

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

10745 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

discussion and debate within the working group emphasized that there is little agreement on the definition of what constitutes acceptable alcohol treatment. The group discussed a definition which began with an acknowledgment that treatment is a prescribed regimen of therapeutic intervention rendered or overseen by a qualified professional consistent with generally accepted protocols. They also suggested that some further characteristics of acceptable treatment implicit in a "continuum of care" might include:

- The use of scientifically-based assessment tools;
- Treatment matched to the level of offender need;
- Psychological and medical supervision of groups and individuals;
- Peer support;
- Family intervention and counseling;
- Case management; and

- Treatment providers who are licensed and meet specific standards.

However, the group could **not** agree on a definition and noted the need for continuing dialogue on this topic with the ultimate goals of a common definition of treatment and minimum standards of care.

The participants felt that implication of their conclusion--that there are no accepted standards for treatment--suggests that the need for dialogue on this topic is critical and should receive priority consideration in OJP's planning in this area.

Cultural Competence

Participants agreed that all treatment programs and interventions should be undertaken within a framework of a culturally competent system of care that is both age and gender specific. They felt that much of the treatment that is available does not adequately recognize that alcohol abuse takes place in a cultural context and is affected intrinsically by the gender or age of the individual involved. If we are to expect interventions to be effective, this must change. The group identified a set of specific recommendations regarding actions within Indian Country. They also acknowledged the over-representation of Native Americans, African Americans, and Hispanic Americans among offender populations. The group's recommendations emphasize the need for culturally competent interventions within these communities.

The Visibility of Alcohol as a Drug

Although alcohol is legal, participants emphasized that we need to be clear that it is a drug. They felt that alcohol's legal status should not diminish the priority we place upon dealing with the consequences of its abuse. The emphasis on illicit drug use has often deflected attention from the need to address this problem.

Criminal Justice and Community Linkages

The group agreed that linkages between the criminal justice system and the community should be developed and expanded.

Public Safety

Participants emphasized that the focus of this group on treatment and a continuum of care for offenders

is warranted primarily because of the community safety benefits that it promises. If we can have a significant impact upon the patterns and instances of alcohol abuse among offender populations which are related to crime (and particularly violent crime) we make a significant impact upon reducing future criminality and increasing community safety.

Recommendations

The participants' recommendations concerning effective interventions for offender populations fall into several categories:

- Interventions and Treatment;
- Interventions for Offenders Who Are Guilty of Driving Under the Influence of Alcohol;
- Interventions for Native American Offenders;

- Interventions for African Americans Offenders and Hispanic American Offenders; and
- Education and Training.

Interventions and Treatment

Participants agreed that OJP should support and promote the following efforts and initiatives.

- A more coordinated and effective delivery system for interventions should be developed from the time of arrest through sentencing and execution of a sentence. This should include clear definitions of goals, objectives, and outcomes for treatment, intervention, programs and offenders. A more effective delivery system should also include linking information systems. There should be a high level of coordination between the juvenile and adult systems. Linkages should extend beyond the criminal justice system to include education, health and human services, and other appropriate fields. The system should operate within constitutional and legal parameters.
- Effective interventions and treatment for short-term populations (i.e., jail populations) should be developed.
- A comprehensive continuum of care and treatment should be developed throughout the criminal justice system that acknowledges the movement of offenders from the community into institutions and back into the community. Implicit in this recommendation is the sense of the group that it is important to consider the variety of target populations that should be identified under the general category of "offenders." Their issues and needs regarding treatment interventions will vary. These target populations include: convicted drunk driving offenders; probationers and parolees supervised in the community; offenders incarcerated in jail (both pretrial and sentenced) and prison; juvenile offenders; offender subgroups (i.e., sex offenders, mentally ill offenders; drug-involved offenders who also use alcohol, gang-involved offenders, etc.); ethnic and cultural offender subgroups (e.g., Native American offenders, Native American offenders, Hispanic American offenders, etc.); and families of offenders.
- Mechanisms for fostering better coordination of funding at each level of government and among different agencies of government (federal, state, local, and tribal) should be developed. Particular efforts should be made at the federal level to coordinate the multiple sources of funding from within the Department of Justice, from within the Department of Health and Human Services, and from within other departments.
- Restoration should be a goal and a part of the sanction at each stage of the system and a part of every treatment plan.
- A broad-based forum should be created to allow for dialogue about treatment and intervention issues, to help establish a common understanding of the range of treatment programs and

interventions, and to help establish a common language.

- Scientifically-based assessment tools should be linked or matched to appropriate treatment and intervention.
- Additional treatment resources should be created for alcohol offenders, including post-release treatment programs. There are currently few, if any, resources *specific* to alcohol.
- Intervention initiatives should be designed to respond to the varying issues and needs of small, large, urban, and rural jurisdictions.
- All offenders should have access to scientifically-based alcohol and other drug screening and appropriate treatment as part of being held accountable and punished for their crimes.

Offenders Who Are Guilty of Driving Under the Influence of Alcohol

For the most part, sanctions for driving under the influence of alcohol are prescribed by state statute rather than by federal policy. The participants' recommendations which follow highlight areas in which OJP and other federal agencies might work with state and local jurisdictions who are interested in prioritizing driving under the influence of alcohol as an offense for prosecution and sanctioning, and implementing initiatives which will contribute to a reduction of such crimes in the future. The participants agreed that OJP should support the following efforts and initiatives.

