

11929 SENATE LABOR & COMMERCE

- Provides that, if a stay is granted, the court may grant the landlord or manufactured home park operator such relief as equity may require.
- Specifies that these provisions do not apply to landlords or manufactured home park operators operating less than four residential premises.
- Defines "active duty" in the same manner as described under "Use of bulk long distance telephone services," above.

Individual life insurance policies

(R.C. 3915.053)

- Provides that any individual life insurance policy insuring the life of a reservist who is on active duty does not lapse and is not forfeited for the nonpayment of premiums during the reservist's period of military service or during the two-year period after that service ends if (1) the policy was in force for at least 180 days, (2) it was brought within the federal Servicemembers Civil Relief Act, and (3) it was not cancelled or had not lapsed for nonpayment of premiums prior to the reservist's commencement of the period of military service.²
- Permits insurers to continue to enforce policy provisions relating to naval or military service in time of war.
- Describes "active duty" in the same manner as under "Use of bulk long distance telephone services," above.

Public utility stoppages

(R.C. 4933.12(F) and 4933.121(E))

- Prohibits a natural gas or gas company from stopping gas from entering, and prohibits an electric company from ceasing to provide electricity to, the residential premises of any residential consumer who is deployed on active duty for nonpayment for gas supplied or electricity provided to the residential premises.
- Authorizes a natural gas or gas company that is a public utility or an electric company that is a public utility to file an application with the Public Utilities Commission (PUC) for approval of authority to recover amounts that it

² Current insurance law defines a "reservist" as a member of a reserve component of the United States Armed Forces and a member of the Ohio National Guard (R.C. 3923.381--not in the bill).

determines are uncollectible from a residential consumer who is deployed on active duty.

- Requires that recovery be through a rider on the base rates of customers of the company or through other means the PUC approves, but any amount approved to be recovered through a rider or other means must not be considered by the PUC in any subsequent rate determination.

- Requires that, upon return of a residential consumer from active duty, the company offer the consumer a period equal to at least the period of deployment on active duty to pay any arrearages incurred during the period of deployment, and further requires the company to inform the consumer that, if the period the company offers presents a hardship to the consumer, the consumer may request a longer period to pay the arrearages and, in the case of a company that is a public utility, may request the assistance of the PUC to obtain a longer period.

Prohibits any late payment fees or interest from being charged to the residential consumer during the deployment or the repayment period.

- Defines "active duty" in the same manner as described under "Use of bulk long distance telephone services," above.

COMMENT

The following are key definitions that relate to the bill's "Retail installment contracts" provisions (R.C. 1317.01--not in the bill):

- "Retail installment sale" includes every retail installment contract to sell specific goods, every consumer transaction in which the cash price may be paid in installments over a period of time, and every retail sale of specific goods to any person in which the cash price may be paid in installments over a period of time. "Retail installment sale" does not include certain lease-purchase agreements or layaway arrangements.

- "Goods" means all things, including specially manufactured goods but not including the money in which the price is to be paid or things in action, that are movable at the time of identification for sale or identification to the contract for sale and that are purchased primarily for personal, family, or household purposes.

- "Specific goods" means goods, including related services, identified and agreed upon at the time a contract to sell or a sale is made.

- "Retail" means to dispose of specific goods to, or to acquire specific goods by, a person for use other than for purposes of resale.



- "Buyer" means a person who buys or agrees to buy goods or any legal successor in interest of that person. And, a "retail buyer" means a buyer who is a party to a retail installment sale or any legal successor in interest of that person.

- "Seller" means a person who sells or agrees to sell goods. And, a "retail seller" means a seller who is a party to a retail installment sale.

- "Retail installment contract" means any written instrument that is executed in connection with any retail installment sale and is required by or authorized by provisions of the Retail Installment Contract Law, and includes all such instruments executed in connection with any retail installment sale.

- "Consumer transaction" means a sale, lease, assignment, or other transfer of an item of goods, or a service, except certain professional transactions, to an individual for purposes that are primarily personal, family, or household. A "consumer transaction" does not include a lease-purchase agreement.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	03-09-04	pp. 1663-1664
Reported, H. State Government	05-26-04	p. 2005
Passed House (97-0)	05-26-04	pp. 2023-2027

h0426-ph-125.doc/kl



HB

123

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

SENATE COMMITTEE REPORT

DATE: 4/26/05

FURTHER: Finance

DATE TURNED
IN TO OFFICE: _____

Labor and Commerce Committee considered CS FOR HOUSE BILL NO. 123(RLS) am

HB 123 OCCUPATIONAL BDS.EXTENSION/RECEIPTS/PSYCH

An Act relating to occupational licensing fees, fines, and penalties and to regulatory board fines; extending the termination dates of the Boards of Barbers and Hairdressers, Social Work Examiners, Pharmacy, Professional Counselors, Psychologist and Psychological Associate Examiners, and Veterinary Examiners; relating to psychologist licensing by credentials; relating to an exemption that allows one bill to continue more than one board, commission, or agency program; and providing for an effective date."

and recommends:

- be replaced with _____ CS _____ (_____)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

CS Senate Bill:

- Same Title
- New Title

SCS House Bill:

- Same Title
- Technical Title Change
- New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Betty Davis</i>	X			
<i>Ben Hillen</i>	X			

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 123(L&C)
 (H) Publish Date: 2/9/05

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title Occupations: Fee and Extension of Boards RDU Occupational Licensing (117)
 Component Occupational Licensing
 Sponsor Labor and Commerce
 Requester House Labor and Commerce Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	0.0	333.7	333.7	333.7	333.7	
Travel	0.0	36.5	36.5	36.5	36.5	
Contractual	0.0	115.6	115.6	115.6	115.6	
Supplies	0.0	0.4	0.4	0.4	0.4	
Equipment	0.0	0.0	0.0	0.0	0.0	
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	486.2	486.2	486.2	486.2	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (1156)	0.0	486.2	486.2	486.2	486.2	0.0
----------------------------------	------------	--------------	--------------	--------------	--------------	------------

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156 - Receipt Supported Services	0.0	486.2	486.2	486.2	486.2	0.0
TOTAL	0.0	486.2	486.2	486.2	486.2	0.0

Estimate of any current year (FY2005) cost: 486.2

Check this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

HB 123 allows fines and penalties collected by various occupations to be included with fee collections for the purpose of determining whether revenue collected approximately equals the total costs of regulation for an occupation or board.

The bill also extends the following Boards to June 30, 2009: Barbers and Hairdressers; Social Workers; Pharmacy; Professional Counselors; Psychology; and Veterinary. In accordance with AS 08.03.020, funding is extended one year following the termination date allowing the Boards to conclude their affairs. FY 2006 funding is included in the Operating Budget request. The costs shown for subsequent fiscal years reflect the direct costs included in the FY 2006 budget. The direct costs by board are shown on the attached page.

Prepared by: Jennifer Strickler, Administrative Manager Phone (907) 465-2144
 Division: Occupational Licensing Date/Time 2/3/05 6:14 PM
 Approved by: Edgar Blatchford, Commissioner Date 2/3/2005
 Agency: Commerce, Community and Economic Development

FISCAL NOTE #1

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. CSHB 123(L&C)

ANALYSIS CONTINUATION

DIRECT Expenses

	Barbers and Hairdressers	Social Workers	Pharmacy	Professional Counselors	Psychology	Veterinary	TOTAL
Personal Svcs	122,077.11	33,827.27	73,370.00	33,902.01	37,247.84	33,271.49	333,695.72
Travel	5,724.95	2,785.15	12,807.18	4,889.65	7,425.37	2,856.80	36,499.10
Contractual	34,760.13	8,247.63	34,472.41	7,356.23	23,623.41	7,138.79	115,598.60
Commodities	172.03	14.84	57.61	14.83	12.48	153.47	425.26
Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	162,734.22	44,874.89	120,707.20	46,162.72	68,309.10	43,420.55	486,208.68

The costs above reflect the FY04 Direct costs by Board and are included in the FY05 Budget and the Governor's FY06 operating budget request.

Summary of Agencies Under Sunset Review
June 30, 2005

Board Name	Existence	Year	Term	Publicly Owned	Regulatory	Administrative	Appellate	Other	Notes
Board of Public Accountancy	Yes	2009	4 years	Yes					✓
Board of Registration for Architects, Engineers and Land Surveyors	Yes	2009	4 years	Yes	✓				✓
Board of Barbers and Hairdressers	Yes	2011	6 years	Yes	✓				
Board of Social Work Examiners	Yes	2010	5 years	Yes					
Board of Professional Counselors	Yes	2010	5 years	Yes	✓				
Board of Marital and Family Therapy	Yes	2010	5 years	No	✓	✓	✓		
Board of Psychologists and Psychological Associate Examiners	Yes	2010	5 years	No		✓	✓		
Board of Veterinary Examiners	Yes	2009	4 years	Yes					✓
Board of Dental Examiners	Yes	2011	6 years	Yes					
Board of Pharmacy	Yes	2010	5 years	No				✓	✓
Suicide Prevention Council	Yes	2009	4 years	N/A			✓		✓
Alaska Seismic Hazards Safety Commission	No			N/A	✓				✓

Summary of Agencies Under Sunset Review
June 30, 2004

Board Name	Extend	Date	Length	Financially Solvent	Legislative Recommendations	Other Recommendations		
						Appointments	Fee Changes	Other
Board of Real Estate Appraisers	Yes	2008	4 years	Yes				
Board of Dispensing Opticians	No	N/A	N/A	No			✓	✓

Support Letters

Good day Legislators,

The Board of Veterinary Examiners is pleased that the Legislative Audit Review Committee has concluded that the Veterinary Board serves an important role to the citizens of Alaska. Extension of the Veterinary Board's regulatory oversight of veterinary activities serves the public interest by helping to ensure that properly credentialed, qualified, medical professionals are practicing in Alaska. The Board has a strong interest in maintaining fair and effective licensing and oversight that also assures those who are properly credentialed the ability to work within their chosen field with minimal hurdles, expenses and delays while also ensuring that the public is protected from poor quality or dangerous medicine and fraud by suitable standards of practice.

