conviction has been reversed and the person has been discharged or acquitted, or unless the person has been pardoned with full restoration of civil rights;

(3) is or has been afflicted with a medical problem, disability, or addiction that, in the opinion of the board, impairs professional competence;

(4) has aided a person who is not licensed or permitted under this chapter, or otherwise authorized to perform the duties of a licensee or permittee, to perform diagnostic radiologic imaging, radiation therapy, or nuclear medicine technology;

(5) has undertaken or engaged in a radiologic technology practice beyond the scope of duties permitted by law;

(6) has, under an assumed name, impersonated a person licensed or formerly licensed under this chapter or is performing duties of a fully certificated licensee, a limited certificate licensee, or a person holding a permit;

(7) is a licensee or permittee under this chapter and has violated the code of ethics established by the board;

(8) has interpreted a diagnostic image for a clinician, a patient, the patient's family, or the public;

(9) is a licensee or permittee under this chapter and is or has been incompetent or negligent in performance of the licensee's or permittee's duties.

Article 4. General Provisions.

Sec. 08.89.900. Unified occupation for fee purposes. For purposes of AS 08.01.065, all persons licensed or holding a permit under this chapter are considered to be engaged in the same occupation.

Sec. 08.89.990. Definitions. In this chapter,

(1) "axial-appendicular skeleton" means the skull, including the mandible, sinuses, and facial bones; spine, including cervical, thoracic, lumbar, sacrum, and coccyx areas; pelvis; ribs; and upper and lower extremities;

(2) "board" means the Radiologic Technology Board of Examiners established under AS 08.89.010;

(3) "contrast media" means an examination where contrast media is introduced into a human body to define a part or parts not normally visualized on a radiograph;

(4) "department" means the Department of Community and Economic Development;

(5) "diagnostic radiologic imaging" means the making of film records or digital records by passage of radiation through the body to act on specially sensitized film or digital sensors;

(6) "direct supervision" means in the physical presence of a person who assists, evaluates, and approves the performance of tasks;

(7) "knowingly" has the meaning given in AS 11.81.900(a);

(8) "licensed practitioner" means a physician, podiatrist, osteopath, dentist, or chiropractor who is either licensed in this state or exempt from licensure under AS 08.64.370(1) or (4);

(9) "nuclear medicine technologist" means a person who prepares, calibrates, and administers radiopharmaceutical agents to humans for diagnostic or therapeutic purposes;

(10) "radiation therapist" means a person who applies radiation to humans for therapeutic purposes;

(11) "radiologic technologist" means a person who uses radiation on humans for diagnostic purposes;

(12) "limited radiologic imager" means a person licensed under AS 08.89.150 to perform diagnostic radiologic imaging within the limits specified in AS 08.89.150(b).

(13) "rural hospital" means a hospital as defined in AS 18.20.130(3) that has 15 or fewer acute care beds and is located in a community with a population of 5,500 or less that is not connected by road or rail to Anchorage or Fairbanks or with a population of 1,500 or less that is connected by road or rail to Anchorage or Fairbanks.

* **Sec. 2.** AS 08.01.010 is amended by adding a new paragraph to read:

(38) Radiologic Technology Board of Examiners (AS 08.89.010).

* **Sec. 3.** AS 08.03.010(c) is amended by adding a new paragraph to read:

(22) Radiologic Technology Board of Examiners -- June 30, 2008.

* **Sec. 4.** AS 44.62.330(a) is amended by adding a new paragraph to read:

(60) Radiologic Technology Board of Examiners.

* **Sec. 5.** The uncodified law of the State of Alaska is amended by adding a new section to read:

INITIAL BOARD MEMBERS. Notwithstanding AS 08.89.010, enacted by sec. 1 of this Act, a member of the Radiologic Technology Board of Examiners who, under AS 08.89.010, would be required to be licensed under AS 08.89 need not be licensed unless the member serves on the board after June 30, 2006.

* **Sec. 6.** The uncodified law of the State of Alaska is amended by adding a new section to read:

REGULATIONS. Notwithstanding secs. 7 and 8 of this Act, the Radiologic Technology Board of Examiners may begin the process to adopt regulations to implement this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act) but not before the effective date of the statutes implemented by the regulations.

* **Sec. 7.** Except as provided by sec. 8 of this Act, this Act takes effect July 1, 2004.

* **Sec. 8.** AS 08.89.100 and 08.89.310, enacted by sec. 1 of this Act, take effect July 1, 2006.

Alaska State Hospital & Nursing Home Association

We're helping people care for people!