- Development of an accountable system for dealing with offenders who are guilty of driving under the influence of alcohol in which:
 - Stability is promoted among staff who are committed to long-term change;
 - Drunk driving offenses are given a higher priority in the system (priority docketing, cases are heard more immediately, cases have more prestige, etc.);
 - Information flow through the courts is more effective and reaches everyone who needs it; and
 - Judges are better informed.
- Creation of "specialized" drunk driving courts. Develop critical program elements for drunk driving courts (similar to *Defining Drug Courts: The Key Components*, Drug Courts Program Office, January 1997).
- In jurisdictions where it is not feasible to create a "specialized" court, judges and others in the criminal justice system should be provided with the information and skills necessary to deal effectively with issues related to alcohol abuse among the offenders whom they screen, assess, prosecute, adjudicate, and sentence.
- Development of ways to community outreaches so that the general public understands issues related to driving under the influence of alcohol.
- Development of scientifically-based assessment and screening tools for offender populations.
- Increasing the range of self-regulating devices which are available to the general public.
- Development of a national tracking mechanism to track drunk drivers (including offenses within local, state, federal, and tribal jurisdictions).
- Development of legal changes to amend current laws to allow for limited driving privileges of some convicted drunk drivers who have had their licenses suspended (i.e., to get to treatment or a job).
- Development of a broader range of sanctions for drunk driving offenses. Responses to drunk driving should include a combination of punishment, rehabilitation, and restitution.
- Development of ways to encourage states to amend current laws to allow for auto forfeiture for a

third time predatory felony drunk driving offense.

Interventions for Native American Offenders

Consistent with a strong theme running through all of the groups' discussions at the symposium, the working group on effective offender interventions agreed upon the need to address the disproportionate burden of alcohol abuse and crime on communities in Indian Country, and the vast over-representation of Native Americans among correctional populations. The participants agreed that OJP should support the following efforts and initiatives.

- Establishment of a working group of Native American staff and others from among federal agencies (CSAT, OJP, BIA, and others) to foster and coordinate initiatives in Indian Country, and to address the problems of alcohol abuse and crime.
- Development of interventions and treatment for Native American offenders within a cultural context which competently respond to tribal differences. At present, there is a significant lack of effective intervention and treatment methodologies designed specifically for Native American populations.
- Development of specialized drug and alcohol courts in tribal courts.
- Identification of specific actions which might be taken in individual Native American communities to reduce alcohol-related crime. Some examples offered by participants included the closing of drive-up windows for the purchase of alcohol and the development of more detention space in Indian Country.
- Identification and use of the human resources to be found within Native American communities when addressing all aspects of this issue (i.e., research, evaluation, treatment, etc.).
- Clarification of myths and perceptions regarding Native Americans and alcohol.

Interventions for African American and Hispanic American Offenders

A strong majority of the group felt that it was important to emphasize the needs of African Americans and Hispanic Americans for effective intervention strategies among offender populations. Both of these communities are over represented among correctional populations in America and face difficult problems with respect to alcohol abuse and crime. There is a need for culturally competent interventions for these populations and the participants strongly encouraged to support efforts to develop such interventions.

Education and Training

The participants agreed that OJP should support and promote the following efforts and initiatives.

- Training and education of judges, treatment providers, and other criminal justice decision-makers on issues related to alcohol and crime.
- Development of public education and community outreach programs that involve communities in meaningful ways about all the issues related to alcohol and crime.
- Development of ways to encourage collaboration among federal agencies to provide public education and marketing materials on state-of-the-art research and evaluation with respect to this topic.

[Back to Alcohol Abuse and Crime Table of Contents](#)



Trial Courts
State of Alaska

JAMES N. WANAMAKER
DISTRICT COURT JUDGE

THIRD JUDICIAL DISTRICT
825 W. 4TH AVENUE
ANCHORAGE, ALASKA 99501-2005

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jwanamaker@courts.state.ak.us

January 11, 2004

Senator Fred Dyson
Chairman, Health & Education and Social Services Committee
Alaska State Senate

Re: "An Act relating to limited drivers' licenses for successful therapeutic court graduates"

Dear Senator Dyson:

It is an excellent idea to create a process whereby a graduate of a misdemeanor therapeutic court may receive a limited driver's license.

These comments are based on my personal experience as a judge presiding over the Anchorage Wellness Court. I suggest that therapeutic court graduates are deserving of consideration for this program because:

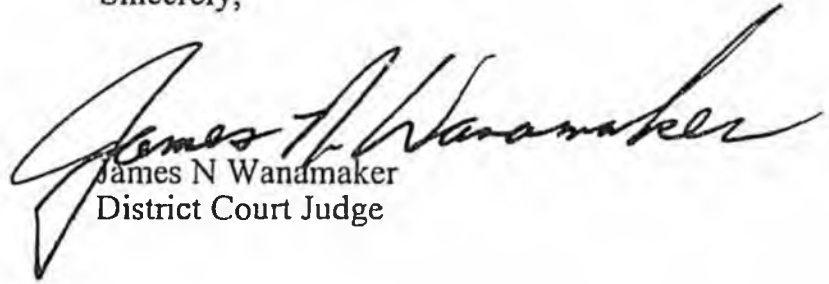
- 1) **They will have graduated from a comprehensive and demanding therapeutic court program.**
- 2) **They will have demonstrated 18 months of sobriety.**
- 3) **They will possess many tools for maintaining sobriety.**
- 4) **Having a driver's license for purposes of work, education and family care will improve the ability of graduates to maintain the habits of responsible citizenry that they developed during their 18 months in the Wellness Court.**
- 5) **The therapeutic court judge will be well acquainted with the character of these defendants.**
- 6) **This is a small group of people who are easily monitored.**
- 7) **The proposed legislation would serve as an incentive to defendants to enter the therapeutic courts programs.**

You will note that the proposed language allows the court to impose conditions and restrictions on a case-by-case basis to ensure continuing sobriety. Monitoring of the limited licenses will be a key condition in some cases.