The current members of the Veterinary Board serve as an effective and efficient group. The Board has taken steps to keep costs down and will continue to do so in the future. Recent costs to the State are the lowest they have been in years. The Board recognizes the importance of competent veterinary medicine to the public health, animal welfare, agriculture and bio-security. Extension of the termination date will allow the board to continue operating in the public interest while exercising appropriate regulatory oversight of veterinary professionals. The Board of Veterinary Examiners recommends extension of the Board's termination date and welcomes the continued opportunity and privilege to serve.

I welcome the opportunity to be of assistance or to answer questions.

Thank you

Dr. Steven M. Torrence, Chair, Alaska Board of Veterinary Examiners

smtdvm@gci.net
907 789-7551 office
907 789-9205 home

ALASKA PSYCHOLOGICAL ASSOCIATION

Advancing Psychology as a Science, Profession, and Means of Promoting Human Welfare

March 30, 2005

Representative Tom Anderson
Room 408
State Capitol
Juneau, AK 99801-1182

Re: HB 123 ~ Occupations: Fees and Extension of Boards.

Dear Representative Anderson:

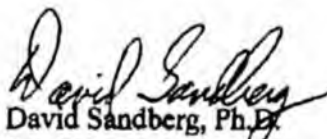
Thank you for meeting with us on our lobbying day in February, we very much appreciate you taking the time out of your busy schedule to listen to our issues. As you may recall, in January 2005, the Legislative Budget & Audit office delivered a clean audit on the Board of Psychologists & Psychological Associate (BPPA) performance. We write to you today to encourage your support for HB 123, which extends our licensing legislation until June 30, 2010. Your support of HB123 will help members of the Alaska Psychological Association (AK-PA) continue to deliver quality psychological services to the citizens of Alaska.

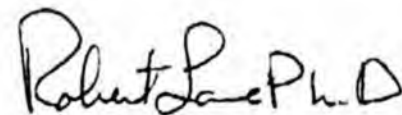
We would also like to take this opportunity to ask for your support for an amendment to our governing statute to update Alaska's laws with respect to the issue of reciprocity. Language has been submitted to House Finance Chairman Kevin Meyer's office to add an additional provision to AS 08.86.150 - Licensing by Credentials and we urge you to support adoption of the request. In essence, the language would allow the Licensing Board to develop policies and procedures to address changes in licensing by qualification and reciprocity with other state's licensing boards. The BPPA and the Alaska Psychological Association are in agreement to this language request.

With grateful acknowledgment to you and the House Labor & Commerce Committee for getting this important legislation moving, we strongly encourage your support in adopting this amendment and moving the bill along through the legislative process.

Thank you in advance for your support of legislation. If you have questions on this or other issues that we may be of help on, please feel welcome to call upon us.

Sincerely,


David Sandberg, Ph.D.
President
dbergphd@mtaonline.net


Robert Lane, Ph.D.
Federal Advocacy Coordinator
ahsrsl@ak.net

P.O. Box 241292, Anchorage, AK, 99524-1292, Phone and Fax (907) 344-8878

Legislative Audit Report Conclusions

Alaska State Legislature

House of Representatives



Official Business

State Capitol
Juneau, AK 99801-1182

ATTACHMENT DOCUMENT FOR CSHB 123(RLS) am
BY: Representative Tom Anderson

Attached please find the Report Conclusions from the Audit Reports as published by Pat Davidson and Legislative Audit.

1. Board of Barbers and Hairdressers
2. Board of Social Work Examiners
3. Board of Pharmacy
4. Board of Professional Counselors
5. Board of Psychologist and Psychological Associate Examiners
6. Board of Veterinary Examiners

REPORT CONCLUSIONS

In our opinion, the termination date for the Board of Barbers and Hairdressers (BBH) should be extended. BBH is effectively regulating the various professions under its purview – barbers, hairdressers, estheticians, manicurists, body piercers, and tattooists. The board is safeguarding the public interest by ensuring individuals have met the minimum educational and experience requirements before being licensed.

BBH serves a public purpose and has demonstrated an ability to conduct its business in a satisfactory manner. The board continues to make changes to regulations to improve the effectiveness of its oversight. Since the last sunset review, BBH has developed a new set of regulations related to tattooists and body piercers.

Under Alaska Statute 08.03.010(c)(4), the Board of Barbers and Hairdressers will be terminated on June 30, 2005. If this termination date is not extended, the board has a one-year period to administratively conclude its affairs. We recommend the Legislature extend the board's termination date to June 30, 2011.

Implementation of our recommendation would require the legislature to exercise some discretion permitted by state law. Alaska Statute 08.03.020(c) provides for the following:

A board scheduled for termination ... may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period ... [emphasis added]

Two factors influence our recommendation that the legislature extend the board to June 30, 2011. First, the board has operated effectively and in the public's interest over the past four years. Secondly, this extension would work towards smoothing out the number of boards and commissions that come under sunset in a particular year. Typically, there are four to six boards and/or commissions scheduled for a legislative sunset review; however, in 2005 there are 12 entities scheduled for sunset. Nonstandard extension dates will allow for a more even distribution of organizations going through the sunset process in any given year.

REPORT CONCLUSIONS

In addition to developing our conclusion regarding extending the Board of Social Work Examiners' (BSWE) termination date, we also analyzed the operating costs of the board. Such analysis was done to evaluate possible cost savings that might be generated by consolidation of behavioral health boards along the lines suggested in the 2002 letter of intent. Further discussion of our conclusions follows.

The termination date of the Board of Social Work Examiners should be extended

In our opinion, the termination date for the Board of Social Work Examiners should be extended. The board is operating in an efficient and effective manner and should continue to regulate clinical, master, and baccalaureate social workers. BSWE is serving the public interest by promoting the competence and integrity of those who provide services to the public as licensed social workers.

BSWE has demonstrated a capability of conducting its business in a satisfactory manner. The board continues to propose changes to regulations to improve the effectiveness of the board and ensure that social workers are licensed in the State of Alaska.

Alaska Statute 08.03.010(c)(6) requires BSWE be terminated on June 30, 2005. If not extended by the legislature, under AS 08.03.020, the board will have a one-year period to administratively conclude its affairs. We recommend the legislature extend the board's termination date to June 30, 2010.

Implementation of our recommendation would require the legislature to exercise some discretion permitted by state law. Alaska Statute 08.03.020(c) provides for the following:

A board scheduled for termination... may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period... [emphasis added]

Two factors influence our recommendation that the legislature extend the board to June 30, 2010. First, the board has operated effectively and in the public's interest over the past four years. Secondly, this extension would work towards smoothing out the number of boards and commissions that come under sunset in a particular year. Typically, there are four to six boards and/or commissions scheduled for a legislative sunset review; however, in 2005 there are 12 boards scheduled for sunset. Nonstandard extension dates will allow for a more even distribution of organizations going through the sunset process in any given year.

REPORT CONCLUSIONS

In our opinion, the termination date for the Board of Pharmacy should be extended. The board is safeguarding the public interest by ensuring the competence of individuals who hold themselves out to the public as pharmacists, pharmacist interns, and pharmacist technicians through reasonable licensing and regulatory requirements. The board also has a role in the regulation of pharmacies, drug rooms,¹ and wholesale distributors.

The board adopted regulatory changes that have improved the board's oversight process and promoted more effective regulation of licensed pharmacists and pharmacies.

Alaska Statute 08.03.010(c)(15) requires the Board of Pharmacy be terminated on June 30, 2005. Under AS 08.03.020, the board has a one-year period to administratively conclude its affairs. We recommend the Legislature extend the board's termination date to June 30, 2010.

Implementation of our recommendation would require the legislature to exercise some discretion permitted by state law. Alaska Statute 08.03.020(c) provides for the following:

"A board scheduled for termination ... may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period..." [emphasis added]

A five-year extension would work towards smoothing out the number of boards and commissions that come under sunset in a particular year. Typically, there are four to six boards and/or commissions scheduled for a legislative sunset review. For 2005, however, there were 12 entities scheduled for sunset. Nonstandard extension dates will allow for a more even distribution of organizations going through the sunset process in any given year.

¹ The term drug room refers to a situation, which requires licensure from the Board of Pharmacy, where an institutional facility that does not maintain a pharmacy but prepares and administers prescription drugs from bulk supplies for patients receiving treatment within the facility.

REPORT CONCLUSIONS

In addition to developing our conclusion regarding extending the termination date for the Board of Professional Counselors (BPC), we also analyzed the operating costs and other factors related to the operations of the board. Various nonfinancial factors were considered in order to assess the advisability of consolidating BPC with other behavioral health boards along the lines suggested in the 2002 letter of intent. Further discussion of our conclusions follows.

BPC should be consolidated with the Board of Marital and Family Therapy

When the legislature first created BPC there was extensive discussion, within referral committees, regarding the placement of professional counselors under the already existing Board of Marital and Family Therapy (BMFT). Eventually, it was decided to create a separate Board of Professional Counselors – in part because of concern the one time “start-up” costs involved in regulation should be borne entirely by counselors rather than part of the costs paid by marital and family therapists. BPC has successfully come through the board’s start-up period. Now circumstances are such, primarily because of BMFT-related factors, that we find it advisable to consolidate the two boards. The basis of our position is as follows:

1. Number of BMFT licensees has significantly declined. The number of professionals licensed by BMFT is steadily declining. Currently, there is less than half the number of licensees BMFT had in 1995. In the past three years only six new licenses have been issued for therapists.
2. Some BPC licensees also hold licenses with BMFT. Fourteen professional counselors also hold a license as a marital and family therapist.
3. Scope of practice and educational requirements are similar for therapists and counselors. As defined in state law, the areas of practice for the professionals regulated by both boards are similar. Both professionals are defined as engaging in diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature. Both are charged with making diagnoses to treat such disorders whether cognitive, affective, or behavioral.

