

To: House Health and Human Services Committee
From: Kansas Hospital Association
Deborah Stern, Vice President/Clinical and Quality Services
Re: House Bill 2698
Date: February 16, 2004

Thank you for the opportunity to comment regarding the provisions of HB 2698. This bill would provide for the licensure of radiologic technologists in the state of Kansas. As a result of the passage of this legislation a distinct scope of practice would be created for this group of health care workers. At the same time, other workers who might perform a task that is included in the scope of practice set out in the legislation would be penalized unless they were licensed. Legislation such as HB 2698, which grants credentialing status to a particular group, must be given careful review as it can affect the quality of health care provided to the public, increase the cost of health care, increase costs to employers and limit the ability of certain workers to provide health care in Kansas.

Health care providers in Kansas and across the nation are having more and more difficulty recruiting and retaining qualified health care personnel. Recently, the Kansas Hospital Association conducted a member survey that identified workforce shortages as one of the most critical problems facing hospitals in Kansas. Both statistical and anecdotal evidence of a long-term shortage of health care personnel continues to build. Hospitals are reporting immediate difficulty filling positions such as staff nurses, radiologic technologists, sonographers, nurse anesthetists, pharmacists, paraprofessionals and entry-level workers. The map following our testimony shows 2002 regional vacancy rates for radiologic technologists in Kansas.

The factors contributing to health care workforce shortages are complex. Clearly, the demand for health care services continues to increase with the explosion of new technology and aging of the population. The over 85 age group is the fastest expanding segment of the Kansas population. Persons in this age group require more health care services, and the demand for health care workers is projected to increase accordingly. In addition, the health care workforce is aging. The supply of health care workers also is projected to decline because fewer young people are choosing a health occupation as a career. Furthermore, the labor market is extremely competitive, and workers may opt for higher paying jobs in other sectors of the economy.

It is against this uncertain background that HB 2698 must be judged. In short, the committee must decide whether legislation such as this does anything to help resolve the current workforce shortages. Many of our small rural hospitals must cross train their House Health and Human Services Committee personnel to perform diagnostic radiological procedures. This is done in order to assure adequate on call staff in a way that is financially feasible. The training of these staff members may be done on site, at the hospital or through the secondary and tertiary hospitals willing to assist. Small rural hospitals have had to utilize on the job training to provide adequate coverage for their radiology departments. Current Kansas hospital regulations, which are enforced by the Kansas Department of Health and Environment, require that the personnel working in a hospital radiology department must be qualified for the type of service performed. In addition, current federal regulations state that in hospitals only personnel designated by the medical staff may use the radiologic equipment and administer procedures. Because of this, HB 2698 as written could create a regulatory barrier to the delivery of these types of services in some parts of the state.

With regard to HB 2698 specifically, there are several areas that need to be examined. First, the committee must remember that it has the less regulatory tools of the credentialing law available to it, including certification or registration. Second, the committee could expand the exemptions for diagnostic radiology in the current bill. An exception for dentists' offices is already in the bill. The Nebraska law provides an exception to some of the requirements for employees in rural hospitals. Third, we are encouraged by the addition to the bill of language that would provide for registration of "x-ray technicians." Registration does provide more flexibility and we think this is a positive step.

The bottom line is this: Many small rural hospitals in Kansas do not have the need or the resources to hire a full time radiologic technologist. Even if they did, the current worker shortage would prevent them from doing so. The legislature must recognize this fact and provide for some flexibility in the law. Otherwise, HB 2698 will act as a barrier to the delivery of health care in numerous small communities in Kansas. Thank you for your consideration of our comments.