It is a big achievement each time an alcoholic defendant gains sobriety and graduates. However, all alcoholics remain subject to relapse. Therefore, the bill is written to give the court the ability to require strict monitoring of sobriety on a case-by-case basis. Recently, a new sweat-activated monitoring bracelet, "SCRAM", has come on the market. When fully staffed and tested, use of this new technology may be an appropriate condition for the court to impose before some graduates receive a limited driver's license.

Please feel free to call on me if I may be of assistance.

Sincerely,



James N Wanamaker
District Court Judge

cc: Doug Wooliver

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February 26, 2004

Representative
State Capitol, Room 202
Juneau, Alaska 99801-1182

Dear Representative:

Recently, Representative Rokeberg introduced a new bill, House Bill 175, which purports to shorten the "look back" provisions of the DWI law to fifteen (15) years. I believe that this is an extremely fair and reasonable solution to a problem which developed with the passage of the previous legislation.

Specifically, there have been many individuals who might have had a DWI several years in their past, but who now are looking at extremely harsh results because they had a second DWI in the recent past.

For example, I have one client who had a DWI in the mid-1970s. He recently was charged with a second DWI, and is looking at a year loss of license, loss of his CDL, and twenty (20) days in jail with a \$3,000 fine when over twenty-eight (28) years had passed since his previous brush with the law. As the law is currently crafted, it would not matter how earlier in this person's life he had this DWI.

Representative Rokeberg's proposed provision to the law solves this serious problem, and gives a break point for individuals who have been compliant and not involved in any further DWI processes for at least fifteen (15) years.

I would recommend some additional clarifications, however.

1. The law should be retroactive, allowing anybody who has lost their license to reapply to have the license reissued in the event that they now fall within the fifteen (15) year "look back" provisions. There are already a number of individuals who have lost their license for a significant period of time because the DMV and the court systems were required to go back to the beginning of their life.

2. Provisions should be made to allow the fine amounts which are currently rather excessive to be applied towards alcohol rehabilitation treatment at approved institutions. In short, if a DWI offender chooses to voluntarily submit to rehabilitation at an institution, the funds which would ordinarily go for fines or penalties would, instead, be applied to documented costs of rehabilitation. Recognizing that many DWI offenders choose to exercise the community work service option to pay off their fine, regardless, it does not necessarily mean that the State obtains

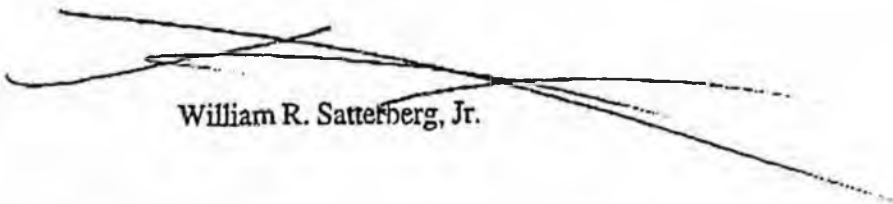
February 26, 2004
Page 2 of 2

a fiscal benefit from these large fines. To the contrary, the State of Alaska often loses the fiscal benefits, because these individuals do not get alcohol rehabilitation and thus are more likely to re-offend.

I would hope that, in evaluating Representative Rokeberg's proposed statute, consideration also be given to these two possible amendments. They are simple to enact, and would have a tremendous rehabilitative effect for the State of Alaska.

Finally, I have practiced in the field of criminal law extensively, having been admitted in 1976. I would be willing to offer testimony with respect to my experiences in the DWI field for various clients, with hope that we can make Alaska's highways safer for all.

Sincerely,



William R. Satterberg, Jr.

WRS/lr

cc: Representative Norman Rokeberg

Alaska Cabaret, Hotel,
Restaurant & Retailers Association



1111 East 80th Ave., Suite 3 • Anchorage, Alaska 99518
(907) 274-8133 • Fax: (907) 274-8630
Toll Free In Alaska: (800) 478-2427

The Honorable Norman Rokeberg
House of Representatives
Alaska State Capitol
Juneau, Alaska 99801-1182

Dear Representative Rokeberg.

On behalf of Alaska CHARR, I am writing to support your House Bill 175, Prior Convictions for DUI.

While we applaud your efforts with this legislation, Alaska CHARR asks you to consider a more reasonable amount of time of "looking back" at prior DUI convictions. Most states look back five years, and we believe that this reflects a reasonable timeframe, and encourage the Alaska State Legislature to do the same.

The hospitality industry recognizes and appreciates your assistance with many of our causes in the past. I hope you will take this recommendation under consideration now.

If you have any questions, please feel free to contact me at (907) 274-8133. I hope to see you at our Legislative Summit on February 5th.

Sincerely,

Dale Fox
Executive Director, Alaska CHARR

Subject: HB 175

Date: Tue, 22 Apr 2003 20:47:19 -0800

From: Jennifer <jmg@alaska.com>

To: Representative_Peggy_Wilson@legis.state.ak.us

CC: Representative_Norman_Rokcberg@legis.state.ak.us,
Representative_Kelly_Wolf@legis.state.ak.us, Representaive_Carl_Gatto@legis.state.ak.us,
Representative_John_Coghil@legis.state.ak.us,
Representative_Sharon_Cissna@legis.state.ak.us,
Representative_Mary_Kapsner@legis.state.ak.us,
Representative_Paul_Seaton@legis.state.ak.us

Alaska Legislators:

I am a voter and have heard about HB 175. I support passing that bill. We all make mistakes and DWI is a serious one, but it doesn't help to have people unable to work, go to school, and take care of their families. Take care of all Alaskans and vote yes.