APR 2 2 2003

April 22, 2003

Representative Peggy Wilson
Alaska State Legislature
State Capitol, Room 104
Juneau AK 99801-1182

Dear Representative Wilson:

I am writing to you in reference to HB 186, licensing of radiological technicians. The bill has been through the Labor and Commerce Committee and is now in your committee.

Our association, the Alaska State Hospital and Nursing Home Association, believes that this legislation will further exacerbate the workforce shortage that already exists. Last year, 5 of our hospitals spent $2,658,000 on temporary radiologic technologists. Sitka and Petersburg spent over $100,000 for travelers. My point is that radiologic technologists are difficult to find. At one point last year, Providence Hospital had 17 travelers filling 17 positions. Alaskan hospitals, large and small, are faced with the same shortages seen across the country.

ASHNHA has collaborated with the University of Alaska and others to address the Workforce Development Coalition; the primary objective of this group is to expand the capacity for Alaska's postsecondary education system to grow our own health care professionals. The very first class of radiologic technologists will graduate from UAA in the summer of 2003.

Though ASHNHA understands the public protection that licensure is intended to provide, the marketplace reality is that implementation of licensure July 1, 2003 will serve an opposite purpose, by creating additional shortages and delays in the ability to get credentialed professionals to work in our state.

I ask you to hold HB 186 in your committee.

Sincerely yours,

Laraine

Laraine L. Derr
President/CEO
426 Main Street, Juneau, Alaska 99801
Phone: 907-586-1790 • Fax: 907-463-3573 • Web: ashnha.com

Remaining Concerns With HB 186
Created by Rod Betit, President, ASHNHA
Created on April 22, 2004 3:43 PM

1] **Imposition of Geographic Limit on Practice:**
No other profession limits both the scope of practice and the geographic area of practice. A limited radiologic imager should be allowed to perform their skills in any community within the defined scope of practice. The current shortage of radiologic imagers in our communities should not be exacerbated by limiting employment options further with this provision.

While CSHB 186 is an improvement over HB 186, ASHNHA continues to oppose philosophically any provision that limits radiologic imager practice on a geographic basis.

2] **Timing of CSHB 186 in Time of Critical Workforce Shortage:**
ASHNHA continues to question the advisability of further limiting health employer choices when critical positions already sit vacant for months at a time. For example, Petersburg Medical Center has had 2 positions vacant for many months, and has used traveling radiologic imagers to fill this need. There is some question as to whether the travelers would even qualify under these new provisions making matters even worse.

3] **Canadian Reciprocity:**
CSSH 186 appears to resolve the concerns about reciprocity for use of Canadian trained imagers. ASHNHA understands the term "national credentialing body" found in Sec. 08.89.170. Temporary Permit, paragraph (d) includes credentialing bodies recognized in Canada.

4] **Grandfathering of Current Workforce:**
Section 4 appears to provide a 2 year grandfathering period for existing radiologic imagers by delaying the effective date until July 1, 2006. While there is no evidence that current imagers are not competent and have placed the public at risk, ASHNHA is willing to accept a limited grandfathering provision in the spirit of resolving differences in this legislation.

5] **Scope of Practice:**
The scope of practice found in Sec 08.89.150 would not allow a limited radiologic imager to perform computed tomography imaging (CT scan) among other procedures. Health care providers go to great lengths to insure their imagers have appropriate training and supervision to insure that CT scans are performed safely. CSHB would prohibit many imagers from performing these procedures after July 1, 2004. Facilities in Seward, Valdez and Petersburg will all soon have CT scan capability. These communities are currently evaluating how they will handle CT scan procedures. Some of these procedures will be performed by physicians while others will be performed by current radiology staff who might not qualify for full certification. As written, CSHB 186 would upset the plans of these communities to enhance diagnostic services available in their communities.

AKSRT Licensure Committee response to ASHNHA
Concerns with HB 186 dated April 22, 2004

Submitted by: Donna J. Rufsholm, R.T.(R)(M)
AKSRT Licensure Committee Chair
Date: April 26, 2004

1.) **Imposition of Geographic Limit on Practice:**
The limited scope imager category was developed to address the needs expressed by the rural communities of Alaska. The rural communities expressed concerns over availability of qualified personnel and the ability to maintain radiology services if a licensure law was passed in the state of Alaska. The communities felt they would not have the resources or ability to hire a fully credential technologist. Provisions were made for the limited scope category with the understanding that the rural areas would be able to retain the limited radiology services that they currently offer. The urban hospitals have always hired fully credentialed technologists and that practice is not going to change. The acuity of the patient and the sophistication of the procedures being performed dictate that the urban facility, for practical reasons and liability reasons, hire individuals who are educated, qualified, experienced and fully credentialed. Radiologists who work in the urban facilities support the hiring of fully credentialed individuals. The limitation on scope does limit what the individual is qualified to do. A similar situation would be a medical assistant being allowed to work in a physicians office but not meeting the qualifications to work in the acute care urban hospital setting as a nurse.

