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**Testimony re: HB 2698
House Health and Human Services Committee
Presented by Ronald R. Hein
on behalf of
Kansas Society of Radiologic Technologists
February 16, 2004**

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Society of Radiologic Technologists. The KSRT is the Kansas Chapter of the American Society of Radiologic Technologists and is the professional association for radiologic technologists in Kansas who are certified by the American Registry of Radiologic Technologists.

We note that staff has raised several technical issues that were not resolved in the drafting of this legislation, and we are working with the Board of Healing Arts, and will work with the staff to get those technical issues resolved.

HB 2698 provides for licensure for radiologic technologists who meet minimum educational and examination requirements for using a radioactive substance or equipment emitting or detecting ionizing radiation on humans for diagnostic or therapeutic purposes upon prescription of a licensed practitioner in Kansas. Kansas is one of only 11 states that do not have some form of licensure for radiologic technologists.

Radiologic technologists include radiographers, who use radiation for diagnostic purposes; radiation therapists, who use radiation for therapeutic purposes; and nuclear medicine technologists, who are using radio nuclides for diagnostic or therapeutic purposes. The rad techs, as I shall refer to them, were approved for licensure by the Credentialing Technical Committee and by the Secretary of KDHE pursuant to K.S.A.65-5001, *et. seq.*, the Health Occupations Credentialing Act.

In the 2002 session, we introduced a licensure bill solely for the purposes of getting a printed bill that could be utilized to communicate with other healthcare providers over the interim. In the summer of 2002, I wrote letters to the following healthcare groups seeking their feedback on this legislation: Kansas Board of Healing Arts, Kansas Association of Osteopathic Medicine, Kansas Dental Assistants Association, Kansas Dental Association, Kansas Dental Hygienists Association, Kansas Hospital Association, Kansas Medical Society, Kansas State Nurses Association. and then heard from the Kansas Academy of Physician Assistants, and the Kansas Podiatric Medicine Association.

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We received considerable feedback from these groups, and as a result, made numerous modifications to the bill draft prior to its introduction in 2003 as HB 2274. We had a hearing on the bill, which most of you who were here will remember. You will recall the dramatic demonstration of poor quality x-ray films that were shown to the committee on the fluoroscope, and the dramatic story about the lady who was told she had breast cancer when she didn't, because the x-ray machine operator, who was not a rad tech, failed to have the woman remove her bra for the exam.

After that hearing, we subsequently made more changes at the request of other conferees, which were presented as balloon amendments at the end of your committee deliberations last legislative session. Committee Chairman Rep. Morrison requested that we work with these same groups over the interim of 2003, which we did. Based upon those meetings, we revised the bill multiple times based upon input from the other groups.

I want to note that no one is concerned about radiation therapists and nuclear medicine technologists in this legislation. The testimony you will hear today revolves around radiography, which is use of radiation for diagnostic purposes.

Throughout this process, we offered to the other provider groups numerous compromise solutions to meet their objections and yet to insure that ALL persons using ionizing radiation on humans receive some education. The response from some groups has been their original position in the 2003 session, which was to exempt them.

We offered to grandfather all persons who are currently doing diagnostic x-rays. We offered to utilize a limited examination as is done in other states. We offered to eliminate certain hospitals and physicians offices based upon their size. We offered licensure for those who could meet the educational requirements and registration for everyone else, with minimum educational requirements and an exam. Finally, we offered HB 2698, which provides for licensure for rad techs and registration with no exam, no minimum education, and no continuing education for the others, but the authority for the Board of Healing Arts to require education at some time in the future. The registration form only requires the person's name, the name of their supervisor, and an indication of the types of procedures they perform, which is for informational purposed only, and not as a limitation on their areas of practice. And although we received positive comments that such an approach was getting close to meeting their objections, that proposal has just in the past few days been rejected by most of the opponents, just as all of the other suggested compromises were rejected.

The motivation of this legislation all along has been improving the education of persons who administer ionizing radiation on patients. Our goals are two-fold: 1) to insure that patients are not mis-diagnosed because x-ray films are not of diagnostic quality; and 2) to insure patients are exposed to the least amount of radiation possible over their lifetime.

