

Information Summary and Recommendations

Radiology Assistant Sunrise Review

January 2005



Health Systems Quality Assurance

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THE SUNRISE REVIEW PROCESS

It is the Legislature's intent, as stated in RCW 18.120, that all qualified individuals should be permitted to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;
- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and
- The public cannot be effectively protected by other means in a more cost-beneficial manner.

After evaluating the criteria, if the Legislature finds that it is necessary to regulate a health profession not previously regulated by law, the least restrictive alternative method of regulation should be implemented, consistent with the public interest. There are five types of regulation to be considered:

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.
2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business, when a service being performed for individuals involves a hazard to the public health, safety or welfare.
3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
4. *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

OVERVIEW OF PROCEEDINGS

The Department of Health notified the applicant group, all professional associations, interested parties and staff of the sunrise review. The applicants, Scott D. Harrison, MD and Jeffrey K. Choffel, RDMS, RVT, RTR, RPA completed the sunrise application. The application was shared with people who were interested in the review; see the participant list in Appendix E. A review panel, including staff from the Department of Health and one public member, was created.

The Department of Health requested information from other states, including regulatory standards, sunrise reviews, and other information that would be useful in evaluating the proposal. Staff conducted literature and internet reviews. Staff reviewed all information received.

The review panel conducted a public hearing on September 13, 2004. Interested persons presented testimony. There was an additional ten-day written comment period following the public hearing. The Department of Health distributed a draft report to participants and interested parties for review, followed by a ten-day rebuttal period to comment on the draft report.

A recommendation was made based upon all information received. The proposed final draft was reviewed and approved by the Health Systems Quality Assurance Acting Assistant Secretary and the Secretary of the Department of Health. The final report was transmitted to the Legislature via the Office of Financial Management.

EXECUTIVE SUMMARY

Proposal for Sunrise Review

House Bill 2655, introduced during the 2004 legislative session, would require certification for radiology assistants under the authority of the Secretary of the Department of Health.

Background

House Bill 2655 was referred to the Department of Health for a sunrise review in response to the severe workforce shortage in the profession of radiology. Radiologists and hospitals are beginning to consider using “radiologist extenders” to fill in efficiency gaps in their practices. The bill proposes adding an advanced level to the radiologic technologist certification. This would allow the radiology assistant to perform many of the time-consuming but simple procedures that were previously done by the radiologist. The applicants for this proposal are Scott D. Harrison, MD of Skagit Radiology, Inc. and Jeffrey K. Choffel, RDMS, RVT, RTR, RPA.

Current Regulation

Radiology assistants are not regulated in Washington State. No federal statutes or regulations govern radiology assistants. Currently, three states regulate radiology assistants.

Under RCW 18.84, three categories of radiologic technologists are certified in Washington: diagnostic radiologic technologists, therapeutic radiologic technologists, and nuclear medicine technologists. Registered x-ray technicians are also credentialed under RCW 18.84.

Recommendations

The proposal to regulate radiology assistants in Washington State meets the sunrise criteria, therefore the Department of Health recommends regulation of the profession. The legislation proposed should be enacted with several substantive changes and some technical changes:

- Clarify the radiology assistant scope of practice, as described in HB 2655, to correspond with the scope of practice endorsed by the American College of Radiology and the American Society of Radiologic Technologists (Appendix F). Since this is a new profession, it is important to base the scope of practice on nationally accepted standards.
- Add the following procedures to HB 2655, Section 4, activities prohibited: performing or assisting with anesthesia or conscious sedation, angiography, lung mass biopsy, organ biopsy, myelography, thoracentesis, and other procedures that may be prohibited in rule. This will clarify radiology assistants do not perform these procedures.
- Add a definition of supervision to Chapter 18.84, Radiologic Technologists. Public comment indicated a serious need to clarify levels of supervision because it is a new profession and there is still uncertainty about how radiology assistants will function in clinical environments. Adding a common definition of supervision for both radiologic technologists and radiology assistants will help reduce confusion in the future practice of radiology.

- Clarify the academic requirements in HB 2655 so that radiology assistants are required to obtain a baccalaureate degree, post baccalaureate certificate, or master's degree in Radiology Assistant or Radiology Practitioner Assistant.
- Replace the definition of radiologist assistant in HB 2655, Section 2(4)(d) and add a requirement for an examination in the practice of radiology assistant.
- Do not include a grandfather clause in the legislation for applicants without a baccalaureate degree.

Technical Changes

1. Include radiology assistants under the Uniform Disciplinary Act. Add a section to the legislation amending RCW 18.130.040(2)(a)(viii) to include radiology assistants.
2. Amend Chapter 18.84.020(5), approved schools, to include radiology assistant programs.
3. Amend Chapter 18.84.140, exemptions, to include an exemption for students in an approved radiologic technologist program or radiology assistant program.
4. Amend the legislation to include an implementation date.

NOTE:

ACR: American College of Radiology

ARRT: American Registry of Radiologic Technologists

ASRT: American Society of Radiologic Technologists

RPA: Radiology Practitioner Assistants

FINDINGS

Radiology assistants are an emerging health profession. Radiology assistants are mid-level providers who perform advanced level radiologic technology functions. Radiology assistant are certified radiologic technologist who have obtained advanced academic training. Radiology assistants bridge the gap between certified radiologic technologists and radiologists.

Background

A shortage of radiologists currently exists. Each year approximately 1,000-1,100 radiologists enter the national workforce and approximately 530 leave.¹ Radiologists are among the specialists most difficult to recruit.² Hospitals and clinics that provide radiology procedures have difficulty finding radiologists to fill the unmet need.

Additionally, the use of imaging technology is rising. It is estimated that the number of radiology procedures is increasing from 3.5 percent³ to 6 percent⁴ a year. Increases at specific locations can be higher. Whidbey Island Hospital estimates it has experienced an increase of approximately 20 percent in the last 2-3 years. Multiple factors are causing the increase, including an expanding population, an aging population and advances in imaging modalities⁵.

The workload in radiology is exceeding the ability of radiologists to meet it. Testimony at the public hearing indicated that teleradiology has been in use for approximately 15 years and has helped with increasing workload, but is not sufficient to meet increasing demand.

Development of radiology assistants

The American College of Radiology (ACR) endorsed the development of radiology assistants in 2003 (Appendix F). Previous efforts to establish the profession in 1989 and 1990 were rejected by the ACR. The ACR's change in position is attributed to the continuing shortage of radiologists and the increasing demand for radiology services. The ACR met with the American Society of Radiologic Technologists (ASRT), and the American Registry of Radiologic Technologists and the National Society of Radiologic Practitioner Assistants to develop the new profession.

The collaborative work continues today. The board of the American Registry of Radiologic Technologists (ARRT) is comprised of 4 members from the ACR and five members from the ASRT. The ARRT is currently developing the radiology assistant examination. Development of this examination is important because it will assist in providing a more definitive scope of practice for radiology assistants as well as test their judgment in applying their scope of practice. It will also be an independent test of the knowledge gained by the radiology assistants in their

¹ Sunshine, JH, Cypel YS, Schepps B. Diagnostic radiologists in 2000: basic characteristics, practices, and issues related to the radiologist shortage. American Journal of Roentgen, February 2002; 178, p. 298.

² Abella, Harold. Radiologists top list of scarce specialists. Diagnostic Imaging, November 6, 2002, http://www.dimag.com/db_area/onlinenews/2002.

³ Sunshine, JH, Cypel YS, Schepps B. Diagnostic radiologists in 2000: basic characteristics, practices, and issues related to the radiologist shortage. American Journal of Roentgen, February 2002; 178, p.299.

⁴ Williams, CD, Short, B. ACR and ASRT development of the radiologist assistant: concept, roles, and responsibilities. American College of Radiology, June 2004; Vol. 1, No.6, p. 393.

⁵ Dunnick, N. R. ACR intersociety conference 2003: radiologist assistants and other radiologist extenders. American College of Radiology, June 2004; Vol. 1, No. 6, p. 386.

educational program. The examination is expected to debut in the fall of 2005. The ARRT will begin offering its Radiology Assistant Certificate in the fall of 2005.

The Washington State Radiological Society believes regulation of radiology assistants is premature. They believe the state should wait until the radiology assistant scope of practice is more fully developed.

Proposed Scope of Practice

The scope of practice of a radiology assistant, as described in House Bill 2655, Radiology Assistants, (Appendix A) includes assisting in diagnostic imaging under the indirect supervision of a radiologist and advanced diagnostic procedures under the general supervision of a radiologist. Advanced diagnostic procedures include invasive procedures and injection of contrast media and radioactive isotopes. The scope of practice also includes, under general supervision, any procedures delegated by a radiologist. Interpreting images, making diagnoses, or prescribing medications are specifically excluded from the scope of practice. At the Department of Health's public hearing on radiology assistants, the applicants testified that anesthesia and conscious sedation were also outside the scope of practice of a radiology assistant.

The American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT) define the radiology assistant scope of practice in more detail than in House Bill 2655. In their scope of practice document (Appendix F), radiology assistants work under the supervision of a radiologist to perform selected examinations and assist with procedures.

The ACR/ASRT scope of practice also states that radiology assistants perform an enhanced role in imaging. A radiologic technologist takes films, determines if the film is clear, and transfers the film to the physician. The radiology assistant has a larger role. The radiology assistant would take the film, review the film and make initial observations, then report those observations to the radiologist. The radiologist then reviews the film, completes the interpretation, and makes the diagnosis. This can occur both through in-person meetings as well as through teleradiology. Radiologists can review high speed CT scans in minutes, with the same resolution as the original.

According to the ACR/ASRT scope of practice, the radiology assistant would perform more fluoroscopic and minor invasive procedures than a radiologic technologist. In Washington, certified diagnostic radiologic technologists may perform fluoroscopic procedures classed as diagnostic procedures which are performed in conjunction with the parenteral administration of a diagnostic agent under the direct supervision of a radiologist. Non-parenteral procedures which include contrast agents administered orally or rectally may be performed by diagnostic radiologic technologists under the direct supervision of a physician. A radiology assistant would be able to perform diagnostic aspiration of fluid from various joints in the hip. The radiology assistant would also place nasogastric and orogastric feeding tubes in uncomplicated patients and perform selected venous diagnostic procedures.

Radiology assistants would be prohibited from performing angiography, lung mass biopsy, myelography, and any procedure that places the patient at significant risk of injury as determined by the supervising radiologist.

The radiology assistant would also obtain patient consent, perform pre- and post-procedure evaluation, monitor and tailor selected exams under direct supervision, and communicate with the referring physician.

Supervision

A radiology assistant always works under the supervision of a radiologist. While a certified radiologic technologist may work with other physicians, such as emergency room physicians, a radiology assistant may only work under the delegated authority of a radiologist.