2.) **Timing of CSHB 186 in Time of Critical Workforce Shortage:**
The licensure committee does not feel that HB 186 will affect the shortages that already exist or make them worse. The UAA/UAF Associates Degree program in Radiology is currently graduating 20-22 degreed Radiologic Technologists each year. By 2006 a total of approximately 80 students will have graduated from the program. The program has the potential to over saturate the urban areas with qualified radiology personnel. In the rural setting, the provisions for limited radiologic imagers will allow the individual currently performing radiology procedures to continue to be employed and also give them an opportunity to relocate and be employable as a limited radiologic imager. CSHB186 does not restrict travelers from working in the State of Alaska. Travelers requesting work in Alaska will be expected to meet the same requirements as any other Registered Radiologic Technologist who wants to work in the state of Alaska. Currently 38 of the 50 states require travelers to apply for a license before they can work in the state. The travelers are accustomed to this as are the agencies that they work for.

3.) **Canadian Reciprocity:** Section 08.89.170 (d) "a recognized national credentialing body" terminology includes Canadian credentialing bodies.

4.) **Grandfathering of Current Workforce:** ASHNHA is willing to accept the 2 year grandfathering period for existing radiologic imagers.

5.) **Scope of Practice:**

The UAA four module, twenty-four week program will not provide a limited Radiologic imager with enough education or experience to perform CT exams or other specialized radiology procedures. Many of the areas of radiology, including CT, are advanced credentialed areas of Radiology. Radiologic Technologists who have worked in the field for years must undergo specialized training in CT prior to being allowed to perform CT exams and must complete an extensive competency checklist prior to applying for the advanced credential in CT.

CT exams are sophisticated procedures which are generally performed on patients who are acutely ill, suffering from trauma injuries, or cancer patients who are initially being diagnosed or undergoing follow-up exams to look for metastatic disease. The majority of the CT examinations performed in most facilities require use of contrast media and high pressure rapid injectors. Use of high pressure injectors and contrast media require additional skills and advanced training as they can potentially cause harm or death to a patient.

The licensure committee has received letters from Radiologists at Providence Hospital stating that they would not support the hiring of limited scope imagers in the urban hospital setting and that they strongly object to limited scope imagers performing CT exams.

April 27, 2004

Representative Peggy Wilson
State Capitol, Room 104
Juneau, AK 99801

Dear Representative Wilson,

Although I was standing by for the hearing last Thursday, and was planning to attend the hearing tonight, my daughter's high school graduation dinner prevents me from doing so. I do, however, have strong feelings about HB 186 and would like to present those to your committee in writing.

My name is John Bringhurst. I am Administrator of Petersburg Medical Center, a 27-bed hospital and long-term care facility in Petersburg. We have 3,500 people living in our community whose only access to urgent health care services comes from our facility. Like most Southeast Alaskan communities, Petersburg has no road access at all. Airplane or ferry is required by our residents to access health care that is not made available to them here locally.

I was selected by the Alaska State Hospital and Nursing Home Association, along with Colleen Bridge from the Providence Hospital association, to represent both the small hospital and large hospital interests to work with the proponents of HB 186 to see if we could influence the bill in ways that would enable the Association to support it. I believe some progress has been made in that attempt, however at this time we feel it is a bill we cannot support.

We are opposed to passage of HB 186 as it is currently written for the following reasons:

1. **The bill has serious flaws:**

The bill now has provisions for "Limited License" personnel – something that may help smaller communities to comply with the requirements of this bill. However the drafters of this bill have used the definition of limited license to apply to the size of the community that this person is employed in, rather than the scope of work that he or she would be allowed to do. Many health care professions make provisions for limited scope workers (CNA's, LPN's, pharmacy techs, physical therapy aides, medical lab techs, just to name a few, all are limited scope positions). However the limitation lies in the role they are allowed to play in the delivery of this service, not in the size of the community the work in.

CT is a service that this bill excludes from the capability of limited license techs. Seward, Petersburg and Valdez are communities that have heretofore gone without the availability of these superior diagnostic modalities. They have now ordered and are installing these units in their hospitals for the first time. If these units are excluded from the scope of a limited license tech access to these services might continue to be denied individuals in these communities.

2. **The timing for the legislation is bad:**

The worst time to implement licensing is when there is a shortage. There is a serious shortage of radiology techs in Alaska and nationwide at this time. In the most recent pole conducted by the Alaska State Hospital and Nursing Home Association radiology technologists were number two in terms of scarcity – only surpassed by registered nurses. At our facility in Petersburg we currently have a 100% vacancy rate in radiology. One of those positions we have been recruiting for over 22 months. We are concerned with our hospitals' ability to attract technologists if this shortage is exacerbated by eliminating many of those currently practicing in the State.

