

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 p.m. on February 16, 2004, in Room 526-S of the Capitol.

All members were present except Representative McLeland, who was excused.

Committee staff present:

Dr. William Wolff, Legislative Research Department  
Renaee Jefferies, Office of Revisor of Statutes  
Gary Deeter, Secretary

Conferees appearing before the committee:

Marla Rhoden, Director, Health Occupations Credentialing, Kansas Department of Health and Environment  
Ron Hein, Kansas Society of Radiologic Technologists (KSRT)  
Doug Billings, Past President, KSRT  
Dr. James Owen, diagnostic radiologist  
Jerry Slaughter, Executive Director, Kansas Medical Society  
Priti Lakhani, DPM, Kansas Podiatric Medical Association  
Deborah Stern, Kansas Hospital Association  
Rebecca Rice, Kansas Chiropractic Association  
Larry Buening, Executive Director, Kansas Board of Healing Arts  
Veronica Messer, Radiology Director

Others attending:

See Attached List.

The Committee minutes for February 11 and February 12 were approved.

For purposes of the hearing on **HB 2698**, Representatives Scott Schwab and Mario Goico served as chair. Representative Schwab opened the hearing on **HB 2698** - licensure for radiologic technologists.

Marla Rhoden, Director, Health Occupations Credentialing, Kansas Department of Health and Environment, spoke as a proponent. (Attachment 1) She reported that the radiologic technologists had followed the established procedures for credentialing, meeting all 10 criteria outlined in the statute, noting that the technical review committee and the Secretary for the department had concurred in recommending their licensure. Answering a question, she said the x-ray technicians were included in the bill as registered.

Ron Hein, Kansas Society of Radiologic Technologists (KSRT), outlined the facets of the bill. (Attachment 2) Commenting on the staff briefing from a previous meeting, he stated that the radiologic technologists were willing to consider suggested changes and friendly amendments, noting that the bill establishes minimum examination requirements for those using x-rays for diagnostic purposes on humans.

## CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 16, 2004, in Room 526-S of the Capitol.

He said radiologic technologists include three groups: radiographers, radiation therapists, and nuclear medicine technologists. He reviewed earlier attempts at licensure, citing last year's **HB 2274**, which, he said, was strictly a licensing act. However, in responding to the objections of various groups, he said the present bill offers many compromises:

- It automatically includes all those presently using x-ray technology;
- It makes allowances for those in rural areas to meet lesser requirements;
- It offers to eliminate rural hospitals;
- It provides a simple form of registration for x-ray technicians, which exempts them from the licensing requirements, but does not limit their practice.

Mr. Hein said the goal of the bill is to provide education for all who utilize x-ray technology, prevent mis-diagnoses, and minimize a person's lifetime exposure to radiation. Answering questions, he said that physicians are trained to interpret x-rays, but not to operate the machines. He said dentists were exempt because their x-ray work is limited to one procedure.

Doug Billings, past president, KSRT, explained that radiology and nuclear medicine are a dynamic science that requires continuing education to maintain and increase skills, noting that proper x-ray technique requires a variety of adjustment to obtain an accurate picture with a minimum of radiation exposure. (Attachment 3) He related stories of incompetent and ignorant technicians who provided unreadable x-rays that often overexposed a patient to radiation or resulted in mis-diagnosis, creating needless trauma to patients. Answering questions, he said that x-radiation is cumulative over a person's lifetime, and thus over-exposure is difficult to measure except over time.

Dr. James Owen, diagnostic radiologist, spoke as a proponent. (Attachment 4) He said there are three components to radiologic technology: the condition of the x-ray machine, the generation of the x-ray, and the interpretation of the x-ray film, noting that the 1<sup>st</sup> and 3<sup>rd</sup> are regulated by the state, but the 2<sup>nd</sup> is not, creating an uneven level of quality depending on the person operating the machine. He said physicians are not trained to supervise x-ray technicians. When untrained personnel operate the x-ray machines, the resulting film is often unreadable and the patient is often exposed to far more radiation than necessary, noting that mis-diagnoses and unnecessary further examinations often occur because of poor quality x-rays. He stated that 37 other states already provide for more regulation than this legislation, placing Kansas in a distinct minority and its citizens at risk.

Ron Hein summarized the bill by saying that radiologic technologists would be licensed, x-ray technicians, registered, the latter which meant only filling out a form in order to document who in the state was taking x-rays.

Veronica Messer, Radiology Director, testified as a proponent, saying that a quality x-ray is crucial to diagnosis, relating that her mother died because of a mis-diagnosed x-ray. (Attachment 5) Answering a question, she explained that radiation over-exposure speeds up genetic vulnerabilities, making individuals

## CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 16, 2004, in Room 526-S of the Capitol.

more susceptible to disease.

Jerry Slaughter, Executive Director, Kansas Medical Society, spoke as an opponent, stating that, although he was concerned with quality and did not oppose licensure, he was aware of physicians in rural areas for whom the bill would be burdensome and unworkable because x-ray technicians were not available.

