

February 12, 2004

Hon. Jim Morrison  
Chairman, House Health and Human Services Committee  
300 SW 10<sup>th</sup>, Room 171 West  
Capital Building  
Topeka, KS 66612

**re: House Bill 2698**

Dear Representative Morrison:

My name is David Saidian and I am a certified nuclear medicine technologist. I oppose the provisions of House Bill 2698 as they pertain to nuclear medicine technologists. Nuclear medicine technology involves the injection of radioisotopes into patients, with a picture taken by a nuclear gamma camera. The Kansas Department of Health and Environment ("KDHE") regulates the handling of radioactive materials, and has strict requirements for the training of individuals who will be handling radioactive materials. All hospitals and clinics with nuclear medicine departments must comply with KDHE Bureau of Radiation regulations, which include handling and knowledge of the use and preparation of radioactive materials, as well as a requirement for a nuclear physician to be on the KDHE license and to supervise the department.

Currently, there is a nationwide shortage of certified nuclear medicine technologists. In addition, PET (Positron Emission Tomography), is luring many nuclear medicine technologists away from tradition nuclear medicine departments. As a consequence of the nationwide shortage and the increase in facilities with PET centers, salaries for nuclear medicine technologists have risen tremendously nationwide. Requiring certified nuclear medicine technologists in many Kansas hospitals and clinics would likely close nuclear medicine departments in small hospitals and clinics, thereby depriving patients and their physicians of the use of a very valuable diagnostic tool.

There is currently an adequate regulatory agency overseeing nuclear medicine technologists in Kansas. The majority of isotopes used in small hospitals and clinics have a very short half life, with low energy. Although

the risks imposed by the misadministration of isotopes is minimal to the patient, it nevertheless is a reportable incident to the Kansas Department of Health and Environment. Because of the KDHE requirements, untrained individuals cannot perform nuclear medicine studies. Further, because a nuclear physician is required to be on the license and to supervise the department, there is an additional level of oversight already provided the Board of Healing Arts through the physician's supervision.

In conclusion, I believe that requiring hospitals and clinics to employ certified registered nuclear medicine technologists will not only drive up the cost of patient healthcare, but may also put at risk patients and physicians who will be deprived of being able to rely on nuclear medicine studies in diagnosing and treating illnesses. Because nuclear medicine is already regulated and only performed where a trained physician has oversight, there is no need at this point for any additional regulation. Nuclear medicine has been around for over 40 years. Whether certified or not, all nuclear medicine technologists are under the supervision of a nuclear physician. Why incur the additional costs in creating a new bureaucracy to fix something that has been working safely for over 40 years?

Very truly yours,  
David Saidian