3. It will hurt small hospitals:

Hospitals in small communities have a difficult time attracting and retaining radiology techs. The shortage of personnel has increased this problem. Many communities have found the only answer is to train their own personnel on the job. Radiology techs in many small communities have been providing satisfactory images and safe practices for 10 to 15 years. They are supervised by formally trained radiology technologists and operate under protocols and procedures approved by a licensed radiologist. Their images are reviewed by a trained radiologist. However, if these techs were suddenly eliminated from these small communities, the unavailability of any x-ray service at all might be the result.

In summary: I believe this legislation would have a short-term negative impact that would nullify the good that it is aimed at accomplishing. I believe it has serious flaws that erode its effectiveness. And I believe there are small communities that would find serious challenges to access to care if it were implemented in its present form.

John F. Bringhurst
102 Lewis Lane
Petersburg, AK 99833

FAX COVER SHEET

ANCHORAGE LEGISLATIVE INFORMATION OFFICE

Office 907-269-0111 Fax 907-269-0229

To: (H) H.E.S.S.

Attn: Rep Wilson

Fax: 465-3175 Phone:

From: Anc TC Phone: 269-0114

Instructions: Written TD on HB186

Sent: Date 4-23 Time .

Disposal of Original: Discard: Pouch ✓ Hold for Pickup

Number of Pages: 2 (counting cover sheet)

Transmitted by: Jean

Alaska Native Health Board

3700 Woodland Drive, Suite 500
Anchorage, Alaska 99518

Phone: (907) 562-6006
FAX: (907) 563-2001

ANHB OPPOSES PASSAGE OF HB 186

The Alaska Native Health Board is a non-profit organization established in 1968 that advocates for 229 federally recognized tribes on healthcare issues. In regards to House Bill 186, the ANHB believes that its adoption as it is currently written could and would be harmful to tribal health providers' ability to provide x-ray services in some of our smaller communities that are unable to support radiology technicians. This is because Community Health Aides within our remote villages are sometimes the only provider available or able to take images, as there would be no "licensed practitioner" on site to supervise.

Therefore, the Alaska Native Health Board adamantly opposes the passage of House Bill 186.

LEGISLATIVE AFFAIRS AGENCY
INFORMATION & TELECONFERENCING
6 Main Street
Dillingham, AK 99576
Phone: 842-5319 Fax: 842-5105

Date: 4-22-04

Please accept the enclosed original(s) of written testimony for the House HES
teleconferenced hearing that was scheduled on 4-22-04 2:00 pm

A copy of this testimony was transmitted to your committee via fax on 4-22-04 11:20am

Thank you.

Dillingham LIO

Re: Proposed Licensure of Radiologic Technologist in the State of Alaska
HB 186

The proposed bill offered 3/31/03, does not meet the actual needs of rural (bush) Alaska as written. There are articles that need revision because they impact our sub-regional villages negatively, and in affect will impact the direct and initial care of residents and visitors alike in emergent situations. Unrealistic restraints will be imposed on villages with a population of over 800 residents, requiring a certified Radiological Technologist to be there to perform any x-ray procedure. The fact of the matter is that it is very difficult for the HUB facilities to hire full time Techs to fill their positions, let alone expect a small village to be able to do the same.
The bill as it stands cannot be supported by me or my facility. We here at Bristol Bay Health Corporation Medical Imaging Services believe in promoting quality care to all the people in our region. We totally support outfitting the sub-regional clinics with the means and training to provide emergent quality care to all their residents and any visitor that may be in need of medical support.

Sincerely,

Mikki Ennis, RT RM AS
Manager
Medical Imaging Services
Bristol Bay Area Health Corporation

Re: Proposed Licensure of Radiologic Technologists in the State of Alaska (HB 186)