(Attachment 6) He said that in small hospitals and rural physicians' offices, registered nurses or other medical staff were trained to take x-rays. He commended the registration concept, but expressed concern that the Board of Healing Arts was given latitude that could impose increasingly burdensome regulations on x-ray technicians, noting that current law places responsibility for x-ray quality on supervising physicians, which he considered an adequate safeguard. Answering questions, Mr. Slaughter acknowledged the possibility for online education and training for x-ray technicians. A member commented that even though the physician is officially responsible for x-ray technicians, any radiation damage would not be evident for years, making it impossible to hold a physician accountable.

Priti Lakhani, DPM, Kansas Podiatric Medical Association, spoke as an opponent. (Attachment 7) She questioned why dentists are exempt and podiatrists are not, since podiatrists, like dentists, restrict x-rays to four basic procedures, noting that an x-ray in her office is \$75, but if she is required to send the patient to the hospital, the cost is \$250. Answering questions, she repeated the refrain that the bill could open the door for increasingly intrusive regulation and higher cost to the patient.

Larry Buening, Executive Director, Board of Healing Arts, said that the Board had worked diligently to help craft a bill acceptable to all parties, but had been unsuccessful. (Attachment 8) He noted that the final report of the credentialing review committee recommended licensure, stating that the bill has two unique features: x-ray technicians are not only given registration, but a scope of practice; and licensed practitioners are not allowed to delegate radiologic procedures to anyone who is not licensed or registered. He suggested several amendments to the bill that would make it easier for the Board to administer.

Rebecca Rice, Kansas Chiropractic Association, said the association had no opposition to the bill, but they were not promoting it either. (Attachment 9) She expressed gratitude to Mr. Hein for his diligence in trying to accommodate the concerns of various groups.

Deborah Stern, Kansas Hospital Association, said her association was also neutral. (Attachment 10) She said some association members were concerned about possible additional regulatory burdens in the future and that many rural hospitals cross-trained staff for radiologic work. She said the bill might create regulatory barriers in some parts of the state and suggested adding further exceptions, noting that the registration provision of the bill might provide more flexibility.

Not appearing before the committee, but providing written testimony, were the following:

Proponents:

- Randy Stucky, KSRT. (Attachment 11)

## CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 16, 2004, in Room 526-S of the Capitol.

- Linda Croucher, faculty member, Washburn University radiologic technologists program ([Attachment 12](#))
- Ron Casey, registered radiologic technologist ([Attachment 13](#))
- Libby and Brian Johnson, nationally registered radiologic technologist ([Attachment 14](#))

### Opponents:

- Carolyn Gaughan, Executive Director, Kansas Academy of Family Physicians ([Attachment 15](#))
- Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine ([Attachment 16](#))
- David Saidian, certified nuclear medicine technologist ([Attachment 17](#))
- Jacque Amspacker, Executive Director, Johnson-Wyandotte County Medical Society ([Attachment 18](#))

A fiscal note from the Division of Budget is included in the minutes. ([Attachment 19](#))

The Chair closed the hearing on **HB 2698**.

The meeting was adjourned at 2:14 p.m. The next meeting is scheduled for Tuesday, February 17, 2004.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE  
GUEST LIST**

DATE: FEBRUARY 16 2004

NAME	REPRESENTING
Dr. Matthew Galliano	Kansas Podiatric Medical Assoc
Dr. Gary Coussoulman	Ks Chiropractic Assoc
Dr. Charles Morrison	Ks Hosp Assn.
Phyllis Kelly	KACE
Heather Grace	Dannon & Associates
<del>Russell P.</del>	Ks Chiropractic Assn
Melanye Probasco	Ks. Podiatric Med. Assn
Ron Hein	Ks Society of Radiologic Technologists
Jane Steve	Kearney Assoc
<del>Judy Brautman</del>	KANS
Carolyn Muddendorf	Ks St Ns Assn
<del>Clyde Roberts</del>	Ks Society of Radiologic Technologists
Deey Billings	KSRT - Nuclear Medicine Technologists
Jim Kilmartin	Citiger
James Owen	Ks Radiologic Society
DEBORAH STEYIN	KS. HOSP. ASSOC
Maia Rhodes	KDHE
Brenda Toucher	KSRT
MARK COATES	KIA B V F

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE  
GUEST LIST**

DATE: February 16 2004

Page 2

NAME	REPRESENTING
Michael Byington	Ks. Assn for Blind and Visually Impaired
Chris Collins	KMS
Doug Bowman	Coordinating Council on Early Childhood
Mary Hillebrandt	Conlee Consulting Assoc
Dodie Welbhear-Johnson	Patrick Hurley & Co.
Jane Kelz	Kansas Chapter Assn.