Different levels of supervision exist. Depending on the complexity of the procedure or the complexity of the patient, the radiologist would vary the level of supervision provided. Several terms for supervision were proposed. The department found the Centers for Medicare and Medicaid Services (CMS) definitions most useful. The CMS developed definitions for physician supervision for diagnostic tests in 2001⁶. The following definitions are based on the CMS definitions and are more universal than the terms used in House Bill 2655.

General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the radiologic technologist or radiology assistant who actually performs the procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Direct supervision means the physician must be present in the area and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

Personal supervision means a physician must be in attendance in the room during the performance of the procedure.

The Washington Academy of Physician Assistants (WAPA) testified during the sunrise hearing that the definition of supervision should be very clear. Noting that the terms used to describe levels of supervision in House Bill 2655 were different from those used in the sunrise application, WAPA testified on the importance of giving clear guidance for such a new profession. Testimony on behalf of the Washington State Medical Association indicated support for using the CMS definitions.

Advocates from rural areas in Washington State indicated a strong need for radiology assistants to alleviate the severe shortage of radiologists in the rural areas. Radiology assistants could provide needed services in areas where radiologists practice on an intermittent basis. One person who commented via email advocated for allowing radiology assistants to work under the supervision of other physicians, advanced registered nurse practitioners, and physician assistants.

A representative from Newport Community Hospital indicated that their radiologist spends approximately 18 hours a week at their facility. The rest of the supervision is provided through a teleradiology link to Deaconess Hospital in Spokane. The teleradiology system allows for both

⁶ Centers for Medicare and Medicaid Services, Section 410.32 (b) of the Code of Federal Regulations, http://www.cms.hhs.gov/manuals/pm_transB0128.pdf.

the transfer of images and audio visual supervision. A radiologist in Spokane watches procedures being performed in Newport.

The applicants requested comment from the American College of Radiology (ACR) on the subject of supervision. The ACR recommended changing the language on supervision to read, “Examinations performed under the supervision of a radiologist.” The ACR recommended eliminating any adjective describing supervision because there are many connotations concerning supervision requirements. It is important to note that the radiology assistant does not practice as an independent entity, but rather practices under the supervision of a radiologist licensed in Washington State.

One stakeholder commented that supervision standards are likely to be resolved by CMS reimbursement policy in many settings. How much CMS will pay for a procedure will depend on who performs the procedure and the level of supervision provided. If CMS will not pay for a procedure performed by a radiology assistant under general supervision, it is less likely to occur. However, CMS standards differ according to settings. Critical access hospitals are reimbursed differently than regular hospitals, and both are different from clinic settings.

Education

Educational programs for radiology assistants have recently been created. The American Society of Radiologic Technologists (ASRT) developed the curriculum for radiology assistant educational programs. The ACR and the ASRT have recommended a minimum of a four year radiology assistant educational program⁷. The educational program could take the form of a baccalaureate degree, a post baccalaureate certificate, or a master’s degree. The educational program must consist of both a didactic and clinical portion. The clinical preceptorship must be with a radiologist.

The applicants are proposing similar academic criteria. House Bill 2655 states that the radiology assistant has to complete an academic program encompassing a radiologist assistant curriculum from an approved school of radiologic technology, and a radiologist-directed clinical preceptorship. Most programs are now culminating in a baccalaureate degree. Weber State University (Utah) plans on changing its Radiologic Practitioner Assistant program to a master-level certificate. The applicants believe that individuals who have trained under a recognized RPA program in the past and have obtained national certification should be able to practice in Washington State while completing their baccalaureate program. The Tennessee legislation required a baccalaureate degree after July 1, 2007 for any person seeking to become a radiologist assistant in that state.

Currently, only three universities offer advanced level radiology programs, Weber State University in Utah; Loma Linda University in California; and Midwestern State University in Texas. Loma Linda’s first class of radiology assistants was admitted in 2003 and Midwestern’s first class was admitted in 2004. Approximately eleven other universities are developing educational programs for radiology assistants.

⁷ Bluth, EI, Reid JB. Radiologist assistant certification. American College of Radiology, June 2004; Vol. 1, No.6, p. 400.

Regulation in Other States

Montana, Kentucky and Tennessee have enacted legislation to create the radiology assistant profession. Montana's enacted bill addresses only the curriculum and the preceptorship, but not the level of degree awarded.

Radiology Assistants versus Radiology Practitioner Assistants

Before the American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT) developed the radiology assistant, Weber State University offered a degree program for radiology practitioner assistants (RPA). The RPA was designed on the physician assistant model and has a broader scope of practice than the radiology assistant developed by the ACR and ASRT.

House Bill 2655, the radiology assistant sunrise application, and supplemental information from the applicants all treat the RPA as a category of radiology assistant. The applicants stated that the academic programs for the two are almost identical, except the RPA program includes additional classes on interventional and parenteral procedures. The applicants stated that the ACR and the ASRT set the guidelines for the radiology assistant curriculum after reviewing the curriculum for RPA because it was the only formal program that existed at the time for training "radiologist extenders." The applicants stated a radiologic technologist could choose an RPA program as an excellent method of gaining the training necessary for becoming a radiology assistant.

The ASRT disagrees with the applicants' position on the RPA. The ASRT stated that RPA and radiology assistants are "neither interchangeable nor synonymous." The ASRT also stated that educational standards differ and scope of practice standards differ. The RPA scope of practice exceeds the scope of practice of radiology assistants. The Washington State Society of Radiologic Technologists concurs with the ASRT.

While the American College of Radiology has a position statement supporting radiology assistants, it does not have a position statement on RPA. As part of its work on the development of the radiology assistant profession, it considered the RPA and the educational program at Weber State University. The ACR developed concerns about the RPA scope of practice because it was "too far removed from traditional roles and responsibilities."⁸

DETAILED RECOMMENDATIONS TO LEGISLATURE

The proposal to regulate radiology assistants in Washington State meets the sunrise criteria, therefore the Department of Health recommends regulation of the profession. The legislation proposed should be enacted with several substantive changes and some technical changes.

The Department of Health evaluated the proposal according to the three sunrise criteria listed in RCW 18.120.010 and makes the following recommendations:

⁸ Williams, CD, Short, B. ACR and ASRT development of the radiologist assistant: concept, roles, and responsibilities. American College of Radiology, June 2004; Vol. 1, No.6, P. 394.

1. Can unregulated practice clearly harm or endanger the health, safety, or welfare of the public, and is the potential for harm easily recognizable and not remote or dependent upon tenuous argument? (RCW 18.120.010(2) (a))

The proposed scope of practice of a radiology assistant is part of the scope of practice of other professions which are already regulated. Currently, part of the scope of practice for radiology assistants is reserved for radiologists and part is included the scope of certified radiologic technologists. Procedures previously performed by radiologists can only be delegated to radiology assistants through a change in law. The American College of Radiology and the American Society of Radiologic Technologists used their expertise to develop a scope of practice for radiology assistants that could be performed with skill and safety. By incorporating the changes recommended by the department, the establishment of radiology assistants is unlikely to cause harm or endanger the public health, safety, or welfare.

Recommendation

Clarify the radiology assistant scope of practice, as described in House Bill 2655, to correspond with the scope of practice endorsed by the American College of Radiology and the American Society of Radiologic Technologists (Appendix F). Since this is a new profession, it is important to base the scope of practice on nationally accepted standards. This will achieve the dual purpose of expanding access to radiology services without risking patient harm.

The following elements in the radiology assistants' scope of practice, under the supervision of a radiologist, should be included:

- Injecting agents that facilitate and/or enable diagnostic imaging;
- Assisting radiologists with invasive procedures;
- Performing fluoroscopy, including fluoroscopy for non-invasive procedures;
- Monitoring and tailoring selected exams;
- Communicating initial observations of images to a radiologist;
- Placing nasoenteric and oroenteric feeding tubes in uncomplicated patients; and
- Performing selected peripheral venous diagnostic procedures.

The level of supervision provided by the radiologist for specific procedures will vary depending on the complexity of the procedure and the complexity of the patient. Radiologists should determine the complexity of the patient taking into consideration factors such as age, coexisting conditions, etc. Minimum levels of supervision for specific procedures or categories of procedures should be addressed in regulations adopted by the Department of Health after collaboration with stakeholders.

Other elements of the scope of practice identified by the American College of Radiology are already incorporated in the scope of practice of radiologic technologists. Performing evaluations of patients, obtaining informed consent, and clinical histories are currently within the scope of practice of certified radiologic technologists in Washington State.

Recommendation

Add the following procedures to House Bill 2655, Section 4, activities prohibited: performing or assisting with anesthesia or conscious sedation, angiography, lung mass biopsy, organ biopsy, myelography, thoracentesis, and other procedures that may be prohibited in rule. These additions will help place limitations on the scope of practice and protect the public.

Recommendation

Add a definition of supervision to Chapter 18.84, Radiologic Technologists that would apply to both radiologic technologists and radiology assistants. Public comment indicated a serious need to clarify levels of supervision for radiology assistants because it is a new profession and there is still uncertainty about how radiology assistants will function in clinical environments.

Supervision should be interpreted to include supervision through teleradiology. In the interests of public protection, it is important to include a definition of supervision in statute.

Adding a common definition of supervision for both radiologic technologists and radiology assistants will help reduce confusion in the future practice of radiology. If radiologists, radiology assistants, and radiologic technologists all practice with the same understanding of the levels of supervision required, it will help alleviate uncertainty about the different roles. These definitions would also be used in future rules and interpretive statements when questions come up about specific procedures. For example, a certain fluoroscopic procedure for an uncomplicated patient could be performed by a radiologic technologist under direct supervision or by a radiology assistant under general supervision.

Supervision should be defined to include three types. The following definitions should be used instead of the terms in House Bill 2655, such as indirect supervision, to help standardize supervision terminology.

General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the radiologic technologist or radiology assistant who actually performs the procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

Direct supervision means the physician must be present in the area and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

Personal supervision means a physician must be in attendance in the room during the performance of the procedure.

2. Does the public need and can it reasonably be expected to benefit from an assurance of initial and continuing ability? (RCW 18.120.010(2) (b))

After incorporating recommended changes, the proposal will ensure the initial and continuing competence of radiology assistants.

Recommendation

Clarify the academic requirements in House Bill 2655 so that radiology assistants are required to obtain a baccalaureate degree, post baccalaureate certificate, or master's degree in Radiology Assistant or Radiology Practitioner Assistant. Without requiring this level of education, the public cannot be certain about the level of training a radiology assistant has received. A variety of radiologic training exists. Certified radiologic technologists can obtain their education in many ways, from a one year certificate to a four year degree. The department will not be able to assure

that radiology assistants have received the appropriate training unless the academic requirement in statute is clear.