Educational requirements for licensing as a marital and family therapist or as professional counselor are similar. BMFT licensees are required to have more specialized systemic training for group and family counseling.

REPORT CONCLUSIONS

In addition to developing our conclusion regarding extending the Board of Psychologist and Psychological Associate Examiners (BPPA) termination date, we also analyzed the operating costs of the board. Such analysis was done to evaluate possible cost savings that might be generated by consolidation of behavioral health boards along the lines suggested in the 2002 letter of intent. Further discussion of our conclusions follows.

The Board of Psychologist and Psychological Associate Examiners should be extended

In our opinion, BPPA is operating in an efficient and effective manner and should continue to regulate the psychology profession. We believe the board is safeguarding the public interest by ensuring the competence and integrity of those who hold themselves out to the public as psychologists and psychological associates. BPPA serves a public purpose and has demonstrated an ability to conduct its business in a satisfactory manner.

Alaska Statute 08.03.010(c)(18) requires the Board of Psychologist and Psychological Associate Examiners be terminated on June 30, 2005. If the legislature takes no action, under AS 08.03.020, BPPA will have a one-year period to administratively conclude its affairs. We recommend the legislature extend the board's termination date to June 30, 2010.

Implementation of our recommendation would require the legislature to exercise some discretion permitted by state law. Alaska Statute 08.03.020(c) provides for the following:

A board scheduled for termination... may be continued or reestablished by the legislature for a period not to exceed four years unless the board is continued or reestablished for a longer period... [emphasis added]

Two factors influence our recommendation that the legislature extend the board to June 30, 2010. First, the board has operated effectively and in the public's interest over the past four years. Secondly, this extension would work towards smoothing out the number of boards and commissions that come under sunset in a particular year. Typically, there are four to six boards and/or commissions scheduled for a legislative sunset review; however, in 2005 there are 12 boards scheduled for sunset. Nonstandard extension dates will allow for a more even distribution of organizations going through the sunset process in any given year.

Board consolidation provides minimal savings over current BPPA costs

We analyzed various aspects of consolidating all licensing boards related to behavioral health. From the perspective of efficiency and effectiveness, the most tangible benefit of consolidation for BPPA would be a minor cost savings for each licensee.

November 4, 2004

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Title 24 and Title 44 of the Alaska Statutes, the attached report is submitted for your review.

DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
BOARD OF VETERINARY EXAMINERS

October 29, 2004

Audit Control Number

08-20036-05

This audit was conducted as required by AS 44.66.050 and under the authority of AS 24.20.271(1). Alaska Statute 44.66.050(c) lists criteria to be used to assess the demonstrated public need for a given board, commission, agency, or program subject to the sunset review process. Currently, under AS 08.03.010(c)(21), the Board of Veterinary Examiners is scheduled to terminate on June 30, 2005. If the legislature takes no action to extend the termination date, the board would be allowed one year in which to conclude its administrative operations. We recommend that the legislature extend the board's termination date to June 30, 2009.

The sunset review was conducted in accordance with generally accepted government audit standards. Fieldwork procedures utilized in the course of developing this report are set out in the Objectives, Scope, and Methodology section.

Pat Davidson, CPA
Legislative Auditor

FINDINGS AND RECOMMENDATIONS

Recommendation No. 1

The Board of Veterinary Examiners (BVE) should ensure the completeness and timeliness of its required annual reports.

Under AS 08.01.070(10), BVE is required to submit:

"... an annual performance report to the department [Commerce, Community, and Economic Development] stating the board's accomplishments, activities, and needs."

Over the years, the appearance and contents of these reports, required of all professional licensing boards, have become more standardized. While much of the report involves statistics and information maintained and generated by the Division of Occupational Licensing, the board is responsible for significant narrative segments of the each year's report.

Annual reports for FY 01, FY 02, and FY 03 were submitted on time to the department. However, pertinent standard information was not included in several of the reports. Noted omissions included budget reports, investigative reports, continuing education enforcement reports, and perhaps most importantly, BVE's operating goals and objectives for the upcoming year(s). Text stating that these items were to be "added later" was included for the omitted sections, but the reports were never updated.

Such information is critical to monitoring and assessing BVE operations. Setting out specified goals and objectives establishes standards by which the board, the licensees, the general public, and the legislature can better understand and evaluate the operations of the board. Such reports can highlight issues that need to be addressed by the legislature or by the board in regulation.

The FY 04 annual report does include all the essential elements. Accordingly, we recommend BVE take steps to ensure that each annual report is complete and timely, in order to meet the intended purpose of both the general licensing reporting statute and the board's specific reporting statute.

Alaska State Legislature

House of Representatives



Official Business

State Capitol
Juneau, AK 99801-1182

Sectional Analysis for CSHB 123(RLS) am BY: Representative Tom Anderson

- Section 1. Extends the sunset of the Board of Barbers and Hairdressers to June 30, 2011.
- Section 2. Extends the sunset of the Board of Social Work Examiners to June 30, 2010.
- Section 3. Extends the sunset of the Board of Pharmacy to June 30, 2010.
- Section 4. Extends the sunset of the Board of Professional Counselors to June 30, 2010.
- Section 5. Extends the sunset of the Board of Psychologist and Psychological Associate Examiners to June 30, 2010.
- Section 6. Extends the sunset of the Board of Veterinary Examiners to June 30, 2009.
- Section 7. Allows the Board of Psychology & Psychological Associates to adopt regulations that recognize other credentialing organizations. Currently, the statute provides for licensing by credential through the American Board of Professional Psychology.
- Section 8. Adds fines and penalties to the program receipts accounted for separately, and appropriated from program receipts to clarify they are not made from the unrestricted general fund.
- Section 9. Repeals AS 08.95.920.
- Section 10. Allows the grouping of these five sunset extensions into one bill.
- Section 11. Establishes the immediate effective date of this Act.

Alaska State Legislature

House of Representatives



Official Business

State Capitol
Juneau, AK 99801-1182

SPONSOR STATEMENT FOR CS HB 123(RLS) am **BY: Representative Tom Anderson**

TITLE: "An Act relating to occupational licensing fees, fines, and penalties and to regulatory board fines; extending the termination dates of the Boards of Barbers and Hairdressers, Social Work Examiners, Pharmacy, Professional Counselors, Psychologist and Psychological Associate Examiners, and Veterinary Examiners; relating to psychologist licensing by credentials; relating to an exemption that allows one bill to continue more than one board, commission, or agency program; and providing for an effective date."

CSHB 123(RLS) am extends the sunset for the boards of Barbers and Hairdressers, Social Work Examiners, Pharmacy, Professional Counselors, Psychologists and Psychological Associate Examiners and Veterinary Examiners. Each of these boards have been recommended by Legislative Audit for extension.

Additionally, CSHB 123(RLS) am provides an additional provision for licensing by credential for the Board of Psychologists & Psychological Associates in AS 08.86.150.

The additional provision allows the Board of Psychology & Psychological Associates to adopt regulations that recognize other credentialing organizations. Currently, the statute provides for licensing by credential through the American Board of Professional Psychology.

I would ask for your support on CS HB 123.

HB

150

SENATE COMMITTEE REPORT

DATE: 4/12/06

FURTHER: Finance

DATE TURNED
IN TO OFFICE: _____

Labor and Commerce Committee considered CS FOR HOUSE BILL NO. 150(FIN) am

HB 150 LICENSING RADIOLOGIC TECHNICIANS

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

and recommends:

- be replaced with _____ CS _____ (_____)
- adopt previous _____ CS _____ (_____)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to _____ Committee

CS Senate Bill:

- Same Title
- New Title

SCS House Bill:

- Same Title
- Technical Title Change
- New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	DO NOT PASS	NO REC	AMEND
<i>Bettye Davis</i>	X			
<i>Ken Hill</i>			X	
CHAIR: <i>CBentley</i>			✓	

24-LS0470M
Mischel
5/1/06

**SENATE CS FOR CS FOR HOUSE BILL NO. 150(L&C)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - SECOND SESSION**

BY THE SENATE LABOR AND COMMERCE COMMITTEE

**Offered:
Referred:**

Sponsor(s): REPRESENTATIVE ANDERSON

**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 08.01.010 is amended by adding a new paragraph to read:

5 (39) regulation of radiographers under AS 08.89.

6 *** Sec. 2.** AS 08 is amended by adding a new chapter to read:

7 **Chapter 89. Radiographers.**

8 **Article 1. Licensing Requirements.**

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

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

14 (2) employ another to use radioactive materials or equipment emitting

1 radiation on a human for diagnostic or therapeutic purposes unless the employee has
2 an appropriate license or permit issued under this chapter.

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

5 (1) a licensed practitioner;

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

9 (3) a student enrolled in and attending a school or college of medicine,
10 osteopathy, dentistry, dental hygiene, chiropractic, podiatry, radiologic technology,
11 radiation therapy, or nuclear medicine, or a program for physician assistant or
12 advanced nurse practitioner training, while as part of course work in the school,
13 college, or program, the student uses radioactive materials or equipment emitting
14 radiation on humans under

15 (A) the direct supervision of a licensed practitioner; or

16 (B) the direct supervision of a person fully licensed under this
17 chapter as a radiographer, radiation therapist, or nuclear medicine technologist,
18 as appropriate to the course;

19 (4) in the regular medical service of the armed services of the United
20 States or the United States Public Health Service while in the discharge of the person's
21 official duties; or

22 (5) in the regular medical service of the United States Public Health
23 Service or the armed services of the United States volunteering services without pay or
24 other remuneration to a hospital, clinic, medical office, or other medical facility in the
25 state.