Jennifer Greene
8100 Lamplighter Circle
Anchorage, AK 99502
907-569-7625

Jermain, Dunnagan &
Owens, P.C.

3000 A Street, Suite 300, Anchorage, AK 99503

FAX

Date: 3/2/04

Number of pages including cover sheet: 3

Client No: 7505.003

To:

Rep. Norman Rokeberg

Phone:

Fax phone: (907) 465-2040

CC:

From:

Howard S. Trickey

Phone: (907) 563-8844

Fax phone: (907) 563-7322

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

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AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE ANDERSON

TO: CSHB 342(), Draft Version "H"

1 Page 1, lines 1 - 2:

2 Delete all material and insert:

3 **""An Act relating to driving while under the influence, to alcohol-related**
4 **offenses, and to the issuance of limited drivers' licenses; and providing for an effective**
5 **date.""**

to ignition interlock devices,

6

7 Page 2, following line 23:

8 Insert a new bill section to read:

9 *** Sec. 2.** AS 28.15.201(d) is amended to read:

10 (d) A court revoking a driver's license, privilege to drive, or privilege to obtain
11 a license under AS 28.15.181(c), or the department when revoking a driver's license,
12 privilege to drive, or privilege to obtain a license under AS 28.15.165(c), may grant
13 limited license privileges [FOR THE FINAL 60 DAYS DURING WHICH THE
14 LICENSE IS REVOKED] if

15 *D.U.I.* (1) the revocation was for a misdemeanor conviction under
16 AS 28.35.030(a) and not for a violation of AS 28.35.032; *- refusal to submit to test*

17 (2) the person (A) has not been previously convicted and the court or
18 department requires the person to use an ignition interlock device as described in
19 AS 12.55.102 during the period of the limited license if a provider for the device
20 is located within 100 miles of the residence or domicile of the person; or, (B) has
21 been previously convicted and the court or the department requires the person to
22 use an ignition interlock device as described in AS 12.55.102 during the period of
23 the limited license; in this paragraph, "previously convicted" has the meaning given

1 in AS 28.35.030 and also includes convictions based on laws presuming that the
2 person was under the influence of intoxicating liquor if there was 0.08 percent or more
3 by weight of alcohol in the person's blood;

4 (3) the court or the department determines that the person's ability to
5 earn a livelihood would be severely impaired without a limited license;

6 (4) the court or the department determines that a limitation under (a) of
7 this section can be placed on the license that will enable the person to earn a livelihood
8 without excessive danger to the public; and

9 (5) the court or the department determines that the person is enrolled in
10 and is in compliance with, or has successfully completed the alcoholism screening,
11 evaluation, referral, and program requirements of the Department of Health and Social
12 Services under AS 28.35.030(h)."

13
14 Renumber the following bill sections accordingly.

15
16 Page 5, line 29, following "Act":

17 Insert ", except that references to prior convictions include those occurring before the
18 effective date of this Act."

HB

176

ALASKA STATE HOUSE OF REPRESENTATIVES



Session

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REPRESENTATIVE JOHN COGHILL

HB 176 Noncash Credit for Child Support

HB 176 is introduced to give credit where credit is due. This legislation recognizes that there are other means of support outside cash payments. I think it is appropriate to count value in noncash contributions that help a person support their family.

This also recognizes the dignity of self-sacrifice in providing even when cash is not available. If a person can provide firewood, fish, labor or game meat that is significant support for family needs, I think that this should be recognized as real child support.

Under current state laws this person received no credit on their child support account with Child Support Enforcement Division (CSED). While a person may be working hard to provide for their children, a cash payment is the only thing we recognize.

HB 176 would provide that a custodial parent could enter into an agreement with the noncustodial parent to provide specific things and in return get credit on their CSED account. I hope we can work out a solution to this issue. Therefore, I commend HB 176 for your discussion and perfecting.

ALASKA STATE HOUSE OF REPRESENTATIVES

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Room 204

REPRESENTATIVE JOHN COGHILL

Sectional for HB 176 (as amended by HESS CS and Amendments)

Section 1. This section amends AS 25.27.020(b), "Duties and responsibilities of the agency", to allow the Child Support Support Division to apply noncash contributions of the noncustodial parent to his or her child support obligation if the following conditions exist:

1. the custodial parent has agreed to the arrangement.
2. outlines that noncash credit can be given for basic needs of the child(ren)
3. the noncash contribution is given directly to the child(ren)'s custodian
4. with the adoption of Amendment No. 1 the obligor would be required to present clear and convincing evidence of the noncash contribution
5. the custodial parent or guardian cannot be receiving assistance under AS 47.27 (Alaska Temporary Assistance Program) or 42 U.S.C. 612 (American Indian Welfare Reform Act)

Section 2. Section 2 amends AS 25.27.060, "Order of support", to add a provision defining support order and to allow the agency or the court to reduce the cash payment of a court or administrative support order to reflect the payment of a noncash contribution.

Section 3. Section 3 places in uncodified law language that only noncash contributions made on or after the effective date of HB 176 will be applied to a child support account.

Section 4. Section 4 is an immediate effective date clause.

History

WORK DRAFT

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Mischel
4/13/04

CS FOR HOUSE BILL NO. 176()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-THIRD LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES COGHILL, Gruenberg

A BILL

FOR AN ACT ENTITLED

1 "An Act providing that certain obligors can receive credit against their child support
2 obligation for certain types of noncash child support; and providing for an effective
3 date."