Recommendation

A new subsection should be created under 18.84.080 clarifying the qualifications for radiology assistants and adding a requirement for an examination. The new subsection would state:

Radiology assistant, a certified radiologic technologist who has successfully:

- (i) completed a baccalaureate degree, post baccalaureate certificate, or master's degree encompassing a radiology assistant curriculum from an approved school of radiologic technology;
- (ii) completed a radiologist-directed clinical preceptorship, and
- (iii) passed a radiology assistant examination approved by the Secretary.

Nearly all licensed health professions have an examination requirement. An examination is essential to test graduates on the knowledge and judgment attained during their educational programs. Examinations that are separate from testing done by educational institutions provide an independent assessment of skill and knowledge that is vital to assuring the public of initial competence.

Recommendation

Do not include a "grandfather clause" in the legislation for applicants without a baccalaureate degree. The applicants requested that radiology assistants and radiology practitioner assistants who have obtained national certification but do not have baccalaureate degrees be allowed to apply for certification in Washington until 2007. Unfortunately, the department would not be able to verify the skills and the quality of education of applicants who may have obtained national certification under differing standards and therefore would be unable to provide assurance of initial competence.

3. Can the public be effectively protected by other means in a more cost-beneficial manner? (RCW 18.120.010(2) (c))

Adding the radiology assistant credential to the existing radiology technologist chapter, RCW 18.84, is the most cost effective way to regulate radiology assistants. Radiology assistants must be certified radiologic technologists before they qualify for a radiology assistant credential. Separating the credentials into different chapters and programs would create unnecessary administrative expenses. Declining to regulate radiology assistants would mean radiology procedures would have to continue to be performed by radiologists, a more costly option.

Technical Recommendations

1. Include radiology assistants under the Uniform Disciplinary Act. Add a section to the legislation amending RCW 18.130.040(2)(a)(viii) to include radiology assistants.
2. Amend Chapter 18.84.020(5), approved schools, to include radiology assistant programs.
3. Amend Chapter 18.84.140, exemptions, to include an exemption for students in an approved radiologic technologist program or radiology assistant program.
4. Amend the legislation to include an implementation date of June 2006.

APPENDIX: A

PROPOSED LEGISLATION

HOUSE BILL 2655

State of Washington

58th Legislature

2004 Regular Session

By Representatives Morris and Quall

Read first time 01/19/2004. Referred to Committee on Health Care.

AN ACT Relating to radiology assistants; amending RCW 18.84.010, 18.84.020, and 18.84.030; and adding a new section to chapter 18.84 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1) RCW 18.84.010 and 1991 c 222 s 1 are each amended to read as follows:

It is the intent and purpose of this chapter to protect the public by the certification and registration of practitioners of radiological technology. By promoting high standards of professional performance, by requiring professional accountability, and by credentialing those persons who seek to provide radiological technology under the title of radiological technologists or radiology assistants, and by regulating all persons utilizing ionizing radiation on human beings this chapter identifies those practitioners who have achieved a particular level of competency. Nothing in this chapter shall be construed to require that individual or group policies or contracts of an insurance carrier, health care service contractor, or health maintenance organization provide benefits or coverage for services and supplies provided by a person certified under this chapter.

The legislature finds and declares that this chapter conforms to the guidelines, terms, and definitions for the credentialing of health or health-related professions specified under chapter 18.120 RCW.

Sec. 2) RCW 18.84.020 and 2000 c 93 s 42 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Department" means the department of health.

(2) "Secretary" means the secretary of health.

(3) "Licensed practitioner" means any licensed health care practitioner performing services within the person's authorized scope of practice.

(4) "Radiologic technologist" means an individual certified under this chapter, other than a licensed practitioner, who practices radiologic technology as a:

(a) Diagnostic radiologic technologist, who is a person who actually handles x-ray equipment in the process of applying radiation on a human being for diagnostic purposes at the direction of a licensed practitioner, this includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW; ~~((e))~~

(b) Therapeutic radiologic technologist, who is a person who uses radiation-generating equipment for therapeutic purposes on human subjects at the direction of a licensed practitioner, this includes parenteral procedures related to radiologic technology when performed under the direct supervision of a physician licensed under chapter 18.71 or 18.57 RCW; ~~((e))~~

(c) Nuclear medicine technologist, who is a person who prepares radiopharmaceuticals and administers them to human beings for diagnostic and therapeutic purposes and who performs in vivo and in vitro detection and measurement of radioactivity for medical purposes at the direction of a licensed practitioner; or

(d) Radiologist assistant, who is an advanced-level certified radiologic technologist who has completed an academic program encompassing a radiologist assistant curriculum from an approved school of radiologic technology and a radiologist-directed clinical preceptorship who:

(i) Works to enhance patient care under the indirect supervision of a radiologist, by assisting the radiologist in the diagnostic imaging environment; and

(ii) Performs advanced diagnostic procedures, as permitted by rule, under the general supervision of a radiologist, including radiology procedures, invasive procedures, procedures as delegated by a radiologist, and the types of injection of contrast media and radioactive isotopes material allowed.

(5) "Approved school of radiologic technology" means a school of radiologic technology approved by the council on medical education of the American medical association or a school found to maintain the equivalent of such a course of study as determined by the department. Such school may be operated by a medical or educational institution, and for the purpose of providing the requisite clinical experience, shall be affiliated with one or more general hospitals.

(6) "Radiologic technology" means the use of ionizing radiation upon a human being for diagnostic or therapeutic purposes.

(7) "Radiologist" means a physician certified by the American board of radiology or the American osteopathic board of radiology.

(8) "Registered x-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner and who does not perform parenteral procedures.

Sec. 3) RCW 18.84.030 and 1991 c 222 s 3 are each amended to read as follows:

No person may practice radiologic technology without being registered or certified under this chapter, unless that person is a licensed practitioner as defined in RCW 18.84.020(3). A person represents himself or herself to the public as a certified radiological technologist when that person adopts or uses a title or description of services that incorporates one or more of the following items or designations:

(1) Certified radiologic technologist or CRT, for persons so certified under this chapter;

(2) Certified radiologic therapy technologist, CRTT, or CRT, for persons certified in the therapeutic field;

(3) Certified radiologic diagnostic technologist, CRDT, or CRT, for persons certified in the diagnostic field; ~~((or))~~

(4) Certified nuclear medicine technologist, CNMT, or CRT, for persons certified as nuclear medicine technologists; or

(5) Certified radiologist assistant or certified radiology practitioner assistant for persons so certified under this chapter.

NEW SECTION. **Sec. 4)** A new section is added to chapter 18.84 RCW to read as follows:

It shall be considered unprofessional conduct under chapter 18.130 RCW for any person registered or certified under this chapter to interpret images, make diagnoses, or prescribe medications or therapies.

--- END ---

APPENDIX: B

APPLICANT REPORT

APPLICANT REPORT COVERSHEET

WASHINGTON STATE DEPARTMENT OF HEALTH
SUNRISE REVIEW

1. Legislative proposal being reviewed under the sunrise process (include bill number if (available): Radiologist Assistants, **bill # 2655**

2. Applicant's organization: Skagit Radiology, Inc.

Address: 1320 East Division, Mount Vernon, WA. 98273

Contact person #1: Scott D. Harrison, MD

Telephone number: Home - (360) 299-3362 Work - (360) 424-6161

Fax number: (360) 293-0492

Email address: ssssss@u.washington.edu

Contact person #2: Jeffrey K. Choffel RDMS, RVT, RTR, RPA

Address: 5324 Cedar Ridge Way, Sedro Woolley, Wa. 98284

Telephone number: Home - (360) 856-2814, Work - (360) 428-2113

Fax number: (360) 428-2218

Email address: choffelj@valley.int.com

3. **Number of members in the organization:** Nine radiologists in the immediate applicant group.

Approximate number of individuals practicing in Washington: Approximately 150 radiologists. Currently no Radiologist Assistants practicing secondary to licensure issues. Currently four Radiologist Assistant students in Washington State as well as 2 board certified Radiology Practitioner Assistants who are not practicing. If legislation is passed allowing Radiologist Assistants, this number will certainly grow secondary to the fact that radiology group practices need and want to hire these “physician extenders” for increased practice efficiency.

4. **Name(s) and addressees of national organization(s) with which the state organization is affiliated:**

American College of Radiology (ACR)

1891 Preston White Drive

Reston, VA. 20191

Phone: (800) 227-5463

Contact person – Brad Short

Fax: (703) 262-9319

Email address: brads@acr.org

American Society of Radiologic Technologists

15000 Central Ave. SE

Albuquerque, NM 87123-3917

Phone: (800) 444-2778
Fax: (505) 298-5063

National Society of Certified Radiology Practitioner Assistants
809 Yverdon Drive
Camp Hill, PA 17011
Email: ericburd@prodigy.net

Name(s) of other state organizations representing the profession: Multiple radiology group practices in Washington State. These Radiology groups will e-mail letters of support for the Radiologist Assistant bill.

5. Name and title of profession the applicant seeks to credential/institute change in scope of practice: Certified radiologic technologist with advanced training – Radiologist Assistant.

List and describe major functions and procedures performed by members of the profession (refer to titles listed above). Indicate percentage of time typical individual spends performing each function or procedure:

- A. Obtain consent for and injecting agents that facilitate and/or enable diagnostic imaging: 10%
- B. Obtain clinical history from patient or medical record: 7.5%
- C. Perform pre-procedure and post procedure evaluation of patients undergoing invasive procedures: 7.5%
- D. Perform minor invasive procedures under direct supervision as delegated by radiologist: 10%
- E. Perform fluoroscopy for non-invasive procedures with the radiologist provider direct supervision: 7.5%
- F. Monitoring and tailoring selected exams under direct supervision (e.g. IVP, VCUG, GI studies): 10%
- G. Communicating observations of diagnostic images to the supervising radiologist: 25%
- H. Communicating the final reports of the supervising radiologist's findings to the referring physician or an appropriate representative with appropriate documentation: 7.5%
- I. Providing naso-enteric and oro-enteric feeding tube placement in uncomplicated patients: 7.5%
- J. Performing selected peripheral venous diagnostic procedures: 7.5%

Percentage of work varies from practice to practice depending on particular needs.

6. Describe the training, education and/or experience required to perform the functions of the profession: The Radiologist Assistant must be an American Registry of Radiologic Technologists (ARRT) - certified and must have successfully completed an advanced academic program encompassing a nationally recognized Radiologist Assistant curriculum and a two-year radiologist-directed clinical preceptorship. During the clinical preceptorship, competency evaluations are performed by the supervising radiologist on all the above procedures and practices. In order for a Radiologist Assistant to perform any of the above examinations, he or she would have to prove competency by passing the competency exam.