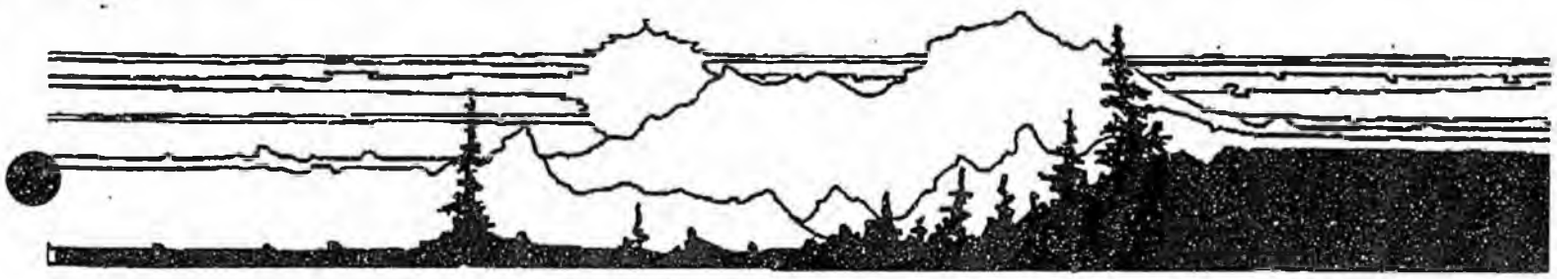
This bill, as proposed 3/03, does not meet the need of rural Alaska. It, in effect, denies our rural communities (less than 800) access to immediate imaging services where time and diagnosis may be critical to patient treatment and ultimately, survival.

I cannot support the passage of this bill as it was originally drafted.

Sincerely,

Maria C. Callowich RT RM

Maria C. Callowich, RT RM
Senior Staff Technologist
Medical Imaging Services
Kanakanak Hospital
Bristol Bay Area Health Corporation



SUNSHINE COMMUNITY HEALTH CENTER
P.O. BOX 787 - (MILE 4.4 TALKEETNA SPUR RD.)
TALKEETNA, ALASKA 99676
* * * * * *
TELEPHONE: (907) 733-2273 FAX: (907) 733-1735
"UNITED WAY PARTICIPATING AGENCY"

Fax Cover Sheet

Date: April 23, 2004

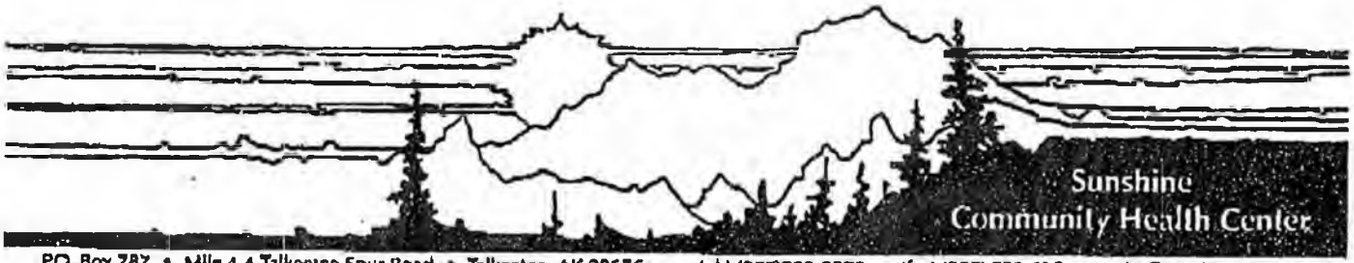
To: Representative Tom Anderson, Sponsor
Representative Peggy Wilson, Chair, HHSS

Telephone number: **Fax number:** Rep. Anderson 907-465-2418
Rep. Wilson 907-465-3175
(Attn. Linda Miller)

From: Susan Mason-Bouterse, Executive Director

Number of pages (including cover sheet): 2

Message: Attached is a letter which I'd appreciate included in the bill packet for CSHB186. I understand it may be scheduled in HHESS on Tuesday, April 27, at 3:00 p.m.; I will be unable to testify, but I will have my Assistant read the attached into the record.



P.O. Box 787 • Mile 4.4 Talkeetna Spur Road • Talkeetna, AK 99676 (ph) (907)733-2273 • (fax) (907) 733-1735 • schc@sunshineclinic.org

CSHB 186 – "An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

I support the overall aim and concept of this bill – to ensure the safety of Alaskans and to establish standards for education and credentialing of persons who are performing radiation therapy or diagnostic imaging.

However, I have serious concerns about the bill in its current state and the very real potential it raises of decreasing access to primary health care for certain Alaskans – people living in rural areas and people who are un-insured or under-insured.

The current bill proposes a licensure fee of $543 biannually. This creates a barrier for poor areas that may have a solo provider practice, no hospital, and where the population served is largely impoverished.

As the bill is currently written, it would not be economically feasible for a small practice to provide radiology services. It would drive up the cost of radiation services, increase recruitment challenges, increasing the cost of service, and most likely prohibit the service in many communities where they may not do more than 3-10 films per week.

Unfortunately, the bill in its current state would negatively impact patient care in many ways – reducing options on local level, increase number of preventable and costly Emergency Room visits and ambulance runs, and have a negative impact on dental services that are already incredibly expensive and scarce in many areas of the State.