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

27 **Sec. 08.89.110. Use of title prohibited.** (a) Unless a person holds the
28 corresponding full or limited certificate of licensure or permit issued under this
29 chapter or proof of certification by the American Registry of Radiologic Technologists
30 or the Nuclear Medicine Technology Certification Board, a person may not use

31 (1) the title "radiographer," "radiation therapist," "nuclear medicine

1 technologist," "limited radiologic imager," "temporary permitted radiographer,"
2 "temporary permitted radiation therapist," "temporary permitted nuclear medicine
3 technologist," or "temporary permitted limited radiologic imager";

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

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

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

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

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

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

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

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

22 (5) pay the required fees.

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

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

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

30 (b) The department shall approve a program evaluated under this section only
31 if

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

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

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

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

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

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

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

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

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

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

27 (3) have graduated from a program approved by the department under
28 AS 08.89.160 or have not less than two years of clinical experience in limited
29 diagnostic radiologic imaging under the supervision of a fully licensed radiographer or
30 a licensed practitioner;

31 (4) have passed the exam approved by the department for limited

1 radiologic imager licensure; and

2 (5) pay the required fees.

3 (b) A limited radiologic imager

4 (1) may perform limited radiologic diagnostic imaging, including
5 peripheral bone densitometry, only under the supervision of a fully licensed
6 radiographer or a licensed practitioner;

7 (2) may perform central bone densitometry if certified by a
8 credentialing organization recognized by the department;

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

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

15 **Sec. 08.89.160. Program approval for limited radiologic imager.** (a) The
16 department shall, upon application by a program, evaluate a program that trains
17 persons to be limited radiologic imagers and approve or disapprove the program
18 according to the criteria in (b) of this section.

19 (b) The department shall approve a program evaluated under this section if the
20 program includes didactic instruction and clinical instruction considered adequate by
21 the department in axial-appendicular skeleton radiography, chest and abdomen
22 radiography, equipment maintenance and operation, radiation safety and protection,
23 image production and evaluation, radiographic anatomy and positioning procedures,
24 and applicable federal and state requirements relating to patient care and safety or if
25 the program is instructed by and under the supervision of a fully licensed radiographer
26 or licensed practitioner and sponsored by a medical facility, as defined in
27 AS 18.26.900; in this subsection, "clinical instruction" means hands-on experience in
28 a health facility setting, such as in a hospital or clinic, under the supervision of a
29 licensed practitioner or fully licensed radiographer.

30 **Sec. 08.89.165. Examination; limited radiologic imagers.** (a) The
31 department shall provide for an examination for qualification for licensure of a limited

1 radiologic imager under AS 08.89.150. The examination must be offered at regular
2 intervals to provide maximum access and sufficient opportunity for interested
3 applicants.

4 (b) The examination provided under this section must be based in whole or in
5 part on a limited scope of practice in radiography examination designed by the
6 American Registry of Radiologic Technologists, and shall be designed by the
7 department in consultation with the Department of Health and Social Services, the
8 state Medical Board, the Alaska Society of Radiologic Technologists, and at least one
9 member of the American College of Radiology who resides in the state.

10 (c) A passing score on an examination taken under this section is 75 percent as
11 a general average rating.

12 **Sec. 08.89.170. Temporary permit.** (a) The department may issue a
13 nonrenewable temporary

14 (1) limited permit to a person authorizing practice in an area
15 corresponding to the person's scope of radiology training if the person pays the
16 appropriate fee and

17 (A) is enrolled in a program for that area approved under
18 AS 08.89.160; or

19 (B) demonstrates to the satisfaction of the department that the
20 applicant has performed limited scope radiologic diagnostic imaging as
21 described under AS 08.89.150(b) for at least two years before July 1, 2008; or

22 (2) full permit to a person authorizing practice in an area
23 corresponding to the person's scope of radiology training if the person

24 (A) has taken an examination described under AS 08.89.140 or
25 08.89.150 for that area and the results are not yet available;

26 (B) applies for the temporary permit within one year after
27 completing a program approved under AS 08.89.130; and

28 (C) pays the appropriate fee.

29 (b) A temporary permit issued under this section must indicate the area of
30 practice authorized. Except as provided in (c) of this section, the permit expires two
31 years after the date of issuance of the permit.

1 (c) Notwithstanding (a) and (b) of this section, if an applicant has provided
2 proof of certification by a recognized national credentialing body that covers the area
3 of practice for which a certificate of licensure is sought, the department may issue a
4 nonrenewable temporary permit valid for a period of one year to the applicant upon
5 payment of a fee determined by the department.

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

10 **Sec. 08.89.180. License renewal; continuing education.** (a) The department
11 may not renew a full certificate of licensure issued under this chapter unless the
12 licensee pays the required fee and submits evidence satisfactory to the department that
13 the person has met the applicable continuing education requirements as determined by
14 the department.

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

21 (c) The department may not renew a limited radiological imager license issued
22 under this chapter unless the licensee pays the required fee and submits evidence
23 satisfactory to the department that the person has met the applicable continuing
24 competency requirements as determined by the department.

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

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

1 **Sec. 08.89.210. Reapplication after revocation.** A person whose license or
2 permit is revoked by the department for a reason other than nonpayment of fees may
3 not apply to be licensed under this chapter until one year has elapsed from the date of
4 revocation. The department may require an examination for reinstatement.

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

- 7 (1) application;
- 8 (2) examination;
- 9 (3) full certificate of licensure;
- 10 (4) limited certificate of licensure;
- 11 (5) temporary full permit;
- 12 (6) temporary limited permit;
- 13 (7) license renewal;
- 14 (8) adding an area of practice to an existing license;
- 15 (9) program approval under AS 08.89.130.

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

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

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

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

28 **Sec. 08.89.320. Criminal penalty for certain fraudulent practices.** A person
29 who obtains or attempts to obtain a license or permit under this chapter by dishonest or
30 fraudulent means or who knowingly forges, counterfeits, or fraudulently alters a
31 license or permit issued under this chapter is guilty of a class B misdemeanor.

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

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

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

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

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

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

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

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

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

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

28 **Sec. 08.89.340. Disciplinary sanctions.** (a) When it finds that a person
29 licensed or holding a permit under this chapter has committed an act listed in
30 AS 08.89.330, the department may impose the following sanctions singly or in
31 combination:

- 1 (1) permanently revoke a license to practice;
- 2 (2) suspend a license for a determinate period of time;
- 3 (3) censure a licensee;
- 4 (4) issue a letter of reprimand;
- 5 (5) place a licensee on probationary status and require the licensee to
- 6 (A) report regularly to the department on matters involving the
- 7 basis of probation;
- 8 (B) limit practice to those areas prescribed;
- 9 (C) continue professional education until a satisfactory degree
- 10 of skill has been attained in those areas determined by the department to need
- 11 improvement;
- 12 (6) impose limitations or conditions on the practice of a licensee.
- 13 (b) The department may withdraw a limitation, condition, or probationary
- 14 status if it finds that the deficiency that required the sanction has been remedied.
- 15 (c) The department may summarily suspend a license before final hearing or
- 16 during the appeals process if the department finds that the licensee poses a clear and
- 17 immediate danger to the public welfare and safety. A person is entitled to a hearing
- 18 conducted by the office of administrative hearings under AS 44.64.010 within seven
- 19 days after the suspension order is issued. A person may appeal an adverse decision
- 20 after hearing to the superior court.
- 21 (d) The department may reinstate a license that has been suspended or revoked
- 22 if the department finds after a hearing that the person is able to practice with
- 23 reasonable skill and safety.

24 Article 3. General Provisions.

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

26 AS 08.01.065, all persons licensed or holding a permit under this chapter are

27 considered to be engaged in the same occupation.

28 **Sec. 08.89.910. Regulations.** The department shall adopt regulations necessary

29 to implement this chapter.

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

- 31 (1) "axial-appendicular skeleton" means the skull, including the

1 mandible, sinuses, and facial bones; spine, including cervical, thoracic, lumbar,
2 sacrum, and coccyx areas; pelvis; ribs; and upper and lower extremities;

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

6 (3) "department" means the Department of Commerce, Community,
7 and Economic Development;

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

11 (5) "direct supervision" means supervision that is on-site or available
12 by telephonic or electronic means; in this paragraph, "supervision" includes
13 demonstrations, record review, evaluation of clinical examinations, or
14 communications;

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

16 (7) "licensed practitioner" means a physician, physician assistant,
17 nurse practitioner, podiatrist, osteopath, dentist, or chiropractor who is either licensed
18 in this state or, if practicing as a physician, podiatrist, or osteopath, is exempt from
19 licensure under AS 08.64.370(1) or (4);

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

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) "radiographer" means a person who uses radiation on humans for
29 diagnostic purposes.

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

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

5 * **Sec. 4.** Except as provided in secs. 5 and 6 of this Act, this Act takes effect July 1, 2006.

6 * **Sec. 5.** AS 08.89.100 and 08.89.310, enacted by sec. 2 of this Act, take effect July 1,
7 2008.

8 * **Sec. 6.** Section 3 of this Act takes effect immediately under AS 01.10.070(c).