7. List the titles of all other health professions that (a) perform the same type of functions, but at a different level of skill or training; (b) perform different, but related, functions in association with the profession; and (c) perform the same functions but in a different setting.

- A. Radiologist
- B. Physician Assistant – Certified (PA-C)
- C. American Registered Nurse Practitioner (ARNP)

Department of Health contact: Pamela Lovinger, (360) 236-4621

Applicants Organization: Skagit Radiology
1415 East Kincaid Street
Mount Vernon, WA 98273

Contact Person: Scott D. Harrison, MD Diagnostic Radiology
Jeff Choffel RDMS, RVT, RTR, RPA

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National Affiliations:

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Fax: (505) 298-5063

National Society of Certified Radiology Practitioner Assistants
809 Yverdon Drive
Camp Hill, PA 17011
Contact Person: Eric Burd
Email: ericburd@prodigy.net

Name of other organizations representing this profession:

Multiple radiology groups in the state of Washington. These groups will provide letters of support for this bill and they then can be added to the final interested parties listing.

Name and title of profession the applicant seeks to credential/institute change in scope of practice:

Radiologist Assistant (RA), a certified radiologic technologist with an advanced degree in radiologic technology. This represents an increase in the scope of practice currently performed by Washington state licensed radiologic technologists.

Does the unregulated practice clearly harm or endanger the health, safety or welfare of the public, and is the potential for harm easily recognizable and not remote or based on tenuous argument?

The practice of a Radiologist Assistant performing minor procedures or performing radiologic studies utilizing ionizing radiation could be harmful to the public if unregulated. Regulation provides a mechanism of maintaining disciplinary action, ensuring appropriate education, and establishing proficiency standards. The practice of radiologic technologists currently is regulated by Washington State, and the RA designation would represent an increase in the scope of practice of this profession.

Currently, radiologists who perform these procedures and diagnostic studies are regulated in the Washington state by the Department of Health. The RA would function under the direct supervision of a licensed radiologist present during the performance of the procedures or diagnostic studies. There are no professions that perform these procedures without regulation.

Definition of the problem, and why the change is necessary:

At this time there is a broad-based national physician shortage, particularly acute in rural areas, and radiology is one of the specialties that are most severely impacted. With the profession of radiology experiencing workforce shortages among radiologists and radiological technologists, many groups are beginning to hire ancillary help to fill efficiency gaps in their practices (1). Manpower shortages have led many radiologists to consider using “radiologist extenders,” and the American Society of Radiological Technologists and the American College of Radiology have responded by formulating the Radiologist Assistant program (2). Washington state radiologists currently are not able to use radiology-trained assistants, who would function in a fashion analogous to the nurse practitioners and physician assistants successfully utilized by other medical specialists here.

Medical imaging services have traditionally been performed by a radiologists working with radiologic technologists. A higher level of training and responsibility for the radiologic technologist has developed over the past 5 years in the United States, termed Radiologist Assistant (RA) or Radiology Practitioner Assistant (RPA). These “radiologist extenders” are individuals trained to perform many of the time-consuming but simple procedures that were previously done by the radiologist. The result is a significant increase in efficient use of the radiologist’s time, and a very effective increase in patient access to high quality medical imaging care. A radiologist from Montana states, “in a typical 10-hour work day, a radiologist extender doubles the time the radiologist has for reading and interpreting images (3).

Whether there are similar professions to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation:

None

Does the public need and can it reasonably be expected to benefit from an assurance of initial and continuing professional ability?

The public needs and deserves assurance of initial and continuing professional ability. Health care providers functioning as RA's performing diagnostic and therapeutic studies should prove their competency prior to performing such examinations on the public. In addition, continuing education should be performed to assure that the RA is staying current with new technology and techniques as they are developed.

Methods that will be used to protect the public from harm:

The public will be protected from harm through competency examinations that are a vital aspect of the RA's radiologist-directed preceptorship. Methods will also include continuing medical education, which is required to maintain professional credentials at the national and state level.

Whether change in scope of practice will promote effective health outcomes:

The radiology community faces many challenges today, including increased patient demand, a growing shortage of radiologists and radiologic technologists (especially in rural communities), and the rapid expansion of new imaging technology. In this fluctuating environment, a RA who has advanced clinical skills can extend the practice of the radiologist. Working under the direct supervision of a radiologist, an advanced-level radiologic technologist (RA) would take increased responsibility for patient assessment, patient education and patient management. The RA would perform appropriate fluoroscopic and other radiologic procedures under direction of the supervising radiologist, and they would also make initial imaging observations that would be conveyed to the radiologist. By assuming responsibility for these tasks, the RA would improve productivity, lessen the waiting time for receiving necessary radiologic examinations, increase patient access to radiologic services, and thereby enhance the overall quality of patient care.

Assurances that practitioners have maintained their competence, and whether renewal will be based only upon payment of a fee, or whether renewal will involve reexamination, peer review, or other reinforcement:

Radiology Assistants will have to prove they are maintaining their competence through continuing education as well as national board examination. In rare cases, reexamination may apply. Peer review enforcement will take place through the same mechanism that is currently used for the radiologic technologist's profession. Finally, the supervising radiologist will have responsibility for procedural and diagnostic outcomes, and thus will monitor the RA closely for competency.

Is the regulation of the profession the cost-effective means of protecting the public?

The radiologic technologist profession is already regulated and required to comply with the Washington State Uniform Disciplinary Act (Chapter 18.130 RCW). Therefore, the regulation of

the proposed advanced-level radiologic technologist (RA) would be part of the existing regulation of the radiologic technologist's profession as it currently exists.

How consumers will benefit from regulation including enhanced competition, and....

Consumers will benefit from this proposal by having increased patient access to radiologic services in a timely fashion. This will decrease potential delays in patient care which overall will decrease medical costs in treating the patient.

... The extent that practitioners are supervised.

Radiologist Assistants are directly supervised by the attending radiologist on every case. These assistants will also be supervised through the Uniform Disciplinary Act. Disciplinary action is handled via complaints to Department of Health as they are currently are for a certified radiologic technologist.

Will the public's access to a competent health care provider workforce be increased?

Yes, the public will have increased access to competent health care in radiologic services.

Alternatives to the proposal and why they would not be as effective in protecting the public:

The alternative to the proposal in Washington State is for radiologists to hire Physician Assistants – Certified (PA-C's) or American Registered Nurse Practitioner's (ARNP's) who generally have no formal training or background in performing radiologic procedures. These individuals would be trained informally by the hiring radiologist, and would not undergo formal education or certification related to their radiologic practices.

The advanced-level radiologic technologist (RA) is an American Registry of Radiologic Technologist (ARRT) - certified radiographer who has completed a formal academic curriculum including (but not limited to) training in patient assessment, patient management, patient education, radiation safety, radiobiology, radiation physics, radiology related pathophysiology, specific radiologic procedures, and the appropriate circumstances for performing such procedures. Radiologist Assistants also undergo a formal two-year radiologist-directed clinical preceptorship. This preceptorship also includes formal competency examinations in every procedure that the RA would perform.

The extent to which the public can be confident that standards for qualifications are set sufficiently high:

The standards for qualifications are set by the American College of Radiology and the American Society of Radiologic Technologists. The requirements are that a RA is an advanced-level radiologic technologist who works under the direct supervision of a radiologist to enhance patient care by assisting the radiologist in the diagnostic imaging environment. The RA is an American Registry of Radiologic Technologist (ARRT) -certified radiographer who has successfully completed an advanced academic program encompassing a nationally recognized radiology curriculum and, thereafter, a radiologist-directed clinical preceptorship. Under direct radiologist supervision, the radiologist assistant performs patient assessment, patient management and selected examinations (4).

Health profession licensing history of other jurisdictions that have adopted similar proposals:

Other jurisdictions that have adopted similar proposals to license Radiologist Assistants at this time include the States of Montana, Tennessee, and Oregon. Legislative changes in progress to license Radiology Assistants are currently progressing in the states of Arizona and Kentucky, and through this proposal in Washington state.

Cost

The cost to the public for implementing this proposal will be essentially zero. The salary for a Radiologist Assistant in Washington state will be paid by the supervising radiologist group, as it is in other states that license RA's. The radiologists have found that the efficiencies provided by these "physician extenders" justify employing the RA in their group practices.

Cost to the state and general public of implementing the proposed legislation

The radiologic procedures performed by a radiologist or a RA under radiologist supervision are referred by other physicians, and radiology practices do not self-refer. The community physicians, and not the radiologists, determine the number and type of radiologic procedures performed in a community. Thus, increasing the scope of practice of radiologic technologists who have been certified as Radiologist Assistants would not increase the number of examinations ordered by the community physicians. Rather, this change would reduce the delay in the patient receiving the necessary examination from the supervising radiologist.

The cost for the State's endorsement of an RA should require an appropriate licensure fee that would be paid by the applicant, similar to the current fees paid by radiologic technologists. The RA license would be an extension of the radiologic technologist state license. In a similar fashion, nurse practitioners are licensed as advanced level nurses.

Radiologist Assistants Sunrise report 8/04.

References:

1. Journal of American College of Radiology, June, 2004.
<http://www.jacr.org/article/PIIS1546144003001157/abstract>
2. Journal of American College of Radiology, June, 2004.
<http://www.jacr.org/article/PIIS1546144003001145/abstract>
3. Diagnostic Imaging, July 2003.
<http://66.102.7.104/search?q=cache:hNIGOJoUJyMJ:staffcare.masterlink.com/pdf/Physician...>
4. Journal of American College of Radiology, May, 2003.
http://www.acr.org/departments/pub_rel/press_releases/ra_functions.html