I support the continuing education requirements, but would like to see language in the bill that establishes opportunities through the university system for rural areas, solo providers to participate and that builds in support for training and educational programs that outreach, perhaps through distance learning, to practitioners in rural areas.

I would like to see this bill incorporate the growing potential of digital and teleradiology, perhaps building some incentives for more urban areas to support rural areas and for larger hospitals to support smaller practices that serve the under-served.

And I would like to see the proposed composition of the Radiology Board incorporate representation from rural areas instead of only Anchorage, Fairbanks and Juneau.

In closing, the Alaska Primary Care Association (PCA) would welcome the opportunity to partner with the sponsors of this bill to craft legislation that would not only ensure quality of care and safety for Alaskans, but also safeguard access to primary care for all Alaskans.

Susan Mason-Bouterse
Executive Director
April 22, 2004

Betty J. Anderson

From: Sonia Handforth-Kome [skome@ifhs.org]
Sent: Tuesday, April 27, 2004 12:47 PM
To: Betty J. Anderson
Subject: RE: Bill 186 Licensure of Radiology technicians

BJ,

None of our x-ray techs are licensed or certified. They are all excellent, however, as you know. We perform over 2500 x-rays per year. When one of our x-ray positions became open last year, we spent 6 months trying to fill it with a certified individual, with absolutely no success. Meanwhile, we managed to burn out both of our other lab/x-ray techs, who had to cover 24 hour call between themselves. Our nurses did help by performing some x-rays during that time. If we had to hire only licensed personnel, it would devastate our ability to provide x-ray services to our patients.

I have to wonder what problem the bill is trying to fix. In other words, is there real data showing that certified techs do better work than uncertified ones? Is there a clear benefit to requiring licensure that offsets the recruiting and reimbursement nightmares that such licensing requirements would cause in most Alaska clinics? Or is there some other, non-quality related issue or issues that brought this bill forward?

Our clinic fortunately has the budget to support continuing education and training for all of our staff, including our x-ray techs. We have hired individuals from our community, instead of bringing in people from other states or even other countries to do our lab and x-ray work. All of them had medical backgrounds, and all of them we trained on site, and continue to train with annual conferences and other forms of continuing education. We guarantee quality with quarterly audits by our medical director and Quality Improvement team, as well as continual feedback by all of our providers. Our techs all produce quality work which allows our providers to make appropriate medical decisions. How will they be better if they are required to become licensed? How will the licensing process guarantee on-going quality?

Just some thoughts...

Sonia Handforth-Kome
Executive Director
Illuliuk Family and Health Services, Inc.

FAX COVER SHEET

ANCHORAGE LEGISLATIVE INFORMATION OFFICE

Office 907-269-0111 Fax 907-269-0229

To: H HESS

Attn: Rep Wilson

Fax: 465- 3175 Phone: _____

From: Anc LIO Phone: _____

Instructions: Written (1) on HB 186

Sent: Date 4-27 Time 3:15 .

Disposal of Original: Discard: _____ Pouch ✓ Hold for Pickup _____

Number of Pages: 3 (counting cover sheet)

Transmitted by: Jean

X-RAY MACHINE OPERATORS

Clyde E. Pearce, RHS ,

State of Alaska, DH&SS, Labs

April 22, 2004

WHY LICENSE?

- *Voluntary actions have failed*
- *The risk of injury is significant*
- *The extent of risk is not readily evident to the users of the system*
- *The costs include lost of quality of life as well as possible loss of life*
- *Risks can be minimized via education*

WHO IS AT RISK?

- *Patients*
- *Family members of patients*
- *The general public*
- *The unborn baby*
- *The operator of the device*

WHAT ARE THE RISKS?

- *High exposures that cause acute radiation injury (biological effects)*
- *Excessive exposures that lead to later development of cancer (biological effects)*
- *Radiation induced genetic and congenital effects (biological effects)*
- *Inadequate images that lead to a missed diagnosis (health care failure)*
- *Inappropriate images that lead to a misdiagnosis (health care failure)*
- *Delayed treatment, pathology, litigation*

New Machines=Lower dose?