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

April 27, 2006

Honorable Con Bunde
Chair, Senate Labor and Commerce Committee
Alaska State Senate
State Capitol
Juneau, Alaska 99801

Re: HB 150, Licensure of Radiologic Technicians

Dear Senator Bunde:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

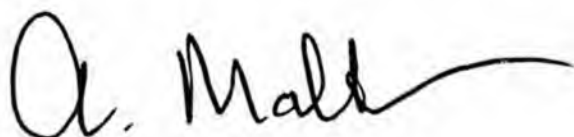
ASMA realizes that provisions in HB 150 might occasionally improve quality of care for Alaskan patients by raising standards for radiologic technicians. Still, ASMA expressed major concerns regarding the bill during hearings in the House - primarily that HB 150 would likely decrease access to optimal care for some patients by decreasing availability of x-rays in small or rural clinics.

Some of our concerns have been addressed in the bill's current version, including a new provision giving greater flexibility to individuals seeking training for limited licensure. But we remain opposed to a provision requiring full certification for technicians doing bone densitometry. This procedure is safely and commonly done by technicians who have obtained certification through nationally recognized training programs. Technicians with limited licensure and such additional certification should be permitted to perform standard densitometry studies.

Further concerns are raised by the second amendment that occurred on the Floor of the House. That amendment effectively requires certification by an already licensed health care provider (e.g. physician, physician assistant, dentist, etc.) that she/he has obtained education or training "... to ensure the exam or test is performed safely". ASMA believes that grounds for disciplinary action already exist for a physician who provides any element of medical care for which he or she has not been adequately trained. Furthermore, a physician (or other licensed health care provider) would be extremely hesitant to "certify" adequate training since no standard exists regarding what level of training would satisfy the legal test of ensuring safety.

ASMA believes addressing these two issues will substantially improve the bill, though we remain concerned that the unintended consequences of any increased regulation for radiologic technician could adversely impact access to optimal care, especially for rural Alaskans.

Thank you for opportunity to provide this testimony.



By: Alex Malter, MD, MPH,
For: Alaska State Medical Association

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

- 1 Page 2, lines 8 - 9:
- 2 Delete all material.
- 3
- 4 Renumber the following paragraphs accordingly.

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

- 1 Page 2, line 15, following "medicine,":
- 2 Insert "or a program for physician assistant or advanced nurse practitioner training."
- 3
- 4 Page 2, lines 15 - 16:
- 5 Delete "or college"
- 6 Insert ", college, or program"

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

- 1 Page 2, lines 29 - 31:
- 2 Delete all material.
- 3
- 4 Reletter the following subsection accordingly.

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

1 Page 11, lines 14 - 15:

2 Delete all material and insert:

3 "(5) "direct supervision" means supervision that is on-site or available
4 by telephonic or electronic means; in this paragraph, "supervision" includes
5 demonstrations, record review, evaluation of clinical examinations, or
6 communications;"

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

- 1 Page 2, lines 5 - 7:
- 2 Delete "if the practitioner certifies to the department on a form prepared by the
- 3 department that the practitioner has obtained education or training to ensure the exam or test
- 4 is performed safely"

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

- 1 Page 5, line 10, following "imaging":
- 2 Insert ", including peripheral bone densitometry,"

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 150(FIN) am

- 1 Page 5, following line 11:
- 2 Insert "(2) may perform central bone densitometry if certified by a credentialing
- 3 organization recognized by the department;"
- 4
- 5 Renumber the following paragraphs accordingly.

ALASKA PRIMARY CARE ASSOCIATION, INC.

"... Uncompromising in the pursuit of access to primary care for all Alaskans."



Re: Testimony for (S) Labor and Commerce on HB 150 *Licensing Radiologic Technicians*

April 25, 2006

Dear Senator Bunde, Senator Seekins, and Members of Senate Labor and Commerce Committee,

Alaska Primary Care Association (APCA) represents 115 non-profit Community Health Centers and safety net providers throughout Alaska. We have been monitoring HB 150 *Licensing Radiologic Technicians* throughout the legislative process and are submitting this letter to respectfully oppose the portion of the bill pertaining to limited radiologic technicians.

Requiring licensure for limited radiologic technicians will have unavoidable negative impact on remote clinic sites. No hard and substantial evidence has been provided in any of the hearings to date to indicate truly unsafe limited radiologic practices in Alaska.

Although the sponsor of the bill has worked to address a number of concerns in an attempt to accommodate the rural areas, the additional hoops through which these sites will be required to jump will still create added expense and staffing burdens for these clinics already operating on slim margins. With the need to keep health care costs at bay, adding this layer of bureaucracy to an already safe and effective system is impudent.

Licensure does not guarantee safety improvements. In reality, if the State of Alaska wants to confirm and ensure safe practices, onsite quality assurance checks of not only the *equipment* (as is already conducted by the State of Alaska) but also of the *equipment operators* would better guarantee such a goal.

Our providers conducted over 300,000 encounters with 68,000 patients in 2004 with a safe track record. Please do not hinder our ability to continue to provide primary care access cost-effectively to Alaskans throughout the state.

As you review this bill, we ask that you consider the impact this language will have on health care access for rural areas and takes steps to remove the sections regarding requirements for permits and licensure for limited radiologic technicians. Thanks you.

Respectfully,

A handwritten signature in cursive script that reads "Shelley S. Hughes".

Shelley S. Hughes
Policy Analyst
Alaska Primary Care Association



Alaska Dental Society, Inc.

9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

April 25, 2006

Sen. Con Bunde, Chair, and
Member of the Senate Labor & Commerce Committee
State Capitol Bldg
Juneau, AK 99801 + 1182

Dear Sen. Bunde & members:

This letter is to urge you to amend HB-150 to ensure that it will not create unnecessary regulation of dental assistants and does not create conflicting requirements with those provisions of the statutes that govern the practice of dentistry.

HB-150, as was approved by the House, imposes unnecessary supervisory requirements for dentists and assistants taking x-rays. The definitions included in HB-150 also conflict with the definitions in the statutes that govern dentistry.

As Mr. Clyde Pearce of the state's radiation control office has repeatedly testified, the Alaska Board of Dental Examiners is empowered to regulate the conduct of dentists and the staff engaged in patient care and treatment. Should the Dental Board be shown cause that additional regulation is necessary and appropriate, it has the authority to act.

Dental x-rays are used for diagnostic purposes of hard tissues and therefore inherently require significantly lower levels of radiation than are necessary for therapeutic treatments and soft tissue diagnosis used in other areas of medicine. Dental x-ray machines, which are inspected in accordance with the Dental Practice Law, are designed to emit only the low levels required for dentistry and can not be used for any other purpose.

To attempt to include dentistry, which is adequately regulated and has a clear history of protecting the consuming public, in a bill that was designed to address concerns regarding personnel engaged in radiation therapy and who may not work under the direct supervision of a licensed professional is to create unnecessary regulation. This unnecessary regulation will force dentists into unproductive time that will needlessly raise the cost of doing business and unnecessarily drive up the cost of dental care.

We urge you to have confidence in the Board of Dental Examiners to fulfill its responsibilities to protect the public through appropriate regulation of what takes place in a dental office. You can best do this by removing from HB-150 any reference to dental assistants.

Thank you for your consideration.

Respectfully yours

A handwritten signature in black ink, appearing to read "David L. Eichler".

David L. Eichler, DMD
President

Cc: Rep. Tom Anderson

April 23, 2006

In regards to: HB 150, Licensing Radiologic Technicians

Hearing Tuesday, April 25, 2006

Labor & Commerce Committee
Senator Bunde,

As a dental hygienist, and a board member of the Alaska State Dental Hygiene Association, I have concerns about HB 150 that I feel should be addressed at the hearing on April 25th. This is not only my opinion, but the opinion of the members of the Alaska State Dental Hygiene Association, comprised of 186 hygienists.

Dental hygienists are licensed in the State of Alaska after graduating from a dental hygiene program that is accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association. In addition, before licensure, a hygienist must successfully complete a national written examination of the American Dental Association Joint Commission on National Dental Examinations, a clinical examination administered by the Western Regional Examining Board, and a Jurisprudence examination administered by the State of Alaska Board of Dental Examiners.

Radiographs are an integral part of the dental profession. Therefore, throughout our education radiology is presented in didactic courses and studied in depth. Competencies have to be met throughout the curriculum. Therefore, it is my request that you bring forward the following amendment to **HB 150, Sec. 08.89.990 Definitions:**

(7) "licensed practitioner" means a physician, physician assistant, nurse practitioner, podiatrist, osteopath, dentist, dental hygienist, or chiropractor who is either licensed in this state or, if practicing as a physician, podiatrist, or osteopath is exempt from licensure under AS 08.64.370 or (4);

Dental hygienists are "licensed practitioners" that, as stated in Sec. 08.89.100 (b)(1), can certify to the department that "the practitioner has obtained education or training to ensure the exam or test is performed safely."

Please initiate this amendment at your hearing on April 25, 2006.

Thank you,

Gail Walden, RDH, BSDH
Alaska State Dental Hygiene Association



Alaska Academy of Physician Assistants

4450 Cordova Street, Suite 110, Anchorage, AK 99503
Phone: (800)478-8684, Fax: (907) 562-8641
Email: akapa@gpi.net Website: www.akapa.org

Alaska Academy of Physician Assistants (AKAPA) Position Paper on HB150

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

The AKAPA is committed to high quality, safe, and complete care for all patients. It is the AKAPA's position that this Act does not significantly improve patient care or the present health care system in our state, and serves only special interest groups. The AKAPA believes the Act to be unnecessary and poses a financial burden on patients and the health care system by increasing the cost of health care in Alaska. Therefore, the AKAPA must respectfully oppose the Act in any form.