APPENDIX: C

FOLLOW-UP QUESTIONS TO APPLICANT REPORT

Department of Health Follow-up Questions to Applicant Report

1. **RA versus RPA** The academic programs for the two are almost identical except the Radiology Practitioner Assistant (RPA) program includes additional classes on interventional/parenteral procedures. The American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT) have set guidelines on the Radiology Assistant (RA) curriculum, which was in a large part formulated after reviewing the curriculum for RPA certification because it was the only formal program at the time for training “radiologist extenders.” The ACR has developed national guidelines for the radiologist extender, and we feel it is prudent to follow these guidelines regarding the scope of practice of the RA. Our Washington State proposed bill, as well as the Montana and Tennessee enacted bills, deals with the RPA category by terming them an RA and setting their role and scope of practice to that of an RA under the guidelines set by the ACR. We do not seek to create a new licensed health care provider category, but rather want to expand the scope of practice of a currently existing category provider in Washington State. An individual Radiologic Technologist may choose a certified RPA training program as an excellent method of gaining the training necessary for becoming an RA. The radiologists in Washington State feels that it is essential to follow the ACR guidelines in defining the training and scope of practice of the RA, and support of the radiologist community here hinges on this.
2. **Supervision** Prior to sending in our applicant report, we had the American College of Radiology (ACR) review the proposed bill. Their recommendation was to change the proposed language on supervision to read, “Examinations performed under the supervision of a radiologist.” They recommended eliminating any adjective secondary to the fact that there are many connotations concerning supervision requirements. The bottom line is that the RA does not practice as an independent entity, but rather practices under the supervision of a radiologist licensed in Washington State.
3. **RA working for a non-radiologist physician** An RA must work under the supervision of a board certified or board eligible radiologist per ACR guidelines, licensed to practice medicine in Washington State.
4. **Perform pre- and post-procedure evaluation** Examples of pre-procedural evaluation would be review of patient history, including prior radiologic studies as well as relevant laboratory analyses, and would include patient education on the procedure being performed. Examples of post-procedural evaluation would include collecting information on post-procedural examinations such as blood work, nursing notes, and review of radiologic studies. Both pre- and post-procedural evaluations are reported to the supervising radiologist for final interpretation.
5. **Minor invasive procedures** Examples of such procedures would be radiologist-approved injections of contrast media for diagnostic studies, paracentesis (withdraw of fluid from abdomen), thoracentesis (withdraw of fluid from chest) as well as diagnostic aspiration of fluid from various joints such as the hip. Training in these procedures is included in the two-year radiologist preceptorship, and can be performed only after the supervising radiologist verifies competency. Examples of excluded examinations would be studies such as angiography, lung mass biopsy, myelography, and any procedure that places the patient at significant risk of injury as determined by the supervising radiologist.
6. **Perform fluoroscopy for non-invasive procedures** These types of non-invasive procedures would include fluoroscopy during esophagrams (diagnostic barium study of the esophagus), upper GI series (diagnostic barium study of the stomach and duodenum), lower GI series (diagnostic barium study of the colon) as well as such studies as fistulograms (diagnostic contrast study of previously diagnosed abscess cavity). All of these non-invasive studies are supervised, reviewed, and interpreted by the attending radiologist.

7. Monitoring and tailoring selected exams under direct supervision (e.g. IVP, VCUG, GI studies) This is similar to the above question. These also are non-invasive diagnostic studies performed by the RA that are supervised and interpreted by the attending radiologist. A VCUG (voiding cystourethrogram) is a study of the urinary bladder, which entails filling the bladder in a retrograde fashion via a catheter to evaluate for bladder abnormalities such as vesicoureteral reflux (abnormal retrograde filling of the ureter). Tailoring the selected exam would include such details as the patient's age to determine the appropriate amount of contrast to be utilized. Another example would be to interview the patient and determine that there has been no prior allergic reaction to contrast media. Every patient is unique, and examinations are typically ordered to evaluate for a specific disease entity. Thus, the RA in concert with the supervising radiologist must tailor the exam to the patient and to the clinical question that is being answered.

8. Uncomplicated patient If a patient is at increased risk for injury by a procedure or if the medical condition of the patient is complex and beyond the training level of the RA, that patient is considered "complicated." This is a determination that is made by the supervising radiologist.

9. Performing selected peripheral venous diagnostic procedures Examples would include peripheral IV insertion for parenteral contrast administration for such diagnostic studies as an IVP (intravenous pyelography) or CT scans. Such procedures are at very low risk for injury.

10. Organization providing the examination Currently the Certification Board for Radiology Practitioner Assistants administers the board certification examination for RPA's. The American Registry of Radiologic Technologists is scheduled to have a similar board examination available for RA's in the fall of 2005. Certification by either of these boards would be acceptable for RA certification in Washington State.

APPENDIX: D

SUMMARY OF PUBLIC HEARING

**Radiology Assistant Sunrise Review
Public Hearing Summary
September 13, 2004**

Hearing location: Department of Health, 310 Israel Road, Tumwater, Washington
Hearing Panel: Hank Brown (public member); Wendy Holden (Department of Health); Sofia Aragon (Department of Health)

Department Staff: Pamela Lovinger, Sherry Thomas

Presentation of Applicant Report - Dr. Scott Harrison and Jeff Choffel

Dr. Harrison and Jeff Choffel presented the applicant report and gave some supporting information.

Medical malpractice has changed the way tests are done today. Many more CT scans are ordered in the ER than in the past. There have been large increases in the use of radiology services. However, many hospitals do not have a full-time radiologist on staff. Also, there are approximately 1,000 newly trained radiologists per year, but about 500 leave practice every year, leaving a net of only about 500 new radiologists in Washington State each year. Also, Washington State is in the bottom 25 percent of income for radiologists, making it hard to recruit from other states.

Here would be a day in the life of Jeff Choffel working as a radiology assistant. He would review films from the ER from the previous night, be gathering paperwork and going over it with the radiologist, sitting side by side with each case & coming to a consensus on what is the final interpretation; dictating the case, reviewing those dictations after they have been transcribed; and then releasing those transcriptions to the radiologist for review and final sign-off of the interpretation. During that time there would be some barium procedures, what we call the enteric side of radiology assistants. They would do upper GI examinations, esophograms, barium enemas. Other procedures would be more of the parenteral procedures, for example, people who are getting shoulder MR's need to have an injection into the joint space that has a contrast agent mixed in, which improves the accuracy of the studies probably double. This is a straightforward procedure. Another patient might come in who has fluid build-up compressing the lung. Under ultrasound guidance, Jeff could guide a needle into the space to pull out fluid for both sending to the lab for analysis and also to help the patient breath better. He would also conduct interviewing and education of patients, get consents for procedures, and after procedures, follow up and work with the radiologist to come up with the best solution for that patient's problem. This would be very positive for the efficiency of the radiology department. Where does his salary come from? Radiology groups have uniformly said that the radiologists will pay for it, not the state, or insurance companies.

Jeff Choffel stated that he wanted to talk about his background because it is relatively standard amongst other radiology extenders across the country. He completed a four-year radiologic technology program, and then was licensed as an R.T. This was followed by a two-year medical sonography program, which allowed him to sit for his registered diagnostic medical sonography board as well as his vascular technology board. He was the chief medical sonographer for about 13 years in Mount Vernon. He then graduated from the 2-year Radiology Practitioner Assistant Program at Weber State, which included a two-year radiologist directed preceptorship at Skagit Valley Hospital. He is licensed as a radiologic technologist in Washington State and is ARRT certified. He worked at Skagit Radiology as an RPA before having to quit working as an RPA due to the issue of licensure in Washington State.

He decided to initiate legislative change so he would not have to move from Washington to practice as an R.A. This bill is very similar to those that passed in Tennessee and Montana.

Panel Questions

The panel then asked questions. Here is a summary of what was asked.

How much supervision should be required of an R.A.? How would it work in rural areas where there are often times no full-time radiologist on staff? How does supervision relate to patient safety and remaining within an R.A.'s scope of practice?

Dr. Harrison stated that as an R.A. gains experience and training, he will need less supervision. Regardless of the supervision issue, there is also a need for the R.A. in urban hospitals, which have full-time radiologists and could give direct supervision if needed.

Mr. Choffel stated that during the R.A. preceptorship, they go through all of the procedures within their scope and the radiologist in charge must sign off that they were trained on each procedure. They are also trained in cardiac life support and hospital codes, with yearly testing in hospitals. Dr. Harrison added that he envisions the R.A. doing lower risk procedure with less supervision than higher risk or invasive procedures.

Question: How can teleradiology be used to help with the supervision issue, especially in rural settings?

Dr. Harrison stated that high speed CT scans can be done in minutes and can be sent electronically to a radiologist with the same high resolution as if he were in the room. The radiologist can then render an opinion over the phone within minutes. He also stated that most true emergencies in the ER are handled with no radiologist involvement. They are diagnosed without these types of test done in emergencies.

Question: What should the minimum degree requirements be? Dr. Harrison stated ARRT certification, graduation from an ARRT approved R.A. or R.P.A. program with a 2-year preceptorship. Then the radiologist would decide what procedures each R.A. is qualified to do when determining the level of supervision.

Question: Why can't physician assistants do this type of work?

Mr. Choffel answered that P.A.s and ARNPs have no specific radiology training or background, even in radiation protection. The PA does not usually go to R.T. school first. They have seen many P.A.s trying to work as radiology extenders but they could not function. Many R.A.s are moving out of state because they cannot work in Washington State. Montana is already hiring R.A.s as fast as they can.

Question: The startup costs involved in setting up a new licensure can be steep. How would an R.A. pay them?

Dr. Harrison stated that radiology groups are willing to pay for the licensure because they need the R.A.s so badly.

Question: Would the radiologists raise prices to cover the work of an R.A.?

Dr. Harrison answered that the rates are set by insurance companies.

Summary of Testimony

Andrew Levine of Medical Imaging Northwest

Dr. Levine is a board certified radiologist. There are 19 radiologists at his practice who are currently supporting an R.P.A. student at Weber State. Dr. Levine stated that Dr. Harrison covered most of his points, but he wanted to add that there has been a workload increase for radiologists of about 3-6 percent per year. He thinks the number of 150 radiologists in Washington State mentioned in the applicant report is low. He feels there must be at least 200.

Dr. Levine supports the bill including direct supervision. He stated that most radiology groups have been in a constant recruiting mode for 5 years. Teleradiology has been around about 15 years and has helped a little with the workload, but not enough. The services of an R.A. would cost less to the patient and insurance companies than a radiologist.

Jeannine Welcher – Medical Imaging Northwest

Ms. Welcher strongly supports the proposal. She is a second year student at Weber State's R.P.A. program, and will graduate in 2005. She has a background similar to Jeff Choffel's. She stated that Weber is hard to get into. You need recommendations from doctors and the proper credentials. 106 students started the program with her and only 75 have made it so far.

Ms. Welcher added to earlier testimony that the PA and ARNP are taught patient management and care. The R.A. and R.P.A. are taught patient management and care plus have a radiology background.

Linda Dale – Washington State Academy of Physician Assistants

Ms. Dale is a physician assistant trainer and educator working for the University of Washington School of Medicine. She opposes the proposal. Here are the problems she has with the bill. 1) The definition of supervision must be very clear. In the bill, it lists general supervision, but the applicant report conflicts with this, stating direct supervision. 2) They must ensure that the training is equal across all the programs that will open up. There must be a standard accreditation. 3) There needs to be language about CME and relicensing. 4) What about reimbursement by third party payors? Will they reimburse for work done by an R.A.? 5) What will the radiologist do as far as payment to the R.A. if the third party payor does not reimburse at 100 percent? 6) Lastly, she is concerned with the supervision issue in rural settings.

Carl Nelson – Washington State Medical Association

The WSMA has two interests in this legislation, 1) to help the radiologist and R.A. come up with language that works for both of them, and; 2) work with the legislature to come up with language that does not leave us dealing with scope of practice issues for years to come, and as I read the bill I am a little concerned with that.