# K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND  
ENVIRONMENT

## Testimony on Licensure of Radiologic Technologists House Bill No. 2698

to the  
House Committee on Health and Human Services

by  
Marla Rhoden, Director, Health Occupations Credentialing  
February 16, 2004

Chairperson Morrison, I am pleased to appear before the House Committee on Health and Human Services to discuss House Bill 2698. The Kansas Department of Health and Environment is responsible for the administration of the Kansas Health Occupations Credentialing Act, K.S.A. 65-5001 *et seq.*, the purpose of which is to review the public's need, according to statutory criteria, for a new health occupation to be credentialed in Kansas. Several health occupations have sought to become credentialed without the benefit to the legislature of this standardized review. Radiologic technologists, however, have pursued licensure through the statutory established process.

In April of 1997, the Kansas Society of Radiologic Technologists provided a letter of intent and then in October of 1998 submitted a formal application according to the Kansas Health Occupations Credentialing Act. A technical review committee was convened, and in October of 1999 the technical review committee found that the applicant group met all ten criteria outlined in the statute. This bill is similar to 2003 House Bill 2274 with the addition of the category of X-ray technician at a level of registration in this year's bill.

The provisions of this bill are consistent with the technical review with a couple of additions: 1) the addition of the category of X-ray technician and credentialing at the level of registration, which was not addressed by the technical review but which is consistent with the concern for grandfathering in of current practitioners; and 2) additional work outlining the composition of a radiologic technology council and the fee structure.

DIVISION OF HEALTH  
Office of Local and Rural Health  
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Voice 785-296-1200 Fax 785-296-1231 <http://www.kdhe.state.ks.us/olrh>

Attachment 1  
HHS 2-16-04

Passage of this bill serves to demonstrate the successful processing of an application for credentialing under the law. The department asks that the legislature act favorably on this bill as the applicant group has thoroughly demonstrated the need and rationale under the legislature's criteria for the licensing of radiologic technologists.

Thank you again for the opportunity to comment on House Bill No. 2698. I would be happy to respond to any questions you may have.



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

Mr. Chairman, Members of the Committee:

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

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

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

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

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

Attachment 2  
HHS 2-16-04

House Health and Human Services Committee  
February 16, 2004  
HB 2698

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

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

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

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

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

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

House Health and Human Services Committee  
February 16, 2004  
HB 2698

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

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

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

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

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

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

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

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

House Health and Human Services Committee  
February 16, 2004  
HB 2698

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

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

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

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

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

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

**Testimony Re: HB 2698**  
**House Health and Human Services Committee**  
**By Doug Billings**  
**On behalf of**  
**Kansas Society of Radiologic Technologists**  
**February 16, 2004**

I am Doug Billings. I am a Registered Technologist in Radiography and a Registered Nuclear Medicine Technologist. I am a Past-President of the Kansas Society of Radiologic Technologists and a member of the American Society of Radiologic Technologists, Kansas Society of Radiologic Technologists, Society of Nuclear Medicine and the American Society of Nuclear Cardiology. I have been in the profession for nearly 22 years. During my twenty plus years, I have always been involved by doing what I can to better myself as well as my profession. I spoke last year to the committee on a number of facts, statistics and studies concerning radiation and health concerns. I would encourage you to review testimony from February 18 on KSRT HB 2274. I do not want to be repetitious or overwhelm you with all the same figures. I would like to speak to you today about some additional information and some areas of concern for the people we serve.

Over the last two years alone I have documented over one hundred ten hours of continuing education. The documented hours do not include the countless journal articles and internet articles I have read to keep up with my profession. Medicine and radiology in particular, are very dynamic. Therefore it is important for technologists to continue to educate themselves about their profession. Registered Technologists are required by their license to acquire a minimum 24 hours of continuing education over a two year period. Continuing education helps to develop technologists skills and keep them aware of what is going on in the profession. The continuing education requirements are above and beyond the two years of education and clinical experience required to take the national boards for Radiologic Technology.

Taking an x-ray does not simply require placing a patient or body part on a table and pushing a button. It is so much more. There are hundreds of specific positions a technologist must know to properly image a person with x-rays. In addition to the number of positions, a technologist must also know how to make adjustments for different patients. A newborn baby, an eighty year old frail grandmother confined to a wheelchair or a four hundred fifty pound man injured in an auto accident all require different imaging factors. These are not easy adjustments to make. Proper training is essential. All three of these patients would require a multitude of different positions, adjustments and radiation exposure settings. A technologist would not use the same settings to image all three. Believe it or not, an unqualified person taking an x-ray in most cases, would. I know this for a fact. I called and spoke to the individuals taking the x-rays in a number of sites in Western Kansas. Some of those I spoke to were office managers, clerks and labtechs, to name a few, who had absolutely no idea what they were doing. They typically open the systems wide open and shoot. If it doesn't turn out right,

*Attachment 3*  
*HHS 2-16-04*

they make some adjustments and shoot another x-ray. They continue doing so until something turns out. This is not acceptable. Where is the concern for the safety and rights of the patient. How can a dollar value be place on these patients health and safety?