The AKAPA holds that the following points far outweigh any potential gain from the passing of this legislation:

1. There is insufficient evidence that the licensing and regulation of adequately trained professionals taking x-rays in rural clinics and physician offices will significantly improve patient care or staff health and safety. The AKAPA fully endorses the licensing and regulation of persons involved in high radiation procedures such as CT scans, radiation therapy, and nuclear medicine, but believes the regulation and licensing for in-office/clinic x-ray studies to be unnecessary because of the very low levels of radiation. The AKAPA is aware that radiation exposure is potentially harmful, and the effects of exposure can be cumulative, but to date there is no documented evidence of patient harm from current professionals taking x-rays in these settings.

2. The AKAPA believes the bill will increase the cost of medicine in Alaska, and thereby limit patient access to quality and complete point of care. The direct increase in costs will be from training, licensing fees, CME fees, and the hiring of additional staff. Indirect cost increases will be from over utilization of hospitals and emergency rooms, lack of patient choice and in some rural areas a complete loss of services, patient transportation costs especially from those rural areas, limiting small business growth through free market competition, and potential increases malpractice and litigation from delay of diagnosis and treatment.

November 22, 2005

VISIT OUR WEBSITE @ AKAPA.ORG

The purpose of this Academy is to render loyal and honest service to the medical profession and to the public, to develop and enforce continuing educational programs for the Physician Assistant and the Academy membership, to promote the Physician Assistant concept through education of professional and lay people, and to promote similar interest in the student societies.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 150(L&C)
 (H) Publish Date: 3/22/05

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title Licensing Radiologic Technicians RDU Occupational Licensing (117)
 Component Occupational Licensing
 Sponsor Anderson
 Requester House Labor & Commerce Component No 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	25.2	25.2	25.2	25.2	25.2	25.2
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	6.0	6.0	6.0	6.0	6.0	6.0
Supplies	1.0	1.0	1.0	1.0	1.0	1.0
Equipment	6.0	0.0	0.0	0.0	0.0	0.0
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	38.2	32.2	32.2	32.2	32.2	32.2

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (1156)	70.4	0.0	64.4	0.0	64.4	0.0
----------------------------------	-------------	------------	-------------	------------	-------------	------------

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156 - Receipt Supported Services	38.2	32.2	32.2	32.2	32.2	32.2
TOTAL	38.2	32.2	32.2	32.2	32.2	32.2

Estimate of any current year (FY2005) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time	1	1	1	1	1	1
Temporary						

ANALYSIS: (Attach a separate page if necessary)

HB 150 establishes licensure for occupations relating to radiologic technology. The division was advised that approximately 380 to 400 individuals will seek licensure under this bill. This fiscal note is based on the assumption there will be at least 400 licensees.

An explanation of the costs shown above are attached.

Prepared by: Jennifer Strickler, Administrative Manager Phone (907) 465-2144
 Division Occupational Licensing Date/Time 2/23/05 2:07 PM
 Approved by: Edgar Blatchford, Commissioner Date 2/23/2005
 Agency Commerce, Community, and Economic Development

FISCAL NOTE #1

**STATE OF ALASKA
2005 LEGISLATIVE SESSION**

BILL NO. CSHB 150(L&C)

ANALYSIS CONTINUATION

HB 150: Licensing Radiologic Technicians

Total PERSONAL SERVICES: \$25.2

- Occupational Licensing Examiner I position, PPT, Range 13

This fiscal note provides funding for half of an Occupational Licensing Examiner I position to provide support to this licensing program. Last year, the division had a half time position in support of another licensing program that could have been made to full-time with this funding to support this program as well; however, that option is no longer available since that position has been assigned to support other new licensing programs. Therefore, this fiscal note identifies funding for half of a position and a corresponding position count.

Total TRAVEL: \$0

Total CONTRACTUAL SERVICES: \$6.0

- Printing, postage, communication, and advertising costs, \$3.0
- Regulations-related costs to establish education criteria and standards, and other requirements; including AAG time, \$3.0

Information has been received that licensure examinations are available from The American Registry of Radiologic Technologists. The division will seek to make arrangements with this organization for use of the licensing examinations.

Total SUPPLIES: \$1.0

To fund daily operating supplies of the program.

Total EQUIPMENT (one-time costs): \$6.0

TOTAL FISCAL NOTE: \$38.2

REVENUE: Revenue will be generated by individuals who seek license under this bill. Based on 400 licensees, each licensee can be expected to pay approximately \$176.00 biennially (\$70.4 divided by 400) in direct costs; in addition to indirect costs of approximately \$100.00 per person, for an approximate initial licensing fee of \$276.00 biennially. Licensing fees will be adjusted at the first renewal based on actual costs and numbers of licensees.

ALASKA STATE HOUSE OF REPRESENTATIVES

Labor & Commerce Committee, Chair
 Administrative Regulation Review, Chair
 Judiciary Committee, Vice-Chair
 Health, Education and Social Services



716 W 4th Ave
 Suite 610
 Anchorage, AK 99501

Phone (907) 269-0265
 Fax (907) 269-0264

Representative Tom Anderson

Licensure Provisions of CSHB 150(FIN)

	Full Radiographer	Limited Radiologic Imager
License Requirements	<ul style="list-style-type: none"> • 18 years of age • Graduated from secondary school • Have graduated from a program approved by the department • Met the examination requirement • Pay the required fees <p><i>(Page 3, Lines 14-30)</i></p>	<ul style="list-style-type: none"> • 18 years of age • Graduated from secondary school • Have graduated from a program approved by the department <i>or</i> have two years of clinical experience in limited radiologic imaging • Met the examination requirement • Pay the required fees • May perform imaging only under the supervision of a fully licensed radiographer or licensed practitioner • May not perform contrast media, fluoroscopic procedures, mammography, tomography, etc. <p><i>(Page 4, Lines 26-30 – Page 5, Lines 1-15)</i></p>
Licensure Exemptions	<ul style="list-style-type: none"> • Licensed Practitioners • Dental assistants under the supervision of a dentist • Licensed under another provision of state law for the use of radiation for diagnostic or therapeutic purposes • A student in a medical, dental, osteopathic, chiropractic, podiatric, radiological technologist, radiation therapy, or nuclear medicine school/program under the direct supervision of a licensed practitioner or full radiographer • In the regular medical service of the United States military or United States Public Health Service <p><i>(Page 2, Lines 3-29)</i></p>	<p>Same as the full radiographer. These exemptions apply to both licensures.</p>

Training Program Requirements	<ul style="list-style-type: none"> • The program is affiliated with at least one hospital that provides a clinical component • The curriculum meets the standard approved by the Joint Review Committee on Education in Radiologic Technology • A recognized national voluntary accrediting organization has reviewed the program's application to the department and submitted review comments back to the department <p><i>(Page 3, Lines 30-31 – Page 4, Lines 1-16)</i></p>	<ul style="list-style-type: none"> • The program must include didactic and clinical instruction in axial-appendicular skeleton radiography, chest and abdomen radiography, equipment maintenance and operation, radiation safety and production, image production and evaluation, radiographic anatomy and positioning procedures <i>or</i> any training program sponsored by a medical facility supervised and instructed by a licensed practitioner or fully licensed radiographer • There is no minimum coursework hour requirement <p><i>(Page 5, Lines 16-30)</i></p>
Clinical Experience	<ul style="list-style-type: none"> • There is no specific clinical experience requirement or provision for licensure except that an approved program must include a clinical component as part of its curriculum <p><i>(Page 3, Lines 14-29)</i></p>	<ul style="list-style-type: none"> • Although clinical experience is not required for limited licensure, two years of clinical experience may substitute for formal training <p><i>(Page 5, Lines 1-2)</i></p>
Examination Provisions	<p>An applicant can select one of three options:</p> <ul style="list-style-type: none"> • Pass an examination approved by the department • Provide proof of certification by the American Registry of Radiologic Technologists • Provide proof of licensure from another jurisdiction <p><i>(Page 4, Lines 17-25)</i></p>	<ul style="list-style-type: none"> • There is one examination instrument which the department is directed to make as widely available as possible • The examination will be developed by the department in cooperation with the Alaska State Medical Board, the AK Society of Radiologic Technologists, the Office of Radiologic Health, and a member of the American College of Radiology • The minimum passing score is 75% <p><i>(Page 5, line 31 – Page 6, Lines 1-12)</i></p>
Temporary Permit Options	<ul style="list-style-type: none"> • If within one year of completing a program or after taking an exam and waiting for results the department may issue a temporary permit valid for two years • If the applicant provides proof of certification from a recognized national credentialing body the department may issue a temporary permit valid for one year <p><i>(Page 6, Lines 30-31 – Page 7, Lines 1-6)</i></p>	<p>An applicant having either two years of clinical experience or having enrolled in a training program is eligible for a temporary permit valid for two years from the date of issuance</p> <p><i>(Page 6, Lines 13-31)</i></p>
Effective Date	<p>July 1, 2008*</p> <p><u>*With temporary permit provisions, a license will not be required until 2010</u></p> <p><i>(Page 12, Line 5)</i></p>	<p>July 1, 2008*</p> <p><u>*With temporary permit provisions, a license will not be required until 2010</u></p> <p><i>(Page 12, Line 5)</i></p>

Alaska State Legislature

House of Representatives



Official Business

State Capitol
Juneau, AK 99801-1182

SPONSOR STATEMENT

CSHB 150 (FIN)am

BY: Representative Tom Anderson

"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 imp

Sponsor Statement

ALASKA STATE HOUSE OF REPRESENTATIVES

Labor & Commerce Committee, Chair
Administrative Regulation Review, Chair
Judiciary Committee, Vice-Chair
Health, Education and Social Services



716 W 4th Ave
Suite 610
Anchorage, AK 99501

Phone (907) 269-0265
Fax (907) 269-0264

Representative Tom Anderson

Summary of Changes

CSHB 150(FIN)am

24-LS0470\W.A

Page 2, Lines 5-7 – Language was inserted that stipulates that a licensed practitioner must certify they have obtained education or training to guarantee that they are able to perform exams safely. *This change was made on the House floor.*