He asked whether the applicant is requesting licensure or certification, which would make a difference with third payor reimbursements. It is unclear after reading the bill and applicant report. He also stated that the supervision issue needs to be clear. Medicare and CMS are trying to define supervision. We need to think our definition out so there is agreement with them.

He stated that the invasive terminology in the applicant report is vague. It needs to be clarified in statute. The WSMA wants to work with the applicants on this. They are not opposed to this type of legislation, but need to address their concerns.

It is important to note that state radiologic society does not take a position on this legislation and although he understands that they will be discussing this issue, they thus far have no position

Question from panel: Do you have any idea if there is an effort with the Medicare and CMS definitions to look at how supervision has changed with the availability of telemedicine?

Dr. Nelson answered that one would help, but he does not know.

Randy White

Mr. White is the diagnostic imaging manager at Whidbey General Hospital. He supports the legislation. Whidbey Island is a very rural area. He states that the numbers of radiology services requested has grown over 20 percent over the last 2-3 years, with no additional FTE levels. Mr. White states there is a student working there and they are already able to see a beneficial workflow.

They currently have to schedule their patients farther out than they would like or they have to be sent to Seattle or Everett for radiology services. The recruitment group they work has been in a constant recruitment process for years and are not able to provide for the access issues they are currently experiencing.

Panel Question: Could you comment on the level of supervision that would be appropriate?

Mr. White feels that interventional procedures should be done under direct supervision, while non-invasive procedures could be done using teleradiology.

Don Monroe – Newport Community Hospital

He works in a rural hospital on the far east side of the state. His boss already wrote to the Department of Health with comments in support of the proposal. Mr. Monroe states that Newport has 1 radiologist who works 6 hours a day, 3 days a week, and they are 55 miles from the nearest trauma center. Mr. Monroe is an R.P.A. student. His radiologist could not come to the hearing due to a family emergency, but wanted Mr. Monroe to speak for him.

Inland Imaging is overworked. They cover a large area of hospitals with no full-time radiologist. Mr. Monroe recently had to fly his own plane to Spokane to bring a radiologist back to his facility because they needed a radiologist and he was the only one available. Theoretically, an R.A. could have done this procedure.

He supports the proposal and feels that they need more hands working now, and the supervision issues need to be worked out around the need for R.A.'s.

Dr. Scott Harrison's Follow-Up

In response to Dr. Nelson's questions, he added two points to his testimony. 1) This is not intending to create a new licensure. We want to add an advanced certification to the existing certification. 2) The

WSRS asked Scott Choffel to talk to the American College of Radiology (ACR) and work with them on the application. They do have the ACR involved.

This is a major problem we are facing. Life-long complications could be avoided by having a radiology assistant on staff to get the diagnosis and get the patient transferred immediately when necessary. The cost is much higher to treat life-long complications than to avoid them in the first place.

APPENDIX: E
PARTICIPANT LIST

Participant List

NAME	ORGANIZATION
Scott Harrison, MD, Applicant	Skagit Radiology
Jeff Choffel, Applicant	
Andrew Levine, MD	Medical Imaging Northwest
Jeannine Welcher	Medical Imaging Northwest
Rae E. Rich	Medical Imaging Northwest
Linda M. Dale	Washington State Academy of Physicians Assistants
Carl Nelson	Washington State Medical Association
Rhonda Donohue	Southwest Washington Medical Center
Brenda Faller	Vancouver Radiology
Don Monroe	Newport Hospital

Review Panel

Wendy Holden, Department of Health
Sofia Aragon, Department of Health
Hank Brown, Public Member

Department of Health Staff

Pamela Lovinger
Sherry Thomas
Arlene Robertson

APPENDIX: F

Scope of Practice

Endorsed by the American College of Radiology
and the American Society of Radiologic Technologists

Scope of Practice endorsed by the American College of Radiology and the American Society of Radiologic Technologists

A radiologist assistant is an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the diagnostic imaging environment. The radiologist assistant is an ARRT-certified radiographer who has successfully completed an advanced academic program encompassing a nationally recognized radiologist assistant curriculum and a radiologist-directed clinical preceptorship. Under radiologist supervision, the radiologist assistant performs patient assessment, patient management and selected exams (as outlined below).

- Obtaining consent for and injecting agents that facilitate and/or enable diagnostic imaging.
- Obtaining clinical history from patient or medical record.
- Performing pre- and postprocedure evaluation of patients undergoing invasive procedures.
- Assisting radiologists with invasive procedures.
- Performing fluoroscopy for non-invasive procedures with the radiologist providing direct supervision of the service.
- Monitoring and tailoring selected exams under direct supervision (e.g., IVU, CT urogram, GI studies, VCUG and retrograde urethrograms).
- Communicating the reports of radiologist's findings to the referring physician or an appropriate representative with appropriate documentation.
- Providing nasoenteric and oroenteric feeding tube placement in uncomplicated patients.
- Performing selected peripheral venous diagnostic procedures.

The radiologist assistant will not perform interpretations (preliminary, final or otherwise) of any radiological examination, nor will he or she transmit observations other than to the supervising radiologist. The radiologist assistant may make initial observations of diagnostic images and forward them to the supervising radiologist.

The education of the radiologist assistant should be granted through nationally recognized academic programs that lead to certification through the ARRT. Advisory committees to such programs should include representation of radiologists.

The radiologist assistant should actively participate in a facility quality assurance program.

Any formal national or state certification or credentialing of RA competency should include the representation of radiologists. Any facility RA credentialing process should involve radiologists.

APPENDIX: G

Written Comments

Radiologist Assistant Sunrise Review Written Comments

Mike Wiltermood Administrator Coolee Community Hospital

I have read the application for the radiology assistant program and would like to make several comments. To begin, I agree that the shortage of professional radiologists makes it absolutely imperative that the State of Washington find some way of utilizing alternative professionals to meet the needs of diagnostic imaging services. Rural communities are being hit particularly hard, since the current shortage of radiologists makes it practically impossible to secure the services of on site professional radiologists in the more remote areas of the state. A combination of teleradiology services and the use of radiology assistants to perform certain procedures will go a long way toward solving this problem.

However, I do take one exception to the application. The applicants state that the RA will be "directly supervised" by the radiology group with which the RA is affiliated. If the requirement is for RAs to be directly supervised by a radiologist, the utility of this position in rural areas will be completely lost. Rural areas must have the ability to use the RA WITHOUT the direct or indirect supervision of a radiologist. Certain procedural work, such as fluoroscopy and other such work for which an RA is qualified, is performed in other states without direct supervision. My suggestion is that the state allow the RA to function under the indirect supervision of a licensed medical practitioner, such as an MD, DO, PA, or ARNP in order to assure that this position will be of benefit to rural areas. Even direct supervision of the RA by a licensed medical practitioner would be preferable to stipulating that the RA is supervised by a radiologist.

Alan Budzier, Administrator Northwest Radiologists, Inc.

This e-mail letter is to endorse the proposal for recognizing Radiology Assistance as a category of qualified health care providers by the Dept of Health in the State of Washington. The regulatory approval of this new category of professional health care provider will have significant positive impact on the future delivery of diagnostic imaging services in areas where radiologist shortages exist. Considering the dramatic growth in the use of diagnostic imaging services and the expansion of an aging population, the Radiology Assistance and the cost effectiveness of this category of health care worker is needed to continue to meet health care delivery capacity and service demands.

Dan Nelson, Director of Diagnostic Imaging Skagit Valley Hospital

This note is in support of bill # 2655 that is being reviewed under the sunrise process. The Radiology group at Skagit Valley Hospital currently employs a Radiology Technologist that has had advanced training. This individual is able to help the Radiologists with procedures but due to the lack of a State recognized credential is significantly restricted in what he can do. I have reviewed the details of the bill and believe that moving forward will significantly improve our patient care and process here at the hospital. Thank you for helping with the process to this point. We are looking forward to a positive outcome.

**Stephen C. Jacobsen, MHA, RT, CMPE, Administrator
TRA Medical Imaging**

I am writing to express our medical practice's strong support for legislative changes in Washington State that could facilitate the efficient and effective use of the scarce supply of physician medical specialists, generally known as radiologists.

TRA Medical Imaging has been in practice for over 60 years and is now comprised of 30 radiologists. We serve St. Francis Hospital in Federal Way and both St. Joseph Medical Center and Tacoma General Hospital in Tacoma. These busy hospitals along with our growing outpatient clinics are presenting a significant physician staffing issue. Radiology Assistants are a valid and medically justified approach which will help assure appropriate and timely radiological service to the populations we serve.

If you have any questions or concerns, please call me at the number below so I may go into greater detail. Thank you.

Karla Morris, Clinic Director

RPA/RA Bill is a good idea; I represent 9 providers in a rural setting and have had experience in trying to acquire Radiologist for coverage in our area. Radiologists usually have to rotate in and are not available every day of the week. Having a Mid-level would who would be able to practice at our site on a continuous basis would be very beneficial for our patients, continuity of care, and of course our pocket book.

Martha Winie, EMPA-C

I am an Emergency Medicine Physician Assistant in Newport, Washington at a Critical Access Hospital. I am pleased at the prospect of RPAs being utilized in our state.

Mid-level providers expand the services offered at our facility, as at many others. I look forward to working with Radiology PAs in the near future.

Bill 2655 has my full support.

**Thomas Beam
Rathdrum, Idaho**

Please include my support for the approval of the Radiologist Assistant in Washington State in your consideration of the Sunrise Review for this matter. I am an RPA in the State of Washington and know that the radiology group that I am presently employed with is extremely anxious to see the acceptance of such a radiology extender within our State.

I, personally know the extent to which patient care would be enhanced if such an extender were made available. Please include me on your mailing list (email) and please notify me of any future meetings/memos/notices pertaining to the passing of this bill.

**John R. White, CEO and Superintendent
Pend Oreille County Public Hospital District #1**

Speaking only for this rural hospital, I believe the Radiology Assistant (RA) could help resolve the critical shortage of professional radiology coverage. Imaging studies in rural hospitals are limited to

the basics. Procedural work such as fluoroscopy, needle localizations, diagnostic mammography, etc is the primary reason for having an on-site radiologist. However, these types of studies can be done with high quality results by non-radiologists if they were licensed/trained to work in that capacity. Teleradiology has tremendously improved our access to off-site radiologists and structured their workflow in such a way that they can be better utilized than those that are on-site. Greater efficiencies could be available, without compromising quality, if procedural work could be done by physician extenders such as the RA.

Successfully licensing rad techs to do this RA work is very important (high priority) to the rurals and I urge WSHA to fully support this effort.