I do a variety of nuclear medicine procedures. One procedure I do frequently is called a bone scan. We inject a patient with a radioactive medication and allow it time to accumulate in the bones. After a few hours we image the body to look for abnormal areas of accumulation of the radioactive drug. The procedure is very expensive and yields metabolic information about the bones. It is used to aid in the diagnosis or staging of cancers, fractures, arthritic changes, infection and unexplained bone pain. With a little background on bone scans, I want to tell you about a conversation I had with a licensed practitioner last year. The licensed practitioner called to schedule a bone scan. I spoke with him about getting the patient in the next day for the bone scan. We routinely request the patient bring any outside films for comparative purposes. If there is an area of suspicion the radiologist will correlate the data from the bone scan with the x-ray. I made the request to the licensed practitioner to send the patients x-rays to us. He replied they probably would not be helpful. I told him the Radiologist who will be interpreting the study would prefer to have them to aid in the interpretation if at all possible. He then replied he was a little bit embarrassed. He said the x-rays were so bad you really could not see anything on the film because they were so dark. He then said he would be willing to add an x-ray to the order for the bone scan and we could get them at the same time. I would like to make a few points: 1) the original was terribly overexposed meaning the patient received at the very least double the exposure of radiation, 2) the patient was unaware the x-ray taken in the office was worthless, 3) the repeat x-ray at the hospital required additional radiation exposure and cost, 4) a good initial x-ray may not have required a very expensive bone scan. We see several cases exactly like this each month. We are one site in Kansas, imagine if you will, the number of times this happens across the State of Kansas each week.

I had another case several years ago when I was covering CAT scan call. I was called on a Saturday morning to do a STAT chest CT on a man in his late thirties. When I arrived in the Radiology Department the man and his wife were in the waiting room crying. The man had been told it looked like he had lung cancer. I asked the gentleman if I could review his chest x-rays before I took him back for his CT. I then went to our review area and hung his films up on the viewing box. The chest x-ray x-ray was unbelievable. The chest x-ray showed fluffy infiltrates throughout both lung fields. These by themselves certainly were cause for concern. However, the fluffy infiltrates extended into the shoulders, neck and outside the body. I asked the gentleman if he would mind letting me take another chest x-ray. The chest x-ray I took showed perfectly normal lungs. The patient was very upset at all he had gone through because of a terrible chest x-ray. The chest x-ray was reportedly taken by the office manager. It had a number of problems. There was no identification to show it was even this patients x-ray. The film was overexposed, the chemicals for processing were, old creating the false abnormalities, there were scratches all over both films, the patients chin was included in the film and a variety of other issues. This is not an isolated occurrence. We also see an unbelievable number of cases very similar to this.

We had another patient last year who was told she had a big lung tumor. She was sent in for a chest CT. Our registered CT technologist reviewed her x-rays and realized the office person who took her x-rays did not have the patient remove her bra. The mass shown on the x-rays was a breast prosthesis in her bra due to a prior mastectomy. This patient drove from out of town to see how bad her lung tumor was. We also repeated her chest x-ray to show it was normal. She had at least twice the x-rays, unnecessary concern, increased cost and had to drive for an appointment out of town she did not need. These cases also occur on a weekly basis all across our State.

These are examples of over diagnosis based on poor quality exams. Imagine for a moment the number of disease processes and cancers missed for the same reasons. The next time you visit your physician for an annual physical will you wonder if your chest x-ray is truly okay. Maybe it was over- or under-exposed. Maybe as a result you have a small lesion that will continue to grow beyond a treatable state. If the original x-ray had been properly performed maybe you would have another ten to twenty years of life rather than only one. We see a number of cases every year that are sad and preventable. There must be a means for requiring people taking x-rays in the State of Kansas to be properly qualified. I can not imagine how the facts can continue to be ignored. It is up to you, the committee, to make an appropriate decision for not only the health and safety of the people you represent, but also for yourselves.

Please, as I mentioned earlier, review the data I supplied in previous committee hearings. The facts are very real. We have supplied everything requested and have worked diligently to address concerns of our opponents to this bill. Many concessions have been made to try to accomplish our goals. Our sincere goal in this bill is to provide safe and accurate diagnostic radiology exams for our patients, most of which have no idea how poor their Radiology care may be. Thank you once again for your consideration of this important bill.

**Testimony Re: HB 2698**  
**House Health and Human Services Committee**  
**Presented by Dr. James Owen**  
**on behalf of**  
**Kansas Society of Radiologic Technologists**  
**February 16, 2004**

I am Dr. James Owen. I am a diagnostic radiologist—a member of the medical specialty that deals with x-rays and other forms of diagnostic imaging. I am a Fellow of the American College of Radiology, past President of the Kansas Radiological Society and the Councilor representing the state of Kansas to the Council of the American College of Radiology. I am speaking today representing the KRS, which has previously gone on record in support of legislation to set minimum standards governing the quality of x-ray exams in Kansas. Similar legislation already exists in thirty-seven other states. Both the KRS and the ACR have a long history of support for quality standards in patient care. The ACR, for example, spearheaded the Mammography Quality Standards Act, which has become the premier example of how standards can be used to improve quality of care. I should preface my remarks by saying that, in general, I am opposed to excessive government regulation and intervention. That should only take place when absolutely necessary to safeguard the public. I believe that the performance of x-ray exams is such a case.