Page 2, Lines 8-9 – The new language stipulates that dental assistants must perform exams under the *direct* supervision of a dentist. *This change was made on the House floor.*

Page 2, Lines 22-28 – The sponsor has included language exempting medical personnel in the military and US Public Health Service. This is a standard statutory exemption and this language was taken directly from the same exemption for physicians found in AS 08.04.370. Legal Services suggested that this would be appropriate to include because state statute cannot supersede federal law. Further, the sponsor noted that the federal government has licensing and training requirements that exceed those included in this bill. *This change was included in response to concerns expressed by the Alaska Native Health Board.*

Page 6, Lines 2-14 – The sponsor has included a new section detailing the standards for the examination for a limited radiologic imager. This section stipulates that the department must provide the exam at regular intervals to provide maximum access for applicants; the exam will be based on the ARRT examination in consultation the state medical board, the Alaska Society of Radiologic Technologists, the office of Radiologic Health in the Dept. of Health and Social Services, and a resident member of the American College of Radiology; and that the minimum passing score is 75 percent. *This amendment was included as a result of discussions with the Alaska State Medical Association.*

Page 7, Lines 1-3 – The new (b) replaces (b) and (c) of the previous version (24-LS0470\N). This new section puts in place one standard for the issuance of a temporary permit. This new language says that a temporary permit is valid for two years from the date of issuance. *This change was included in response to comments made by the Alaska Primary Care Association.*

UNIVERSITY OF CALIFORNIA, BERKELEY



Public Affairs, (510) 642-3734

NEWS RELEASE, 11/16/99

Radiation expert warns of danger from overuse of medical X-rays, claiming they're responsible for many cancer and heart disease deaths

By Robert Sanders, Public Affairs

- **BERKELEY--** A noted University of California, Berkeley, expert on the health effects of radiation has concluded that a large proportion of deaths today from cancer and heart disease are due in part to past exposure to medical radiation.

John W. Gofman, professor emeritus of molecular and cell biology at UC Berkeley, conducted an intensive analysis comparing death rates in each of the country's nine census divisions with the average number of physicians per 100,000 people in these divisions.

The analysis turned up a major surprise. While death rates from almost all causes went down with increasing physician density, death rates rose with physician density in two categories: cancer and ischemic heart disease, also known as coronary heart disease.

Gofman, who for decades has warned of the dangers of low-level radiation, concluded that the cause is medical X-rays, including fluoroscopy and computed tomography or CT scans. The analysis and conclusions are published this week in a 700-page monograph by the book division of the Committee for Nuclear Responsibility, Inc., a non-profit, public interest association Gofman founded in 1971.

"This is a serious public health problem," Gofman said. "We're talking about the two biggest causes of death in this country - cancer and heart disease - which together amount to 45 percent of all deaths. Medical X-rays are a major cause of these deaths."

Gofman does not discount the role of other factors in these diseases, including diet and smoking, but maintains that more than half the deaths from cancer and heart disease would not have occurred but for medical X-rays.

He also acknowledges the value of X-rays in diagnosis and to monitor medical treatment. Nevertheless, he urges physicians to be careful of unnecessarily high doses of X-rays, and to advise patients of the pros and cons of X-rays, much as they alert patients to the possible side effects of drugs.

"My findings are not going to cause patients to reject the obvious benefits of medical X-rays," Gofman said. "People are smart. Very soon, patients may insist on seeing some evidence that they will receive the lowest possible X-ray doses."

He also urges radiologists to reduce radiation doses delivered in standard procedures, and in his

study lists examples of how some hospitals and doctors have done this.

"These findings point to a safe and painless way to achieve big reductions in mortality from our two biggest killers, cancer and coronary heart disease," he said. "Reduce X-ray dosages, since the benefits of an X-ray can be obtained at much lower levels.

"When X-ray doses for mammograms were reduced tenfold, women began receiving the benefits with only one-tenth the former risk of getting cancer," added Gofman, who in 1995 published a study that ascribed 75 percent of breast cancer cases to past exposure from medical radiation. "But for many, many other X-ray procedures, the effort to achieve a tenfold reduction in dosage has not been made yet."

The problem, he argues, is an almost casual use of X-rays in the past. Through the 1940s, X-ray dosages often were 50 to 100 times those used today. Even as recently as the 1960s, mammograms sometimes delivered more than 100 times today's maximum allowed radiation dose. X-rays also were widely used for procedures doctors now know were unnecessary, such as routine X-rays during pediatric well-baby exams.

Though radiation doses have declined in many medical procedures, a proliferation of new uses of diagnostic and interventional radiation threatens to keep cumulative doses high, and thereby contribute to a higher mortality from heart disease and cancer, he said. What makes the situation even more alarming is that few physicians monitor the cumulative doses their patients get.

"There is the assumption that, at these doses, radiation doesn't make a significant contribution," he said. "But X-rays are very potent mutagens, even at low doses. It's a disaster that people still believe the 'safe dose myth,' that low doses are harmless."

Gofman, 81, has had a distinguished career in several fields, ranging from nuclear physics and lipoprotein research - he was the first to show that high levels of low-density lipoproteins, or LDLs, were a risk factor for atherosclerosis - to the health effects of radiation.

He began his recent analysis by using a huge census database that lists cause of death per age group within the country's nine census divisions, covering the entire population from 1940 to 1990.

He wanted to compare the death rates with estimates of the amount of medical radiation received on average by the population, but no such data exists. He therefore used a surrogate statistic: the number of physicians per 100,000 population, amassed over the years by the American Medical Association. He reasoned that since physicians prescribe X-rays, the number prescribed should be roughly proportional to the number of doctors serving the population.

Using regression analysis, he found that age-adjusted death rates for all types of cancer combined, and for ischemic heart disease by itself, rose with the number of physicians per 100,000 population in the census divisions. Conversely, all other diseases, when lumped together, showed a drop in the death rate as physician density rose. This held true in all age ranges.

Gofman argues that the correlation implies that death rates for cancer and heart disease have gone up as the number of medical procedures requiring radiation has gone up. Specifically, the study concludes that over 50 percent of the death rate from cancer today, and over 60 percent of today's

death rate from ischemic heart disease, are induced by X-rays in combination with other factors.

"Prior to 1940, no medical exam was considered complete without X-ray procedures, generally including fluoroscopy where the X-ray beam stays on," he said. "In fact, X-ray exposure began even in the womb for many people who are now age 30 and over, because until 1970, about one birth in every 14 was preceded by pelvic X-rays of the mother shortly before delivery, to measure the birth canal."

He discounts other explanations for the correlation, such as urbanization, differences in autopsy rates, different rates of reporting cancer deaths, and the possibility that chemotherapy for cancer could have caused some of the ischemic heart disease.

Though it is not surprising that cancer rates go up with the number of medical X-rays, Gofman was surprised to find a similar situation with ischemic heart disease, even though he was aware of studies that suggest atherosclerotic plaques in the arteries can be stimulated by chemical mutagens.

"It has been known for decades that high doses of radiation injure or kill the heart and blood vessels," Gofman said. "This study is about low and moderate doses accumulated over time. Each dose, no matter how low, produces mutations, so by the time you're 50, all of these events have added to the mutation load in your cells."

Fluoroscopies in particular are a major source of radiation today, he said, because the beam stays on during the procedure, such as threading a catheter or endoscope. The total dose can easily be reduced, he said, by using the fluoroscope only periodically, not continually.

"This makes good sense for doctors and their patients," he said. "We must reduce the amount of radiation patients get, and measure it to make sure we're right."

The study was funded by numerous small gifts from individuals and private foundations.

###

This server has been established by [the University of California at Berkeley](#) Public Information Office. Copyright for all items on this server held by The Regents of the University of California. Thanks for your interest in UC Berkeley.

[More Press Releases](#) | [More Campus News and Events](#) | [UC Berkeley Home Page](#)

Send comments to: comments@pa.urel.berkeley.edu

STATE OF ALASKA

DEPARTMENT of HEALTH & SOCIAL SERVICES
DIVISION of PUBLIC HEALTH

FRANK H. MURKOWSKI, GOVERNOR

OFFICE OF THE DIRECTOR
P.O. BOX 110610
JUNEAU, AK 99811-0610
PHONE: (907) 465-3090
FAX: (907) 465-4632

February 13, 2006

The Honorable Tom Anderson
Alaska House of Representatives
State Capitol, Room 408
Juneau, AK 99801

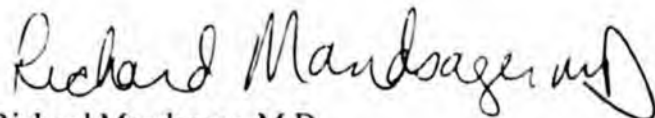
Dear Representative Anderson:

Your office has asked for my opinion of House Bill 150, your proposal to license radiographers and other professionals who operate radiology equipment in Alaska. As I have testified in the past, I continue to support efforts by the Legislature to strike a balance between better protecting the public – and radiographers themselves – from exposure to harmful X-rays while not overburdening small providers who offer critical health care throughout the state. The newest version of HB150 appears to do a good job protecting small doctor's offices and rural clinics, which, under the initial version, might have had to halt radiology services while the tech completed training. Now the bill allows such employees to continue work while enrolled in a training program. Your latest version also continues to recognize limited radiological imagers who have years of experience in the field by allowing them the opportunity to pass a competency exam without enrolling in required training.

I understand the bill is scheduled for discussion today in the House Finance Committee. Because of a scheduling conflict, I won't be able to attend. The Division of Public Health will continue to be represented at hearings on this bill by Clyde Pearce, Manager of the Radiological Health Program in our Section of Laboratories.