- *INCORRECT! New imaging modalities often result in higher exposure doses with improved diagnostic capabilities so that care may proceed more quickly with reduced total costs.*
- *But… exposure doses in diagnostic x-ray imaging have been Increasing since 1980*

BROAD KINDS OF RISK IN MEDICAL IMAGING

- *Radiation*
- *Missed diagnosis and misdiagnosis*
- *Pathogens*
- *Chemicals*
- *Electrical*
- *Physical*
- *Fire*

Simplified Machines with Anatomical Buttons Increase Safety

- *INCORRECT! Safety depends upon a variety of factors that must be integrated by a knowledgeable and skilled operator. As with an automobile, with abundant safety features, ultimately safety depends on how you "drive" the machine. Over 40,000 people die each year in automobile accidents mostly caused by operator mistakes. 3,000,000 are injured.*

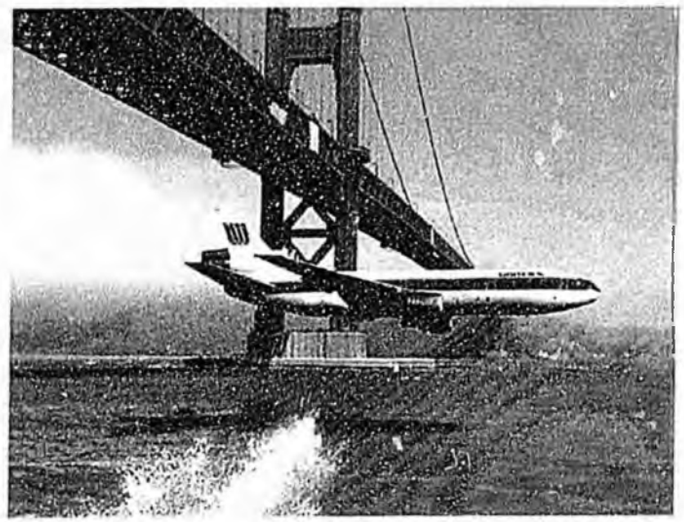
"I have operated an x-ray machine and gotten good pictures. It's not difficult"

- *CORRECT!? Almost anyone can operate an x-ray machine and may even obtain what appears to be a "good picture". BUT... Medical imaging is not about getting pretty pictures. Medical imaging is about creating DIAGNOSTIC images with minimal radiation exposure, without further harm to the patient.*

U.S. F.D.A. MODEL

- *ONLY certified or licensed individuals may perform mammography*
- *Only FULL SCOPE operators may perform this limited procedure*
- *There are NO EXCEPTIONS for rural populations. ALL facilities must meet the same federal standard*
- *While exposure dose is important, the major investigation in an inspection is of the QUALITY MANAGEMENT of imaging*

The U.S. FDA does not permit minimal regulation that just gets you in under the wire…er, bridge?



The Purpose of Regulation is:

- *To protect patients*
- *To protect operators*
- *To protect the public*
- *To protect the unborn baby*
- *To protect the community at large*

What about Alaska?

- *Alaska regulations do not require certification, licensure, or registration of operators*
- *Alaska has no requirements for trainer qualifications*
- *Alaska has no standards to measure the knowledge or skill of operators*
- *There is no mechanism to track those who expose humans to radiation, identify problems, or enforce remedies in Alaska*

Inspection Findings in Alaska

- *Failure to restrict beam to area of clinical interest*
- *Failure to shield the patient*
- *Failure to monitor exposures to operator*
- *Failure to post warning signs or control access to room by public*
- *Failure to post appropriate technique charts*
- *Failure to conduct processor quality control*

Inspection Findings in Alaska

- *No repeat analysis of spoiled images*
- *No training, or "trained" by unqualified individual who provided incorrect instruction*
- *Using incompatible screens and film*
- *Operators exposing each other for practice*
- *Incorrect use of Bucky grid*
- *Unable to identify fundamental procedures for reducing radiation exposure*

Inspection Findings in Alaska

- *Failure to wear protective apron during radiography when operator must be in room*
- *Inability to recognize why images are not diagnostic or how to correct the error(s)*
- *Misalignment of x-ray beam and localizer*
- *Failure to conduct machine calibrations and performance checks*
- *Misuse of exposure factors that destroyed a $6,500 x-ray tube*
- *Five incidents in seven months where entire film bin was exposed to light, causing loss of at least $4,000, all in the same facility (which uses uncertified operators)*

Where do acute injuries occur?

- *In diagnostic radiology acute injures have become more common in fluoroscopic studies, "C" arm imaging, and related interventional procedures.*
- *Other acute injuries in diagnostic imaging occur as a result of ignorance and misuse of the device*

Acute Diagnostic X-ray Injury

Acute Diagnostic X-ray Injury

Acute Diagnostic X-ray Injury

What other injuries occur?

- *Low level exposure to radiation has been shown to have stochastic effects, such as the induction of cancer. Female radiation workers in medical imaging were shown to have higher than average levels of breast cancer in research conducted by the American Registry of Radiologic Technologists.*

…and others?

- *Moderate doses of x-ray exposure may cause nervous system tumors, according to the J Natl Cancer Inst 2002;94:1555-1563*
- *Some cancers may be due to diagnostic x-rays… Lancet 2004;363:340-341,345-351*
- *Radiation induced cancers do not become manifest disease until after a latent period of up to as much as 35 years post exposure*

What does this mean?