I would like to provide a little background information. There are three components to an x-ray procedure: 1) the equipment, 2) the generation of the x-ray itself and its recording on film, and 3) its professional interpretation. Equipment, by statute, is supposed to be monitored by the KDHE and is not addressed by this bill. The professional interpretation is rendered by a physician. Again, by statute, any licensed physician can provide that interpretation and they are under the regulation of the Board of Healing Arts. The actual generation of the exam is the one area with no oversight whatsoever and no standards. Consequently, it is subject to the highest variability.

Is this a problem? We believe that it is a substantial problem. First of all, the quality of x-ray images is perhaps the single most variable “product” in healthcare in Kansas. That is largely a reflection of the training, knowledge and capabilities of the person generating the images. Most patients presume that the person taking their x-ray knows what he or she is doing. In a great many cases, nothing could be further from the truth. They also presume that their doctor oversees the quality. Again, with the exception of radiologists, most physicians receive no training in x-

1  
*Attachment 4*  
*HHS 2-16-04*



ray image assessment, and not only are unable to give guidance to the radiographer, they are often unable to determine if the x-ray is even acceptable to interpret.

What problems does this create? There are primarily three: 1) generation of x-rays that are technically inadequate to render a diagnosis, 2) unnecessary radiation exposure to the patient and 3) cost. Poor quality radiographs can make it difficult, if not impossible, to make a diagnosis even in the best of hands. The likelihood of missing a lung cancer on a chest x-ray, for example, goes way up as the quality of the x-ray goes down. My practice, based here in Topeka, interprets x-rays for some forty different locations across northeast and east central Kansas. We have, over the years, been asked by numerous other sites to provide professional interpretations for their exams, and, after an initial assessment, have declined to do so because the films were of such poor quality as to render them, in our opinion, uninterpretable. Those exams are still being performed; they're just not being read by us. This is also not an urban vs. rural issue – we see just as many poor quality images generated around Topeka, Wichita and Kansas City as in rural areas of the state.

Not only does this create problems in initial diagnosis, it also leads to unnecessary additional exams such as the technically inadequate chest x-ray that leads to an unnecessary CAT scan to prove that there is nothing wrong, or the person admitted to the hospital who, as a first step, has to have his basic x-rays repeated so we know where to start in his evaluation. There is, therefore, also a financial cost to this, with which the state, as the administrator of Medicaid, should be fiscally concerned.

Regarding unnecessary radiation exposure, this has two sources. First, patients get excess radiation when the radiographer fails to collimate, or limit, the exposure to just the area in question, and fails to use the proper technique. Second, it occurs when films have to be repeated because they were badly exposed. This happens to all techs occasionally, for a variety of reasons, but it is a bigger problem when the person with his finger on the button has no training. I am aware, for example, of an instance in Topeka in which a child had his face radiated twelve times before the untrained radiographer finally quit trying to get a satisfactory exam of his sinuses. This, to me, is unacceptable.

Who takes x-rays now? This is a picture of extremes. On the one hand are radiologic technologists (R.T.s), persons who have completed two years of classroom and practical training followed by a national board examination. At the

opposite extreme could be, quite literally, ANYONE else. In one practice near Topeka of which we are aware, the x-rays were taken by a girl whose last job was scooping ice cream at Dairy Queen. Her training consisted of being told to "press the button". She had no idea of how to vary the exposure, let alone correct a problem. It turned out her films were coming out black because she didn't know the chemicals in the processor needed to be changed monthly (she had never changed them) and that the temperature of the developer was critical (she had no thermometer). Her solution to try to get an x-ray was to just crank up the voltage. It is this sort of situation that we wish to correct.

What do radiographers really need to know? Many people mistakenly believe that it truly is a "push the button" business. There is a long list of technical parameters of which the radiographer needs to be aware and deal with on every x-ray he or she takes. The process is easiest at the largest hospitals and offices where they can afford more modern and semi-automated equipment. Ironically, that is also where the best-trained radiographers are.

It is our opinion that this is a problem worthy of correction, and one which can be addressed fairly easily by requiring a minimum amount of training and accountability such as this proposed legislation provides. A stronger bill was considered by this committee last year. Opposing arguments and my responses to them were as follows:

- 1) This is unnecessary regulation and intrusion into a physician's or hospital's practice of medicine.

As I indicated, I too am opposed to unnecessary regulation. Hopefully, you see why I believe that this is truly needed. Personally, I find it incredible that one has to be licensed to cut hair in Kansas, but not to expose someone to radiation or determine whether or not they have a life-threatening condition.