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

5 * Section 1. AS 25.27.020(b) is amended to read:

6 (b) In determining the amount of money an obligor must pay to satisfy the
7 obligor's immediate duty of support, the agency shall consider all payments of money
8 made by the obligor directly to the obligee or to the obligee's custodian before the time
9 the obligor is ordered to make payments through the agency. After the obligor is
10 ordered to make payments through the agency, the agency may not consider direct
11 payments of money made to the obligee or the obligee's custodian unless the obligor
12 provides clear and convincing evidence of the payment. Notwithstanding the
13 definition of "support order" in AS 25.27.900, the agency shall reduce the
14 amount of money an obligor must pay to satisfy the obligor's duty of support by

L

1 the fair market value, as determined by agreement between the agency and the
2 obligee's parent or custodian from information developed by other state agencies
3 and by agreement with the obligor, of a noncash contribution made by the
4 obligor under the following circumstances:

5 (1) the obligee's custodian has agreed to allow the agency to give
6 the obligor credit for noncash support and has not withdrawn that agreement;

7 (2) the noncash contribution is for basic food, housing, or heat; the
8 agency, by regulation, may also give credit for other types of noncash
9 contributions that help to satisfy the basic material needs of the obligee;

10 (3) the noncash contribution is made directly to the obligee's
11 custodian or to a creditor of the obligee's custodian;

12 (4) the obligor presents clear and convincing evidence of the
13 noncash contribution and its use by the obligee or the obligee's custodian; and

14 (5) the obligee's custodian is not receiving assistance for the benefit
15 of the obligee under AS 47.27 or under 42 U.S.C. 612.

16 * Sec. 2. AS 25.27.060 is amended by adding a new subsection to read:

17 (e) Notwithstanding the requirements in (a) - (d) of this section and the
18 definition of "support order" in AS 25.27.900, in a court or administrative proceeding
19 where the support of a minor child is at issue, the court or agency, as applicable, shall
20 reduce the amount of money an obligor must pay to satisfy the obligor's duty of
21 support for a child by the fair market value, as determined by the court or agency and
22 in agreement with the obligee's parent or custodian from information developed by
23 other state agencies, of a noncash contribution made by the obligor under the
24 circumstances described under AS 25.27.020(b)(1) - (5).

25 * Sec. 3. The uncodified law of the State of Alaska is amended by adding a new section to
26 read:

27 APPLICABILITY. AS 25.27.020(b), as amended by sec. 1 of this Act, and
28 25.27.060(e), added by sec. 2 of this Act, apply to noncash contributions made on or after the
29 effective date of this Act.

30 * Sec. 4. This Act takes effect immediately under AS 01.10.070(c).

ALASKA STATE HOUSE OF REPRESENTATIVES

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REPRESENTATIVE JOHN COGHILL

Date: April 9, 2004
To: Jean Mischel, Legal Counsel
From: Rynnieva Moss, Legislative Aide *Rynnieva Moss*
Re: Requested changes to CSHB 176/Version D

Diane Wentlandt from the AG's office called this morning and had some suggestions for improving HB 176. She mentioned the change made in the draft CS dealing with exemption of ATAP and tribal ATAP cases. Other recommendations are as follows:

1. Page 1, Line 14: delete the word "immediate"

She said "immediate" would indicate ongoing and eliminate the possibility of applying non-cash contributions to arrears.

2. Make a separate statute for application of non-cash contributions that would cover court ordered child support orders. The way it is written in Section one under AS 25.27.020(b) it only applies to cases that have no court order, but rather are CSED orders based on agreement of the parties.
3. Line 4 & 5 will probably create an equal protection challenge. Instead of limiting it to cases with a child support order of not more than \$50 a month the language should be deleted. On this same note John Mallonee would like to see the department's responsibility to determine fair market value changed to make the value be that agreed on by the parents.

4. Lines 11 and 12 require the non-cash contribution to be made directly to the custodian. Diane said this would prevent the noncustodial parent from directly paying a fuel oil bill or an electric bill. Some language should be added to allow payment to be made directly to the obligee's custodian or indirectly to a creditor of the obligee's custodian.
5. The word "consumption" on line 14 is troubling to Diane. The easiest solution would be to delete "or consumption".
6. Finally, Diane pointed out to me that CSED already has some regulations on the books for in-kind contributions. I looked at the statutory authority and personally think CSED is skating on thin ice as to the subject of these regulations having statutory authority to exist. In my dealings with CSED they have never mentioned in-kind payments or payments in lieu of child support.

15 AAC 125.470. Credit for in-kind payments and payments in lieu of child support

(a) The agency will give credit for in-kind contributions against an obligor's child support obligation if

- (1) a tribunal of competent jurisdiction has ordered the in-kind contribution in lieu of the payment of child support; or
- (2) the obligation is established by a support order, the parties agree in writing to allow credit for the in-kind contribution, and the parties agree in writing to the dollar value of the in-kind contribution.

(b) The agency will give credit for an in-kind contribution under (a)(2) of this section only once. After the first request and credit, the agency will inform the parents that additional credits will not be given for in-kind contributions under (a)(2) of this section. The agency will not give credit for an in-kind contribution under (a)(2) of this section for any period of time during which the child received public assistance or was in state-sponsored foster care or placement.

(c) To receive credit for an in-kind contribution under (a)(2) of this section, the obligor must provide clear and convincing evidence of the in-kind contribution and the dollar value of that contribution.