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In short, our goal has been public and patient safety through education. As related by previous conferees, there is a problem in this state because of non-diagnostic quality x-rays by untrained persons. The way to solve that problem is not to eliminate those people or their jobs, it is to educate them so they can do their jobs competently.

Despite our best overtures to reach an agreement with the other involved groups, as of the date of this hearing, we have not reached a compromise. You will hear proposals to exempt persons working under the supervision of physicians.

We believe that ALL person performing services that use ionizing radiation on human beings should receive some level of training, whether they are in urban areas or rural areas, whether they work in hospitals or physicians offices. The question is not whether such persons SHOULD be educated. The question is HOW to we get them educated without causing disruption to our healthcare system.

If this committee agrees with our basic premise that all patients are entitled to appropriate diagnosis, and a minimal exposure to radiation, and that education is the way to insure quality x-rays, the question becomes how do we accomplish that education without jeopardizing our rural and physician healthcare delivery system. We are obviously willing to compromise on HOW the legislation is structured to upgrade education. We have offered numerous proposals all of which involve improving training.

Part of the problem with simply exempting persons supervised by the licensed practitioner is that, for the most part, licensed physicians do NOT have training in performing the process of taking the x-ray. How can a physician properly supervise someone if they aren't trained to perform the activity themselves?

Our opponents seek exemption, but HB 2698 DOES exempt persons who are supervised by physicians from licensure. All the person has to do to be exempt from the licensure requirements is to submit their name and the name of their supervisor to the Board of Healing Arts. That is such a minor deviation from total exemption that I have trouble understanding why this compromise is not acceptable to our opponents. HB 2698 requires nothing of these persons who do not meet the minimum training requirements but to register. HB 2698 does not mandate training, but simply permits the BOHA to establish minimum education programs in the future.

The state requires licensure of the x-ray machines themselves. Ironically, the state also requires persons operating x-ray machines for use on inanimate objects to meet minimum education requirements and to pass an examination. But the state requires no minimum education requirements for persons applying ionizing radiation on humans?

Some have questioned the burden of registering the x-ray technicians. The state requires persons with x-ray machines to fill out a very long, complicated form, and to get the

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machine licensed. HB 2698 involves a very simple form for the operator that would be half a page or less and a couple of minutes to fill out. .

Many of the groups have argued that since dentists are exempted, we should exempt persons operating under the supervision of physicians. We based the dentist exemption on several factors, including the types of procedures performed, the fact that dental hygienists are trained in dental radiography, the relatively simple nature of dental radiography procedures (which are virtually the same for every patient with only a slight deviation between adults and children, and, as noted by Dr. Owen in his testimony, there also have been no problems with dental x-rays. The old adage “why fix it if it isn’t broken” is applicable. The problems being experienced in Kansas are NOT with dental radiography.

However, with that said, if there is agreement with the other groups about encouraging education and we can find a satisfactory way to accomplish that, we are open to including dentists. The persons working under supervision of a dentist should be able to meet any training requirements that might be established. One other thing I would note, is that no opponent has offered to withdraw their opposition if we eliminate the dentists exemption.

Lastly, we know that the legislature does not like battles such as this. We are absolutely willing to compromise on this legislation with regards to how we insure that people in our business are properly trained. We are not set in stone with the registration process for those who cannot meet the full educational requirements to do full service radiography or to perform more advanced procedures such as radiation therapy or nuclear medicine technology. However, we are concerned that simply exempting persons who are not trained will leave us in the same position that we are in today.

We would appreciate the legislature helping us broker a compromise on the procedure IF this committee agrees with us that the goal should be some sort of minimum education standards at some time in the future for persons utilizing radiation on human beings. We are open to any approach that our opponents will offer that will result in legislation which would provide for education for the persons they seek so badly to exempt. If this committee agrees with our message that training and education is in the public interest, and will protect the public from harm (as the credentialing process did), then we would be willing to meet with this committee or a sub-committee to explore other potential compromises. We believe all involved would like to avoid a bloodbath between groups who should be working together to help insure the highest quality of healthcare possible at the lowest cost possible and in the most efficient manner possible.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.