Thank you for the opportunity to comment on House Bill 150.

Sincerely,



Richard Mandsager, M.D.
Director
Division of Public Health

THIRD READING OF HOUSE BILLS

HB 150

The following, which was advanced to third reading from the April 6, 2006, calendar (page 3036), was read the third time:

04-10-2006

House Journal

Page 3078

CS FOR HOUSE BILL NO. 150(FIN)

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

Representative Gara moved and asked unanimous consent that CSHB 150(FIN) be returned to second reading for the specific purpose of considering Amendment No. 1. There being no objection, it was so ordered.

Amendment No. 1 was offered by Representatives Gara and Anderson:

Page 2, line 7, following "under the":
Insert "direct"

Representative Gara moved and asked unanimous consent that Amendment No. 1 be adopted. There being no objection, it was so ordered.

Representative Gara moved and asked unanimous consent that CSHB 150(FIN) am be returned to second reading for the specific purpose of considering Amendment No. 2. There being no objection, it was so ordered.

Amendment No. 2 was offered by Representatives Gara and Anderson:

Page 2, line 5, following "practitioner":

Insert ", if the practitioner certifies to the department on a form prepared by the department that the practitioner has obtained education or training to ensure the exam or test is performed safely"

Representative Gara moved and asked unanimous consent that Amendment 1 to 2 be adopted. There being no objection, it was so ordered.

The question being: "Shall CSHB 150(FIN) am pass the House?" The roll was taken with the following result:

04-10-2006

House Journal

Page 3079

CSHB 150(FIN) am
Third Reading
Final Passage

YEAS: 27 NAYS: 9 EXCUSED: 3 ABSENT: 1

Yeas: Anderson, Berkowitz, Chenault, Cissna, Crawford, Croft, Ahlstrom, Elkins, Foster, Gara, Gardner, Gatto, Gruenberg, Harris, Hawker, Holm, Kapsner, Kelly, Kerttula, Kott, Lynn, McGuire, Meyer, Moses, Olson, Seaton, Thomas

Nays: Coghill, Guttenberg, Joule, Kohring, LeDoux, Neuman, Ramras, Stoltze, Wilson

Excused: Salmon, Samuels, Weyhrauch

Absent: Rokeberg

And so, CSHB 150(FIN) am passed the House.

Representative Coghill moved and asked unanimous consent that the roll call on the passage of the bill be considered the roll call on the effective date clause. There being no objection, it was so ordered.

CSHB 150(FIN) am was referred to the Chief Clerk for engrossment.

HB

169

**THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES**

SENATE COMMITTEE REPORT

DATE: 4/22/05

FURTHER: Finance

DATE TURNED
IN TO OFFICE: _____

and Commerce Committee considered CS FOR HOUSE BILL NO. 169(FIN)

HB 169 REAL ESTATE LICENSEE EDUC

Act relating to the educational requirements for certain real estate brokers, associate brokers, and persons with new or suspended licenses; relating to review of real estate transactions by attorneys or associate brokers; relating to the requirements for a real estate broker license and an associate real estate broker license; and providing for an effective date."

I recommend:

be replaced with _____ CS _____ (_____)

adopt previous _____ CS _____ (_____)

attached amendment(s)

adopt Letter of Intent by _____ Committee

further referral to _____ Committee

CS Senate Bill:

- Same Title
- New Title

SCS House Bill:

- Same Title
- Technical Title Change
- New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Betty Davis</i>	<input checked="" type="checkbox"/>			
<i>Sen. [Signature]</i>	<input checked="" type="checkbox"/>			
CHAIR: <i>Ralph [Signature]</i>	<input checked="" type="checkbox"/>			

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 169(L&C)
 (H) Publish Date: 4/6/05

Revision Date/Time (Note if correction):
 Title Real Estate Licensee
Education
 Sponsor Rokeberg
 Requester Labor & Commerce
 Dept. Affected: Commerce
 RDU Occupational Licensing (117)
 Component Occupational Licensing
 Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156 - Receipt Supported Services						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2005) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

HB 169 amends several statutory requirements to the educational requirements for real estate licensees. New funds are not required to implement these changes.

Prepared by: Jennifer Strickler, Administrative Manager Phone (907) 465-2144
 Division Occupational Licensing Date/Time 4/6/05 1:44 PM
 Approved by: Edgar Blatchford, Commissioner Date 4/6/2005
 Agency Commerce, Community, and Economic Development

Rep. Norman Rokeberg

From: Dave Somers [dsomers@alaska.net]
Sent: Friday, March 11, 2005 4:02 PM
To: Rep. Norman Rokeberg
Subject: HB169

Dear Representative Rokeberg,
Thank you for sponsoring HB169. Surveys from within the industry show strong support, and the public will clearly benefit by improving the caliber of licensees in our state.
Dave Somers

Rep. Norman Rokeberg

From: Denny Wood [denny@akhomes.com]
Sent: Tuesday, March 08, 2005 5:26 PM
To: Rep. Norman Rokeberg
Subject: HB169

Dear Representative ,
Please support HB 169 to pass this session. The Alaska Association of Realtors is solidly behind this bill requiring post licensing education for our new licensees. We have always been firmly behind increasing the professionalism of our own and this bill would enhance that greatly.

Norm, I've sent this to all the committee members. Thanks.

Sincerely
Denny Wood, CRS
President
Alaska Association of Realtors

denny @akhomes.com
(907) 337-WOOD (9663)

Denny Wood, CRS
(907)337-WOOD(9663)
denny@akhomes.com
www.akhomes.com
THE WOOD HOME TEAM
Prudential Jack White/Vista Real Estate

***CONFIDENTIALITY NOTICE:** This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.*

Rep. Norman Rokeberg

From: Errol Champion [Errol.Champion@acsalaska.net]
Sent: Thursday, March 10, 2005 4:23 PM
To: Rep. Tom Anderson
Cc: Rep. Norman Rokeberg; Rep. Pete Kott; Rep. Gabrielle LeDoux; Rep. Bob Lynn; Rep. Harry Crawford; Rep. David Guttenberg
Subject: HB 169 Support

I wish to voice my support for the passage of HB 169. I am a newly licensed realtor (August 2004) and readily appreciated the importance of good classes and the benefits of continuing education courses. One is never too old to learn.

Sincerely,

Errol D. Champion
Licensee
Coldwell Banker Race Realty
Juneau, AK 99801

Rep. Norman Rokeberg

From: Debra Leisek [debral@ptialaska.net]
Sent: Thursday, March 10, 2005 12:41 PM
To: Rep. Norman Rokeberg
Subject: education of realtors

I ask you to please realize the importance of additional education requirements for Real Estate licensees and Brokers. I feel it is essential to have new licensees be required to take post licensing classes. Brokers should also have to take post licensing classes and be held to a higher standard if they are going to be responsible to train new licensees.

I am a Broker and have had my license for 14 years. I was fortunate to start out my career in an office that had high standards and realized the importance of working closely with new licensees to teach them the rules, regulations and laws of Real Estate. Not everyone has this opportunity.

I feel Brokers should be held to a higher standard of education and learning. Alaska has no real broker classes. They should mandate and provide better education. When the Real Estate market is good, more people get their license. They think Real Estate is simple and anyone can do it. With only a pre-license class of 20 hours and a test, it does make it pretty darn easy to get a license and hit the road. No matter what you believe, there is much more to Real Estate than what can be learned in 20 hours.

I strongly urge you to mandate more education for the new licensee, the old licensee, the associate Brokers and the Brokers. Alaska has the least requirements in education of almost any state. In Colorado the new agent has to take 90 hours within 2 years of getting their license. Kansas requires 40 hours per license period. In Texas you must take 120 hours before getting a license! We need more education.

However, once you mandate these new education requirements you have to provide the ability for people to take the classes. It isn't fair to make them travel and spend money to take classes. People in Kodiak should not have to fly to Anchorage to take classes.

Classes should be provided locally and often enough to allow the licensee to be able to attend and afford.

I appreciate your consideration in this matter,

Debra Leisek
Broker
Bay Realty

3/15/2005

331 E Pioneer #101 Homer Alaska 907-235-6183

Rep. Norman Rokeberg

From: angie newby [angienewby@alaska.com]
Sent: Thursday, March 10, 2005 9:33 AM
To: Rep. Norman Rokeberg
Subject: HB 169: Real Estate Licensee Education Bill

Dear Representative Rokeberg,

As a Homer Realtor for over 22 years, I strongly support the current HB169, and I have sent emails to Representative Anderson, Kott, Lynn, and LeDoux encouraging them to do the same.

Sincerely,

Angie Newby, CCIM, CRS

OWNER/BROKER

HOMER REAL ESTATE

PO BOX 997

HOMER, AK 99603

907 235-5294 OFFICE

907 235-5223 FAX

907 299-1514 CELL

angienewby@alaska.com

<http://www.homerrealestate.com/>

Janet Seitz

From: Denny Wood [denny@akhomes.com]
Sent: Friday, April 15, 2005 3:33 PM
To: Rep. Norman Rokeberg
Subject: HB 169

Representative Rokeberg,

Please pass on my thoughts about allowing brokers to hire attorneys or associate brokers to review files to fulfill HB 29 requirements. In a large office such as ours, allowing only the Broker to review files would set us up for having an overworked broker and would cause possible mistakes to occur in the review. The broker is sometimes out of the office and would need assistance. Having the possibility of an attorney to review files is sometimes necessary to ward off possible legal problems. Please pass HB 169 as written.

Denny Wood, CRS
(907)337-WOOD(9663)
denny@akhomes.com
www.akhomes.com
THE WOOD HOME TEAM
Prudential Jack White/Vista Real Estate

***CONFIDENTIALITY NOTICE:** This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.*

4/18/2005