(d) A request for credit for an in-kind contribution must be made in writing and must be accompanied by the evidence required under (c) of this section. Upon receipt of a request for credit under this section, the agency will mail a notice of the request to the nonrequesting party. The nonrequesting party may submit a response to the request for credit. The response must be postmarked or received by the agency within 30 days after the date the notice under this subsection is mailed.

(e) The agency will issue an administrative review decision granting or denying the request for credit under this section as soon as practicable after the time for response under (d) of this section. As necessary to determine the existence and dollar value of an in-kind contribution, the agency may request additional information from the parents or from any other source. An administrative appeal is not available from the administrative review decision issued under this subsection, but the decision is final for the purpose of appeal to the superior court.

(f) The agency will not include a provision for in-kind contributions in an administrative support order.

(g) If one of the parents identified in a support order described in (a)(1) of this section has applied for agency services or is receiving public assistance on behalf of the child, the agency will initiate a modification review under 15 AAC 125.316(b).

(h) When the agency enforces an order issued by another state, the agency will apply the law of that state to determine any credit for in-kind contributions.

History: Eff. 6/15/2001, Register 158

Authority: AS 25.25.604

Sec. 25.25.604. Choice of law.

(a) The law of the issuing state governs the nature, extent, amount, and duration of current payments and other obligations of support and the payment of arrearages under the order.

(b) In a proceeding for arrearages, the statute of limitation under the laws of this state or of the issuing state, whichever is longer, applies.

AS 25.27.020

Sec. 25.27.020. Duties and responsibilities of the agency.

(a) The agency shall

(1) seek enforcement of child support orders of the state in other jurisdictions and shall obtain, enforce, and administer the orders in this state;

(2) adopt regulations to carry out the purposes of this chapter and AS 25.25, including regulations that establish

AS 25.27.140

Sec. 25.27.140. Authority and procedures to administratively establish and enforce support obligation.

(a) If a support order has not been entered, the agency may establish paternity and a duty of support, which may include periodic payments of support, a medical support order, or both, utilizing the procedures prescribed in AS 25.27.160 - 25.27.220 and may enforce a duty of support utilizing the procedure prescribed in AS 25.27.230 - 25.27.270. Action under this subsection may be undertaken upon application of an obligee, or at the agency's own discretion if the obligor is liable to the state under AS 25.27.120 (a) or (b).

(b) If a support order has been entered, the agency may enforce the support order utilizing the procedures prescribed in AS 25.27.062, 25.27.150, and 25.27.230 - 25.27.270.

(c) Unless the agency is establishing only a medical support order, a decision of the agency determining a duty of support shall include an income withholding order as provided under AS 25.27.062.

I don't see anything in the regs that would prevent us from doing this. Please incorporate the AG's recommendations in a new CS amending version D. HB 176 is scheduled to be heard Tuesday, April 13th at 2:00 p.m..

Thanks for your help.

HB

178



REPRESENTATIVE ERIC CROFT

SPONSOR STATEMENT

HB 178 Prescriptive Equity Act

In 2000, the Equal Employment Opportunity Commission ruled that it is against Federal law for employers to exclude prescription contraceptives from their group health insurance plans when other preventative treatments and prescriptions are included. Employers with the very best intentions are inadvertently violating the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act. The Prescriptive Equity Act is designed to assist Alaska employers in their attempts to promote the health of their employees, while ensuring compliance with Title VII of the Civil Rights Act.

This Act focuses on bringing Alaska statutes and health insurance policy into alignment with the EEOC ruling and other legal judgments. This Act eliminates the possibility that an insurance company offering prescription coverage to businesses in Alaska could omit contraceptive coverage.

Therefore, this Act eliminates the likelihood of legal actions being taken against employers based on unequal treatment of female employees. Such a lawsuit was successfully undertaken against an employer in Washington state in 2001, finding the employer (Bartell Drug Company) guilty of discrimination for excluding prescription contraceptives from their comprehensive prescription drug plan.

This Act specifically excludes policies purchased by religious employers and private individuals. This Act only requires coverage for prescribed drugs and devices that are approved by the US Food and Drug Administration for use as contraception.



Subject: HB 178

Date: Tue, 02 Mar 2004 15:10:54 -0900

From: carolyn V Brown <cvbrown@ptialaska.net>

**To: Representative_Peggy_Wilson@legis.state.ak.us,
Representative_Cheryll_Heinze@legis.state.ak.us,
Representative_Sharon_Cissna@legis.state.ak.us,
Representative_Mary_Kapsner@legis.state.ak.us,
Representative_Kelly_Wolf@legis.state.ak.us, Representative_Carl_Gatto@legis.state.ak.us,
Representative_Paul_Seaton@legis.state.ak.us**

I respectfully ask that you enter my attached memorandum of March 02, 2004, into the record in support of HB 178.

I will try to be present at the hearing on Thursday, March 4th to present these remarks unless patient commitments prohibit this.

Thank you for these considerations.

Your files are attached and ready to send with this message.

carolyn V. Brown, M.D., MPH

PO Box 240289

1640 Second Street


Douglas, Alaska

99824-0289

907-364-2726

907-364-2727 fax

cvbrown@ptialaska.net

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|  hb178.doc | Name: hb178.doc Type: WINWORD File (application/msword) Encoding: base64 Download Status: Not downloaded with message |
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carolyn V. Brown, M.D., MPH
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obstetrics-gynecology
preventive medicine
women's health

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MEMORANDUM

DATE: March 02, 2004
TO: House HESS Committee
FROM: carolyn V. Brown, M.D., MPH
SUBJECT: HB 178 "An Act requiring that the cost of
contraceptives be included in certain health care
insurance coverage."