- 2) There aren't enough RTs to replace people not qualified.

It is true there is a shortage of RTs right now. Ideally, everyone taking x-rays would be an RT, but that is simply not practical at the moment. There are however alternatives, both in the short run and long term. In the short term, you could elect to grandfather in those people currently engaged in radiography with the stipulation that they become certified within, say, two or three years, and that any new radiographers be certified. In the long term, there are alternatives to full RT registration. The ARRT has for example a

track that permits limited licensure following a minimal education program. This could be used for those facilities that for whatever reason are unable to attract or support an RT. Lastly, this legislation provides for a mere registration process so that BOHA can at least be aware of who is performing limited radiography but is not trained to the extent necessary to obtain licensure. This will negatively impact small rural hospitals and practices.

The same approach described above would address this concern. Limited licensure would permit existing radiographers to acquire the minimum training needed to be marginally safe with little effort or cost. Registration would permit BOHA to track persons who are untrained and to attempt to increase their education and their competency. Thirty-seven other states, including rural states, already require radiographer licensure. Clearly they have made it a priority and found a way to make it work. That number should also make it clear that we are in a distinct minority in our failure to safeguard patients through proper training. One should also consider that it might be possible that bad radiography is worse than none at all.

### 3) Cost.

The state would not have to incur any cost of developing and administering exams, since there is already a nationally recognized process through the ARRT. Costs of record-keeping should be born by those being certified, similar to other groups. The program would be under the Board of Healing Arts, so the infrastructure is already in place.

### 4) Dentists are exempted.

Frankly, it doesn't matter to me whether or not they are exempt, and I doubt it would matter to them. This legislation was designed to address a need. Dental radiography is limited to a single standardized exam, with limited exposure options using a machine that can be used for nothing else, and dental hygienists all receive appropriate radiographic education in their training programs. My personal perception is that there is not a problem with them.

### 5) This interferes with physician autonomy and we know what's appropriate.

As I indicated earlier, most physicians have no training in radiographic quality assessment. In addition, every other aspect of their practice has oversight. Furthermore, there are worse things than state regulation. Previously, states failed to adequately monitor clinical laboratory work in physician's offices. The result was CLIA – federal legislation that essentially shut down most office laboratory work completely amid a mountain of regulatory requirements. Personally, I would prefer to see regulation be done at the local level.

6) This is an attempt to shift all of the x-ray interpretations to radiologists.

As I indicated, this legislation says nothing about who interprets the studies, and the BOHA places no restrictions on individual practitioners. A large percentage of x-rays in Kansas are interpreted by nonradiologists and we, as radiologists, have no desire to alter that. In addition, there is a shortage of radiologists, just as there is a shortage of technologists, and we couldn't handle the increased workload if we had to.

Over the last few months, the issues involved in last year's bill were discussed by several of the organizations that had opposed it. What you see before you for your consideration now is a proposal substantially reduced in its scope. While it is certainly not the legislation we would like to see enacted, it hopefully addresses most of the previous concerns and would still represent an improvement over our present system and a good first start toward safeguarding our patients.

Hopefully, I have once again made it clear that there is a quality problem in Kansas related to radiographers and that citizens are being harmed as a result. Our role as physicians is to be advocates for our patients. That should also be the goal of the legislature and the state regulatory environment. The desire of the Kansas Radiological Society is to do what we can to improve patient care and ensure safe, diagnostic studies for the people of Kansas. We strongly believe this legislation would represent a good first step toward that goal. Thank you for your attention and consideration.

Subject: Bill 2698  
February 16, 2004

Dear Representative Morrison,

Please accept this as a written testimonial in the event that I am unable to appear on Monday the 16th of February.

I am a Registered Radiological Technologist, Graduating in 1984. I have worked in the city and in the rural areas. I understand the difficulty of obtaining technologists in those rural areas and in retaining them. However, I also know that in these rural areas is where the most unjust is being done to the citizens of Kansas.

I wonder if when you shop for health care if you choose the facility that is the BEST. I wonder if when you or your family have an X-Ray or a CAT scan if you ever question in your mind, if the person behind the control panel has any training in administering RADIATION TO HUMANS.

I do not understand how the STATE Social and Rehabilitation office can send out a letter dated 1-22,2004 requesting that each facility document rather or not all of their employees are "currently licensed/or certified in the State of Kansas. The State of Kansas Social and Rehabilitation services is asking me to certify that I have Licensed people who are performing their ancillary testing??? What a contradiction. I am NOT required to have a license in the State of Kansas, yet for STATE work I must prove that I am qualified.

I am required to be a Registered Technologist to do a Mammogram by the STATE and the FDA. Why is that so? Mis-Diagnosis due to POOR quality films. Poor quality is only important in Mammography NOT in X-Ray and C.T??? In one area your cancer will be diagnosed with quality (mammography) but in a much more vast area many will be missed due to poor quality work.