We are currently training an RA for use in Newport. He will graduate in summer 2005 and be available to work for us and for other regional hospitals provided that this licensure issue is resolved. Further, we have been the hub for a rural radiology network for the last two years and can speak to our experience with the system.

Please let me know if there is anything else we can do to inform the Legislature of the great benefit RAs will have to our rural health system.

**Randy Revelle, Vice President of Policy and Public Affairs
Washington State Hospital Association**

The Washington State Hospital Association wishes to express our support for the legislative proposal that would authorize the practice of radiology assistants in Washington State. The association has worked with its members for the last several years to manage the challenges raised by the shortage of qualified health personnel in this state. Through these efforts, we have found the lack of access to radiology services to be a significant problem in Washington, particularly in rural areas of the state.

Several rural hospitals contacted the hospital association to express their support for the radiology assistant legislation. They believe legislation to authorize the practice of radiology assistants in the state would improve access to radiology services in their communities. Many rural hospitals describe access to radiology services as a crisis in need of a workable solution. This proposal would help.

To date, unlike other physicians, radiologists have not been able to maximize their efficiency through the use of "physician extenders" such as physician assistants. The passage of this legislation would allow radiologists to offer increased access to radiological services, which would help free up capacity to serve rural communities.

The Sunrise Review proposal submitted by Skagit Radiology, Inc. and Jeffrey K. Choffel is thorough and addresses the many factors that must be considered in authorizing the practice of a new profession. Radiology assistants receive appropriate training for the tasks they will perform. They are subject to the Uniform Disciplinary Act. They will receive appropriate supervision from radiologists.

We hope the proposal to authorize the practice of radiology assistants is successful.

**James M. McAfee, MD
Vancouver Radiologists**

This letter, written on behalf of the physicians at Vancouver Radiologists, is in support of an emerging category of health care professionals, the Radiology Practitioner Assistant.

Primary medical care has radically changed from the generations of tradition where doctors and nurses deliver the care. The ever increasingly complex requirements and medical knowledge base has forced a multi-tiered approach to training and responsibility of health care workers. In addition to the

doctor and nurse, we now have the physician assistant, nurse practitioner, nurse midwife, licensed practical nurse, nurse's assistant, medical assistant and other niche trained workers. The patient has clearly benefited by receiving care and services from professionals trained at the level appropriate to the patient's need. These benefits include improved access to health care, more timely and efficient delivery of care, and reduction in the rate of escalation in health care costs.

Until recently, the specialty of Radiology has been stuck in the old two-tiered model of providing care by Radiologists (Radiology Physicians) and Technologists (Radiology Technologists), failing to keep up with the more modern model pioneered in primary care medicine. The Radiology Practitioner Assistant (RPA) is a new category of allied health care professional specifically trained in the Radiologic Sciences. The skills of these specialists bridge the gap between the Radiology Technologist and the Radiology Physician. This is a necessary and natural evolution in the efficient and cost effective delivery of health care, much like the emergence of the Physician Assistant (PA) and Nurse Practitioner for primary care.

The prerequisites, training, skills set and responsibilities of the RPA are clearly defined. These tasks for which they are trained don't require the skills of a doctor to perform, yet merit more training than a Radiology Technologist (RT) receives and is allowed to perform. Weber State University in Utah has been a pioneer in the promotion, training and certification of the RPA.

The physicians of Vancouver Radiologists believe so strongly in the RPA concept that we are sponsoring training of Brenda Faller, RT in her pursuit of RPA certification. The RPA training involves mostly procedure oriented activities which don't require medical school to learn, but do not involve any medical diagnosis. This will perfectly complement any busy Radiology practice, like ours, by allowing the Radiologist to spend more time performing the primary mission of exam interpretation and diagnosis that requires the skills of a physician.

In summary, the RPA is a very important addition to the delivery of health care. We strongly encourage the State of Washington to support recognition of these skilled professionals.

Christine J. Lung
Director of Government Relations
American Society of Radiologic Technologists

The American Society of Radiologic Technologists has reviewed House Bill 2655 and the ancillary materials published as part of the sunrise review of radiologist assistants. ASRT supports the development of role delineation, levels of supervision and educational requirements for radiologist assistants by the Washington Legislature based upon the collaborative work of the American College of Radiology, American Registry of Radiologic Technologists and American Society of Radiologic Technologists.

ASRT's comments regarding HE 2655 are as follows:

1. In Section 2(4)(d), this bill defines a "radiologist assistant, who is an advanced-level certified radiologic technologist who has completed an academic program encompassing a radiologist assistant curriculum from an approved school of radiologic technology and a radiologist-directed clinical preceptorship who:"

The ASRT, the American College of Radiologists (ACR) and American Registry of Radiologic Technologists (ARRT) have recommended that the radiologist assistant be a certified radiologic technologist who has completed an advanced academic program encompassing a nationally recognized radiologist assistant curriculum culminating in a baccalaureate degree, postbaccalaureate certificate or master's degree and that incorporates a radiologist-directed clinical preceptorship. The degree requirement and preceptorship should be reflected in this section.

2. The definition of “general supervision” in Section 2(4)(d)(mi) may be inconsistent with the guidelines for the Physician Supervision of Diagnostic Tests as set forth by the Health Care Financing Administration in its Program Memorandum B-O1-28 on April 19, 2001. Procedures performed by a radiologist assistant at this supervision level may not be eligible for reimbursement under Medicare and Medicaid if a general level of physician supervision is legislated.

ASRT recommends that this section of HB 2655 reference “... under the supervision of a radiologist...” to allow services provided by a radiologist assistant to be appropriately reimbursed at the levels prescribed by the Federal Center for Medicare and Medicaid Services.

3. Section 3(5) refers to “Certified radiologist assistant or certified radiology practitioner assistant for persons certified under this chapter.” The terms “radiologist assistant” and “radiology practitioner assistant” are neither interchangeable nor synonymous. These are separate and distinct professions. Radiologist assistant (RA) educational pathways are different than those of the radiology practitioner assistant (RPA), radiologist assistants are certified by the ARRT while RPAs are certified by the Certification Board of Radiologist Practitioner Assistants (CBRPA), and the practice standards for the RPA (as listed on the CBRPA website www.cbrpa.org) exceeds the roles and responsibilities as defined by the American College of Radiology, American Society of Radiologic Technologists and American Registry of Radiologic Technologists for the radiologist assistant.

The ASRT appreciates the positive steps you have taken to ensure that radiologist assistants are able to perform needed radiologic services in Washington and hopes that the information above clarifies the role of the radiologist assistant. We look forward to working with lawmakers and the Department of Health as issues facing the radiologic sciences appear on the Washington legislative agenda.

James M. McAfee, MD
Vancouver Radiologists

This letter, written on behalf of the physicians at Vancouver Radiologists, is in support of an emerging category of health care professional, the Radiology Practitioner Assistant.

Primary medical care has radically changed from the generations of tradition where doctors and nurses deliver the care. The ever increasingly complex requirements and medical knowledge base has forced a multi-tiered approach to training and responsibility of health care workers. In addition to the doctor and nurse, we now have the physician assistant, nurse practitioner, nurse midwife, licensed practical nurse, nurse’s assistant, medical assistant and other niche trained workers. The patient has clearly benefited by receiving care and services from professionals trained at the level appropriate to the patient’s need. These benefits include improved access to health care, more timely and efficient delivery of care, and reduction in the rate of escalation in health care costs.

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The prerequisites, training, skill set and responsibilities of the RPA are clearly defined. These tasks for which they are trained don’t require the skills of a doctor to perform, yet merit more training than a

Radiology Technologist (RT) receives and is allowed to perform. Weber State University in Utah has been a pioneer in the promotion, training and certification of the RPA.

The physicians of Vancouver Radiologists believe so strongly in the RPA concept that we are sponsoring the clinical training of Brenda Faller, RT in her pursuit of RPA certification. The RPA training involves mostly procedure oriented activities which don't require medical school to learn, but do not involve any medical diagnosis. This will perfectly complement any busy Radiology practice, like ours, by allowing the Radiologist to spend more time performing the primary mission of exam interpretation and diagnosis that requires the skills of a physician.

In summary, the RPA is a very important addition to the delivery of health care. We strongly encourage the State of Washington to support recognition and licensure of these skilled professionals.

Randy Revelle
Vice President, Policy and Public Affairs
Washington State Hospital Association

The Washington State Hospital Association wishes to express our support for the legislative proposal that would authorize the practice of radiology assistants in Washington State. The association has worked with its members for the last several years to manage the challenges raised by the shortage of qualified health personnel in this state. Through these efforts, we have found the lack of access to radiology services to be a significant problem in Washington, particularly in rural areas of the state.

Several rural hospitals contacted the hospital association to express their support for the radiology assistant legislation. They believe legislation to authorize the practice of radiology assistants in the state would improve access to radiology services in their communities. Many rural hospitals describe access to radiology services as a crisis in need of a workable solution. This proposal would help.

To date, unlike other physicians, radiologists have not been able to maximize their efficiency through the use of "physician extenders" such as physician assistants. The passage of this legislation would allow radiologists to offer increased access to radiological services, which would help free up capacity to serve rural communities.

The Sunrise Review proposal submitted by Skagit Radiology, Inc. and Jeffrey K. Choffel is thorough and addresses the many factors that must be considered in authorizing the practice of a new profession.

Radiology assistants receive appropriate training for the tasks they will perform. They are subject to the Uniform Disciplinary Act. They will receive appropriate supervision from radiologists. We hope the proposal to authorize the practice of radiology assistants is successful.

Pamela L. Lee, M. Ed., R.T. (R)(CT)(QM), President
Washington Society of Radiologic Technologists

The Washington Society of Radiologic Technologists has reviewed House Bill 2655 and the ancillary materials published as part of the sunrise review of radiologist assistants. WSRT supports the development of role delineation, levels of supervision and educational requirements for radiologist assistants by the Washington Legislature based upon the collaborative work of the American College of Radiology, American Registry of Radiologic Technologists and American Society of Radiologic Technologists.

WSRT's comments regarding HB 2655 are as follows:

1. In Section 2(4)(d), this bill defines a “radiologist assistant, who is an advanced-level certified radiologic technologist who has completed an academic program encompassing a radiologist assistant curriculum from an approved school of radiologic technology and a radiologist-directed clinical preceptorship who:”

WSRT agrees with the recommendations made by The ASRT, the American College of Radiologists (ACR) and American Registry of Radiologic Technologists (ARRT) that the radiologist assistant be a certified radiologic technologist who has completed an advanced academic program encompassing a nationally recognized radiologist assistant curriculum culminating in a baccalaureate degree, postbaccalaureate certificate or master's degree and that incorporates a radiologist-directed clinical preceptorship. The degree requirement and preceptorship should be reflected in this section.