- *Improper medical x-ray procedures in a highly transient population complicate tracking causes and effects, and...*
- *Radiation induced cancers in Alaska may appear in cancer statistics in Washington, Arizona, and elsewhere*

..without adequate regulation of those who expose humans to x-radiation we may already be closer to the edge than we know

Other studies….

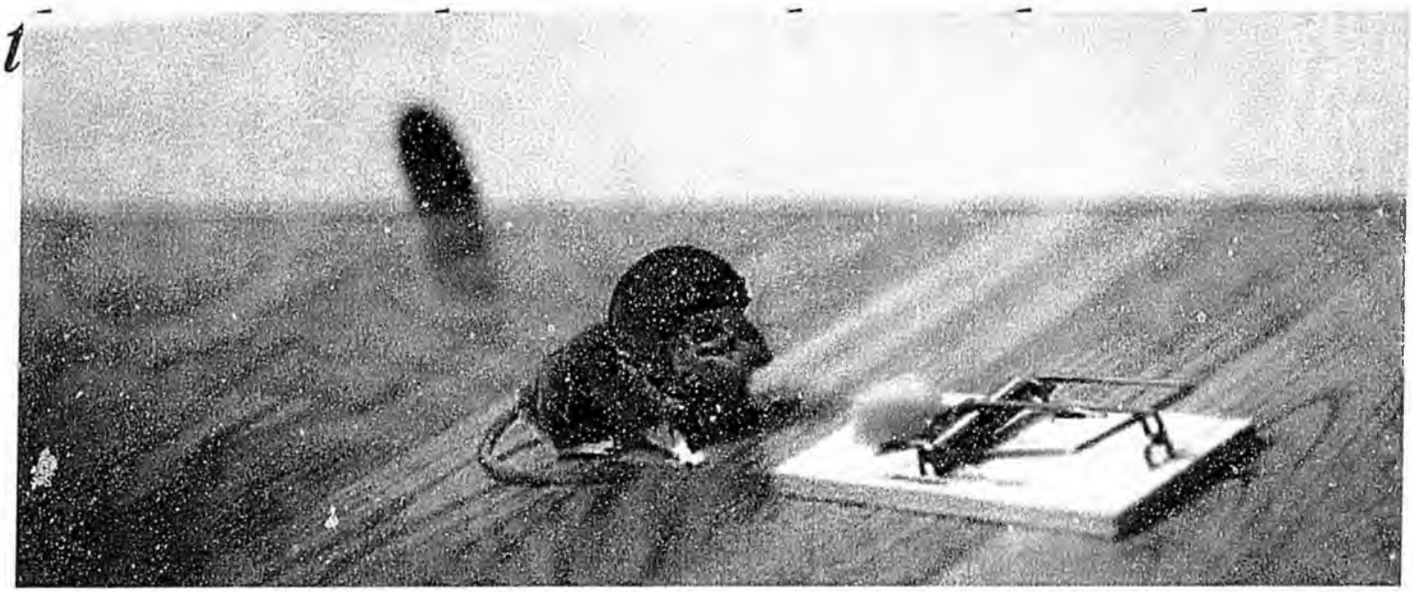
- *Only one-half of radiology studies performed in doctors offices are done correctly, which caused 5% of diagnoses to be wrong - Krug*
- *CT doses up to 50 times higher for a standard chest exam are common - Goodman*
- *As Much as 50% of diagnostic x-ray procedures are unnecessary, or of such poor quality they must be repeated at additional exposure, cost, delay in treatment to the patient – Gofman*
- *Misread scans lead to osteoporosis diagnosis in 53% of children with normal growth – Gafni, Baron*

...a cure...

- *Just as auto accidents are most effectively reduced by education and enforcement, misuse of radiation will be most effectively reduced by having:*
  - *Minimum education and skill requirements that are measured against a standard*
  - *Enforcement capability to stop those who are unwilling or unable to use radiation safely*
  - *A mechanism for tracking trends and problems*

Some Methods of Protection are just not sufficient

- *...while learning the three fundamental rules of radiation protection is important, t*



All regulations are an evolving entity. As our society changes we must continue to adapt the regulations to fit the needs of the community

…but first, we must have regulations to meet current needs.

- *Presently, we have none that regulate this vitally important segment of healthcare services in Alaska*

Resources for Mammography
State level

- *Clyde E. Pearce, MQSA Inspector*
- *Telephone – 907-334-2107*
- *Fax – 907-334-2163*
- *Email – clyde_pearce@health.state.ak.us*
- *Internet – http://www.hss.state.ak.us*

Wrap up

THE END