Today you are a legislative representative -when you leave here you "could" be an X-Ray tech -there is nothing to stop you. We will hand you a few techniques and show you where to push the buttons. We might even give you a book to position people with -after all x-raying the correct anatomical region is important.

How would you do if I place an infant child in front of you and ask you to produce an X-ray image?? How would you do if that infant child was your son or daughter?? Not being TRAINED you might push buttons until you achieved the picture you need without every knowing that you could have just given that child radiation induced Leukemia. Of course you wouldn't know and who would care? Years later when that child is a teenager diagnosed with Leukemia it will be tragic.

I personally have witnessed people with NO TRAINING taking x-rays in remote areas of Kansas and Oklahoma. I have seen films repeatedly exposed to try an obtain images.

Attachment 5  
HHS 2-16-04

I have quizzed the staff on how they achieve an image without knowing? They told me they just push buttons until they get it right. If you think you are safe you may not be, I know multiple places in Kansas where people are working today with limited training.

I understand that Physician offices do not want to pay high dollar for X-Ray Technologist's; I understand that Hospitals cannot afford higher dollars either. However this should NOT be about the money this should be about the SAFE USE OF RADIATION ON HUMANS. This should be about Quality Radiographs for accurate diagnosis. This should be about SAVING LIVES.

Today as a representative of the people it is your duty to protect them from the harmful affects of radiation in un trained hands.

Thank You,

Veronica Messer R.T. (R) (M)

Radiology Director



**To:** House Health and Human Services Committee

**From:** Jerry Slaughter  
Executive Director

**Date:** February 16, 2004

**Subject:** HB 2698; concerning licensure of radiologic technologists

The Kansas Medical Society appreciates the opportunity to appear today on HB 2698, which would create a licensing act for radiologic technologists. While we do not oppose the licensing of radiologic technologists generally, we cannot support this bill without the amendment that is attached to this testimony.

Enactment of this bill will make it illegal for anyone other than a licensed radiologic technologist to operate an x-ray machine for diagnostic or therapeutic purposes. The only exceptions to that requirement are for licensees of the healing arts board (physicians, chiropractors, podiatrists) when they personally provide the service, students, health care providers in the armed services, and dentists, dental hygienists and dental assistants. In other words, any physician who provides x-ray services in his or her medical office would have to employ a licensed radiologic technologist, or a registered x-ray technician, to operate an x-ray unit. Particularly in rural areas, this requirement is unworkable.

First, there is not an overabundance of radiologic technologists available, and many small, rural physician offices would find it extremely difficult to find a licensed individual. Second, in many physician practices it is necessary to have employees cross-trained to provide a wide range of services such as basic diagnostic laboratory and x-ray services, as well as other patient care services, all under the direction and supervision of a physician. Requiring every office in which x-rays are provided to employ fulltime a licensed or registered radiologic technologist would be costly, impractical, and not possible, particularly in rural areas. By imposing this requirement on rural physician practices, the legislature would make it more difficult for those practices to be viable, and we already have serious problems attracting and keeping physicians in rural Kansas.

During the two years this bill has been in front of this committee there has been quite a bit of talk about the issues of quality, patient safety and responsibility for care that is delivered. We feel just as strongly about those issues as do the proponents of the bill. And, at the end of the day, it is the responsibility of every physician to assure that persons working under their supervision are

Attachment 6  
HHS 2-16-04

properly trained to carry out functions delegated to them. In fact, the healing arts act is very clear about the responsibility of a licensee in this regard. A licensee of the board can be disciplined for unprofessional conduct under KSA 65-2837(b), for

- (26) Delegating professional responsibilities to a person when the licensee knows or has reason to know that such person is not qualified by training, experience or licensure to perform them; and
- (30) Failing to properly supervise, direct or delegate acts which constitute the healing arts to persons who perform professional services pursuant to such licensee's direction, supervision, order, referral, delegation or practice protocols.

We have been discussing alternatives to licensure with the proponents of this bill for the past several months. One of the alternatives we explored was creating a registration option for persons who did not otherwise qualify for licensure. The bill does contain that concept, which is found in sections 7 & 8, on pages 5-6 of the bill. However, after discussing this concept with rural physicians and physicians in smaller practices, they still felt it would be unworkable. It would add administrative complexity, cost and hassle to the very practices that are least able to absorb the burden of additional government regulations and requirements.

Attached to our testimony is an amendment we would urge you to adopt, if the committee intends to work the bill. The amendment does two things: 1) it removes provisions of the bill which establish the registration mechanism for unlicensed individuals, found in sections 7 & 8; and 2) it combines the exemption for dentists and persons working under their supervision with an identical exemption for physicians, chiropractors and podiatrists. This amendment is found on page 3, line 3 of the bill.

We would urge you to adopt this amendment. Thank you for the opportunity to offer these comments.