As a practicing physician for 40 years and as a board-certified obstetrician-gynecologist who has provided care for women for 30 years, I want to support HB 178.

Please consider these issues in your deliberations:

- Prescriptive equity with contraception is a health issue for individual women and populations of women.
- Contraception is as basic to health care for women as immunizations are for children. Women cannot simply opt out of the need to control their fertility. Men must not opt out of their responsibility to support this basic right and need for women.
- Of the six million pregnancies in the United States each year, 50% are unintended. Abortion will be the end result of 50 % of these unintended pregnancies.
- It is indisputable that available contraception will decrease unintended pregnancies and abortions.
- Insurance companies will pay more to manage unintended pregnancies (prematurity, low birth weight infants, maternal/fetal morbidity/mortality, and abortions) than will be paid for FDA approved contraception.

- It is clearly discriminatory to prohibit prescriptive contraceptive equity when other FDA approved drugs and pharmaceuticals do not bear this discrimination.
- It is estimated that failing to provide insurance coverage for contraceptives may cost an employer 15-27% more as a result of the direct and indirect costs related to unintended pregnancies and the eventual outcomes of these pregnancies.
- The Federal Employees Health Benefits (FEHB) provides this coverage to 1.2 million women of reproductive age. The FEHB is on record to state that this coverage does not add costs to the FEHB program.
- Parity for FDA approved contraceptives is fair and just. HB 178 is a fair and just way to enable this equity for women and their families. I strongly urge you to pass this legislation.

If I can provide additional information, provide documentation for your review, or answer further questions, please let me know.

carolyn V. Brown, M.D., MPH
March 2004

HB

186

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

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

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

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

5 **Chapter 89. Radiologic Technologists.**

6 **Article 1. Licensing Requirements.**

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

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

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

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

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

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

10 (A) the supervision of a licensed practitioner; or

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

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

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

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

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

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

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

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

1 addition, the person must

2 (1) be at least 18 years of age;

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

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

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

9 (5) pay the required fees.

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

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

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

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

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

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

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

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

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

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

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

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

10 (1) be at least 18 years of age;

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

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

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

17 (5) pay the required fees.

18 (b) A limited radiologic imager

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

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

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

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

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

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

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

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

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

18 (2) has taken an examination described under AS 08.89.140 or
19 08.89.150 for that area and the results are not yet available;

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

22 (4) pays the appropriate fee.

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

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

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

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

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

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

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

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

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

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

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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

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

3 **Sec. 08.89.330. Grounds for disciplinary sanctions or denial of license.**

4 The division may impose a disciplinary sanction authorized under AS 08.89.340 on a
5 person licensed or holding a permit under this chapter or refuse to issue or renew a
6 license or permit if the division finds that the person

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

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

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

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

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

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

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

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

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

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

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

3 (1) permanently revoke a license to practice;

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

5 (3) censure a licensee;

6 (4) issue a letter of reprimand;

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

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

10 (B) limit practice to those areas prescribed;

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

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

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

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

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

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

29 **Article 3. General Provisions.**

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

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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);

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

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

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

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

14 * Sec. 4. AS 08.89.100 and 08.89.310, enacted by sec. 1 of this Act, take effect July 1,
15 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

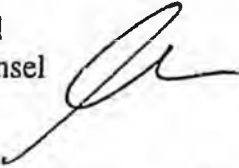
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

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-LS0380Z
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
FOR AN ACT ENTITLED

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

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

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

5 **Chapter 89. Radiologic Technologists.**

6 **Article 1. Licensing Requirements.**

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

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

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

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

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

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

10 (A) the supervision of a licensed practitioner; or

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

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

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

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

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

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

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

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

1 addition, the person must

2 (1) be at least 18 years of age;

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

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

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

9 (5) pay the required fees.

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

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

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

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

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

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

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

30 **Sec. 08.89.140. Examinations; full certificates.** The examination
31 requirement under AS 08.89.12C may be met by meeting one of the following criteria:

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

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

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

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

10 (1) be at least 18 years of age;

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

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

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

17 (5) pay the required fees.

18 (b) A limited radiologic imager

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

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

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

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

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

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

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

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

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

18 (2) has taken an examination described under AS 08.89.140 or
19 08.89.150 for that area and the results are not yet available;

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

22 (4) pays the appropriate fee.

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

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

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

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

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

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

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

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

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

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

1 copy of the license or permit document.

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

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

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

- 11 (1) application;
- 12 (2) examination;
- 13 (3) full certificate of licensure;
- 14 (4) limited certificate of licensure;
- 15 (5) temporary full permit;
- 16 (6) temporary limited permit;
- 17 (7) license renewal.

18 **Article 2. Prohibitions; Penalties; Disciplinary Sanctions.**

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

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

24 **Sec. 08.89.310. Civil penalty for unlicensed practice.** A person required to
25 be licensed or to have a permit under this chapter who engages or offers to engage in a
26 type of diagnostic radiologic imaging, radiation therapy, or nuclear medicine
27 technology for which the person is not licensed or for which the person does not hold
28 a permit may be fined up to \$5,000 under the citation procedures of AS 08.01.102 -
29 08.01.104.