2. The definition of “general supervision” in Section 2(4)(d)(ii) may be inconsistent with the guidelines for the Physician Supervision of Diagnostic Tests as set forth by the Health Care Financing Administration in its Program Memorandum B-OI-28 on April 19, 2001. Procedures performed by a radiologist assistant at this supervision level may not be eligible for reimbursement under Medicare and Medicaid if a general level of physician supervision is legislated.

WSRT is in agreement with the recommendation by ASRT that this section of HB 2655 reference “...under the supervision of a radiologist...” to allow services provided by a radiologist assistant to be appropriately reimbursed at the levels prescribed by the Federal Center for Medicare and Medicaid Services.

3. Section 3(5) refers to “Certified radiologist assistant or certified radiology practitioner assistant for persons certified under this chapter.” The terms “radiologist assistant” and “radiology practitioner assistant” are not interchangeable terms. They are separate and distinct professions. Radiologist assistant (RA) educational pathways are different than those of the radiology practitioner assistant (RPA), radiologist assistants are certified by the ARRT while RPAs are certified by the Certification Board of Radiologist Practitioner Assistants (CBRPA), and the practice standards for the RPA (as listed on the CBRPA website 222.cbrpa.org) exceeds the roles and responsibilities as defined by the American College of Radiology, American Society of Radiologic Technologists and American Registry of Radiologic Technologists for the radiologist assistant.

The WSRT appreciates the positive steps you have taken to ensure that radiologist assistants are able to perform needed radiologic services and looks forward to working with lawmakers and the Department of Health.

APPENDIX: H

Rebuttals to Draft Report

Rebuttals to the Draft Report

Jeff Choffel Applicant

Our intention was to have the bill reflect that an RA/RPA could practice in Washington State provided he or she had completed a 2-year radiologist -assisted clinical preceptorship as well as completing a 2-year academic training program in an advanced radiologic technology program. These individuals also must have sat for and passed a national certification as RA or RPA. Effective 2007, all individuals applying for licensure as an RA/RPA in Washington State must have the above training and certification as well as possessing a BS degree or higher in advanced radiologic technology.

The above mentioned training will allow certified radiology extenders to practice now or in the near future and afford them the time to obtain the few classes needed to complete their BS degree or Masters certificate. All individuals here in Washington State, the classes that need to be taken to complete the BS degree include a computer course, and 2 political science classes. All core classes in advanced radiologic science have been completed and all individuals have also received certificate degrees as well as having passed national certification. The public will be in no harm with the above mentioned initial educational requirements and it will also assure that these individuals complete their degrees in the near future. This is similar to the law passed in Tennessee which allows recent graduates to practice provided they have completed their training including the radiologist directed preceptorship and passed certification boards but are lacking only a few undergrad classes to complete the BS degree. Tennessee I believe has the most radiology trained extenders practicing currently in the nation.

Let me know if you need anything else?? Also, I obviously have sent you this from work but would appreciate any correspondence information to be sent to my home email as usual.
choffelj@valleyint.com

Christine J. Lung Director of Government Relations American Society of Radiologic Technologists

The American Society of Radiologic Technologists has reviewed House Bill 2655 and the accompanying report published as part of the sunrise review of radiologist assistants. ASRT supports the development of role delineation, supervision requirements and educational requirements for radiologist assistants by the Washington Legislature based upon the collaborative work of the American College of Radiology, American Registry of Radiologic Technologists and American Society of Radiologic Technologists.

ASRT's comments on the Information Summary and Recommendation Report are:

1. The term "radiology assistant" is used throughout the report to refer to the "radiologist assistant." Since "radiology assistant" has been used within the profession to describe personnel assisting radiologic technologists it denotes a lesser position, unlike the advanced radiologist assistant. It is important that this distinction is clear between "-ogy" and "-ist."

Suggestion: That the term "radiologist assistant" be used consistently throughout the report and House Bill 2655.

2. Clarify the radiologist assistant scope of practice as described in House Bill 2655 to correspond with the scope of practice endorsed by the American College of Radiology and American Society of Radiologic Technologists.

Suggestion: ASRT supports this recommendation.

3. Add to House Bill 2655, Section 4, activities prohibited: performing or assisting with anesthesia or conscious sedation, angiography, lung mass biopsy, myelography, and other procedures which may be prohibited in rules.

Suggestion: ASRT suggests that this recommendation be revised. The radiologist assistant should be permitted to **assist** the radiologist with anesthesia or conscious sedation, angiography, lung mass biopsy, myelography and other procedures at the discretion of the supervising radiologist. The radiologist assistant should not be permitted to perform these procedures.

4. Addition of a common definition of supervision for both radiologic technologists and radiologist assistants to help reduce confusion in the future practice of radiology.

Suggestion: ASRT supports ACR's recommendation to use the term "supervision" without an adjective modifying it as it relates to the radiologist assistant. To distinguish supervision of a radiologist assistant from the supervision of a radiologic technologist, we suggest that in House Bill 2655, Sec. 2, (4) that a provision stating "For the purpose of this section "supervision" means the radiologist must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the radiologist must be present in the room when the procedure is performed" be included

5. Clarify the academic requirements of House Bill 2655. Require that radiologist assistants obtain a baccalaureate degree, post-baccalaureate certificate or master's degree in radiologist assistant.

Suggestion: That a provision be included in House Bill 2655, Sec. 2, (4)(d) that states: "Radiologist assistant, who is an advanced-level certified radiologic technologist who has completed an educational program for a radiologist assistant culminating in the award of a baccalaureate degree, post-baccalaureate certificate or master's degree from an institution recognized by the American Registry of Radiologic Technologists, American College of Radiology and American Society of Radiologic Technologists, that incorporates a radiologist-directed clinical preceptorship."

6. Replace the definition of radiologist assistant in House Bill 2655, Sec. 2, (4)(d) and add a requirement for an examination in the practice of a radiologist assistant.

Suggestion: ASRT supports this recommendation and has inserted our recommended definition in Appendix A.

7. Do not include a grandfather clause in the legislation for applicants without a baccalaureate degree.

Suggestion: ASRT supports this recommendation. Since one of the educational programs is currently available as either a baccalaureate degree program or a non-baccalaureate certificate program for radiology practitioner assistants, this places the department in a position where it would not be able to verify the skills and quality of education of applicants who may have obtained certification under differing educational standards.

The ASRT appreciates the positive steps the Department of Health has taken to ensure that radiologist assistants are able to perform needed radiologic services in Washington and hopes that the information above clarifies the role of the radiologist assistant. We look forward to working with lawmakers and the Department of Health as issues facing the radiologic sciences appear on the Washington legislative agenda.

Jay Parikh, M.D., President
Washington State Radiology Society

The Washington State Radiology Society, representing over 400 radiologists in Washington, and a chapter of the American College of Radiology would like to comment on the Radiology Assistant Sunrise Review. After carefully reading the recommendations and comments we have issues with several points:

1. In the section Findings/Proposed Scope of Practice, there is a statement concerning the current scope of practice of a radiologic technologist, stating that the radiology assistant would have a broader scope. An example is given of the RT not able to perform fluoroscopic procedures with oral and rectal agents. According to the interpretive statement published last year entitled “Performing Fluoroscopic Procedures by Certified Diagnostic Radiologic Technologists”, “non-parenteral procedures, which include contrast agents that are administered orally and rectally may be performed by certified diagnostic radiologic technologists....” The society believes that today, the only procedures that an RT could not perform that is described in the scope of practice of RA are feeding tube placements and venous diagnostic procedures. Both of these procedures are very infrequently performed in a typical hospital or office practice.
2. The RA scope of practice is an evolving document that has not been vetted by the American College of Radiology and the ASRT except for general principles. It would seem premature for Washington State to act to endorse a new health profession without further understanding the actual and implied scope of practice. Since the major procedure for an RA to perform to assist the radiologist are fluoroscopic procedures, and this is already allowed by the interpretive statement of RT scope of practice, the new law seems unnecessary.
3. Currently there are no RA programs in Washington and only a few around the country. Most radiology extenders in Washington are PAs and RPAs. PA regulation is not germane to this discussion. According to the second interpretive statement, RPA has been specifically excluded from any credentialing process in Washington and not recognized by the Department of Health. The scope of practice of an RPA includes independent image interpretation, which is strongly opposed to by the WSRS and the ACR.

In conclusion, the WSRS opposes legislation to develop the Radiology Assistant certification at this time. When the RA scope of practice has been better defined and there is some experience nationally with this new career path, we would be happy to revisit the issue.

Gail N. Morgan, M.D., Vice-President
Washington State Radiological Society

Additional concerns about the Radiology Assistant Sunrise Review . I did want to offer further comments that I hope will be helpful.

Although the official letter written on November 11 from the WSRS to the DOH stating our position on the Radiology Assistant issue expresses the position of the organization clearly and concisely, I did want to offer a few other observations regarding some concerns raised in the sunrise review document:

1. Under the proposed scope of practice of an RA, there is vague and insufficient language as pertains to procedures that the RA would be prohibited from performing. For example, lung mass biopsy would be expressly prohibited, but there is no specific mention of other equally invasive procedures, such as liver or other organ biopsy or thoracentesis (removal of fluid around the lung). The scope

could encompass advanced diagnostic procedures which include “invasive” procedures. This scope would be perceived by many radiologists as outside the mainstream of traditionally accepted duties and training of any technologist.

2. The terms and definitions pertaining to the levels of supervision by a radiologist described are those developed by the Centers for Medicare and Medicaid Services (CMS) and are inconsistent with the definitions used by the state’s own Department of Health (DOH). The terms are not clearly interchangeable and the inconsistency in language is fraught with potential confusion. This ambiguity of terms may have implications regarding consistency of patient care.

3. In the section outlining the educational training of the RA, language is again insufficient. It is stated that the RA must complete a program with an RA curriculum from an approved school, but it is not stipulated as to which specific accrediting or “approving” body is referred to. Similarly, it is stated that the individual who has trained “under a recognized RPA/RA program ... should be able to practice in Washington State.” Again, it is not clear as to which organization has accredited the particular program and what standards will therefore be upheld. These questions are significant, as the answers clearly impact the quality of patient care and patient safety that the public can be assured will be protected.

These concerns underscore the prudence of awaiting the 2005 report of the work currently undertaken by the American College of Radiology (ACR) and American Society of Radiologic Technologists (ASRT) in conjunction with the American Registry of Radiologic Technologists (ARRT) towards a nationally recognized and certifiable program for the training of the Radiology Assistant. Such a program would specify educational degree requirements, an agreed-upon academic curriculum with appropriate clinical experience, and a standard examination process for evaluating the individuals so trained. This coordinated, collaborative approach on a national level is ultimately in the best interests of the patients and communities we serve.

Thank you for your attention to this matter.