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

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

4 **Sec. 08.89.330. Grounds for disciplinary sanctions or denial of license.**

5 The division may impose a disciplinary sanction authorized under AS 08.89.340 on a
6 person licensed or holding a permit under this chapter or refuse to issue or renew a
7 license or permit if the division finds that the person

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

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

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

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

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

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

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

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

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

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

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

4 (1) permanently revoke a license to practice;

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

6 (3) censure a licensee;

7 (4) issue a letter of reprimand;

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

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

11 (B) limit practice to those areas prescribed;

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

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

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

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

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

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

30 Article 3. General Provisions.

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

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

3 **Sec. 08.89.990. Definitions.** In this chapter,

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

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

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

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

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

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

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

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

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

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

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

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

1 AS 08.89.150(b);

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

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

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

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

15 * **Sec. 4.** AS 08.89.100 and 08.89.310, enacted by sec. 1 of this Act, take effect July 1,
16 2006.



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



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.

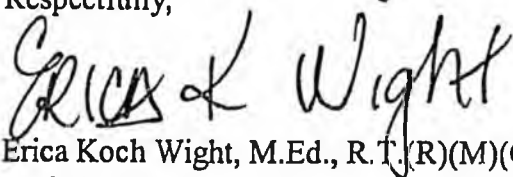
The University of Alaska Anchorage is currently developing a program for limited imaging based on a course I am already instructing for those taking radiographs in medical offices, chiropractic situations and other non hospital or imaging center facilities. This curriculum, in development, will meet 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 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.

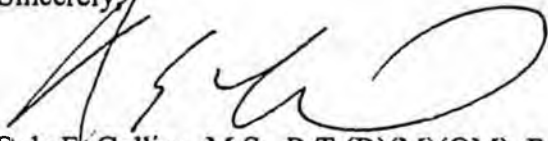
House Bill No. 186, Licensing Radiologic Technicians does an effective job outlining educational and credentialing standards for health care personnel who perform medical imaging examinations. Without this law the residents of Alaska will continue to receive substandard imaging examinations performed 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,

A handwritten signature in black ink, appearing to read 'Dale E. Collins', written in a cursive style.

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)
An Active Member of the Alaska Society of Radiologic Technologists

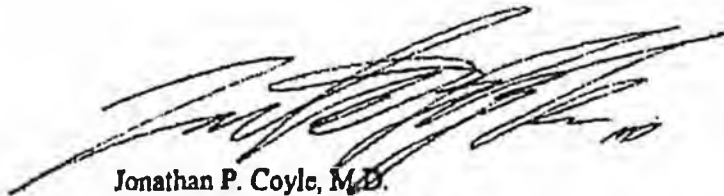
To Whom It May Concern:

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 1-26-04
ASHNHA
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.

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>



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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-LS0380X
Mischel
12/30/03

*Rep. Anderson
Ame.*

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

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

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

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

6 **Chapter 89. Radiologic Technologists.**

7 **Article 1. Radiologic Technology Board of Examiners.**

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

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

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

1 Canadian College of Physicians and Surgeons;

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

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

8 (5) one public member.

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

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

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

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

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

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

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

22 **Article 2. Licensing Requirements.**

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

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

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

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

1 a person who is

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

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

9 (A) the supervision of a licensed practitioner; or

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

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

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

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

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

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

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

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

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- (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

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

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

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

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

9 (1) be at least 18 years of age;

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

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

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

16 (5) pay the required fees.

17 (b) A limited radiologic imager

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

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

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

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

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

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

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

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

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

19 (2) has taken an examination described under AS 08.89.140 or
20 08.89.150 for that area and the results are not yet available;

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

23 (4) pays the appropriate fee.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 12 (1) application;
- 13 (2) examination;
- 14 (3) full certificate of licensure;
- 15 (4) limited certificate of licensure;
- 16 (5) temporary full permit;
- 17 (6) temporary limited permit;
- 18 (7) license renewal.

19 **Article 3. Prohibitions; Penalties; Disciplinary Sanctions.**

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

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

25 **Sec. 08.89.310. Civil penalty for unlicensed practice.** A person required to
26 be licensed or to have a permit under this chapter who engages or offers to engage in a
27 type of diagnostic radiologic imaging, radiation therapy, or nuclear medicine
28 technology for which the person is not licensed or for which the person does not hold
29 a permit may be fined up to \$5,000 under the citation procedures of AS 08.01.102 -
30 08.01.104.

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

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

5 **Sec. 08.89.330. Grounds for disciplinary sanctions or denial of license.**

6 The board may impose a disciplinary sanction authorized under AS 08.01.075 on a
7 person licensed or holding a permit under this chapter or refuse to issue or renew a
8 license or permit if the board finds that the person

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

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

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

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

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

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

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

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

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

1 **Article 4. General Provisions.**

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

5 **Sec. 08.89.990. Definitions.** In this chapter,

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

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

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

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

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

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

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

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

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

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

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

1 (12) "limited radiologic imager" means a person licensed under
2 AS 08.29.150 to perform diagnostic radiologic imaging within the limits specified in
3 AS 08.89.150(b).

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

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

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

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

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

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

14 (60) Radiologic Technology Board of Examiners.

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

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

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

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

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

28 * **Sec. 8.** AS 08.89.100 and 08.89.310, enacted by sec. 1 of this Act, take effect July 1,
29 2006.

Alaska State Hospital & Nursing Home Association

We're helping people care for people!

APR 22 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.

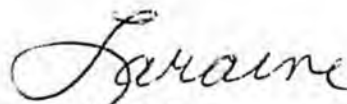
Our association, the Alaska State Hospital and Nursing Home Association, believes that this legislation will further exacerbate the workforce shortage that already exists. Last year, 5 of our hospitals spent \$2,658,000 on temporary radiologic technologists. Sitka and Petersburg spent over \$100,000 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 L. Derr
President/CEO

426 Main Street, Juneau, Alaska 99801

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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.