**HOUSE BILL No. 2698**

By Committee on Health and Human Services

2-4

AN ACT providing for the regulation and licensing of radiologic technologists and x-ray technicians; granting powers and duties of the state board of healing arts; establishing a radiologic technology council and providing for the functions thereof; declaring unlawful acts and penalties.

*Be it enacted by the Legislature of the State of Kansas:*

Section 1. Sections 1 through 14 and amendments thereto shall be known and may be cited as the radiologic technologists practice act.

Sec. 2. As used in this act:

(a) "Board" means the state board of healing arts.

(b) "Ionizing radiation" means x-rays, gamma rays, alpha and beta particles, high speed electrons, protons, neutrons and other nuclear particles capable of producing ions directly or indirectly in its passage through matter.

(c) "License" means a certificate issued by the board authorizing the licensee to perform radiologic technology procedures on humans for diagnostic or therapeutic purposes.

(d) "Licensed practitioner" means a person licensed to practice medicine and surgery, dentistry, podiatry, chiropractic or osteopathic medicine and surgery in this state.

~~(e) "X-ray technician" means a person who is not able to meet minimum requirements for a license as a radiologic technologist pursuant to this act who is providing limited radiography under the supervision of a supervisor pursuant to this act.~~

(f) "Nuclear medicine technologist" means a person who uses radio pharmaceutical agents on humans for diagnostic or therapeutic purposes.

(g) "Nuclear medicine technology" means the use of radio nuclides on human beings for diagnostic or therapeutic purposes.

(h) "Radiation therapist" means a person who applies radiation to humans for therapeutic purposes.

(i) "Radiation therapy" means the use of any radiation procedure or article intended for the cure, mitigation or prevention of disease in humans.

(j) "Radiographer" means a person who applies radiation to humans

**Kansas Medical Society amendment**

6-3

6-4  
6-9

1 for diagnostic purposes.

2 (k) "Radiography" means the use of ionizing radiation on human be-  
3 ings for diagnostic purposes.

4 (l) "Radiologic technologist" means any person who is a radiographer,  
5 radiation therapist or nuclear medicine technologist.

6 (m) "Radiologic technology" means the use of radioactive substance  
7 or equipment emitting or detecting ionizing radiation on humans for di-  
8 agnostic or therapeutic purposes upon prescription of a licensed practi-  
9 tioner. The term includes the practice of radiography, nuclear medicine  
10 technology and radiation therapy, but does not include echocardiography,  
11 diagnostic sonography and magnetic resonance imaging.

12 (n) ~~"Supervisor" means a licensed practitioner or a hospital-licensed  
13 pursuant to K.S.A. 65-401 et. seq. providing supervision for a registered  
14 x-ray technician pursuant to this act.~~

15 Sec. 3. (a) On and after January 1, 2005, except as otherwise provided  
16 in this act, no person shall perform radiologic technology procedures on  
17 humans for diagnostic or therapeutic purposes unless the person pos-  
18 sesses a valid license issued under this act.

19 (b) A person holding a license under this act shall use radioactive  
20 substances or equipment for radiologic technology procedures on humans  
21 only for diagnostic or therapeutic purposes by prescription of a licensed  
22 practitioner, and only if the application of a substance or the use of equip-  
23 ment is limited in a manner herein specified.

24 (c) No person shall depict one's self orally or in writing, expressly or  
25 by implication, as holder of a license who does not hold a current license  
26 under this act.

27 (d) (1) Only persons licensed under this act as a radiologic technol-  
28 ogist shall be entitled to use the title "radiologic technologist", abbrevi-  
29 ations thereof, or words similar thereto or use the designated letters  
30 "R.T." or "R.T. (R)".

31 (2) Only persons licensed under this act as a radiologic technologist  
32 and who have received additional certification from the American registry  
33 of radiologic technologists (ARRT) or the nuclear medicine technology  
34 certification board (NMTCB) shall be entitled to use the title "radiation  
35 therapist" or "nuclear medicine technologist", abbreviations thereof, or  
36 words similar thereto or use the designated letters R.T. (N)" or "R.T.  
37 (T)".

38 (3) This section shall not prohibit a person who is licensed as a res-  
39 piratory therapist by this state from using any letter or designation indi-  
40 cating that such person is engaged in the practice of respiratory therapy.

41 (e) Except as otherwise provided in this act, no person shall employ  
42 a person to engage in the practice of radiologic technology unless the  
43 person possesses a valid license issued under the provisions of this act.

59

1 Sec. 4. The following shall be exempt from the provisions of this act  
2 and the requirement of a license pursuant to this act:

3 (a) A licensed practitioner; \_\_\_\_\_

4 (b) a resident physician or a student enrolled in and attending a  
5 school while under the direct supervision of a licensed practitioner, ra-  
6 diographer, radiation therapist or nuclear medicine technologist;

7 (c) health care providers in the United States armed forces, public  
8 health services, federal facilities and other military service when acting in  
9 the line of duty in this state;

10 (d) persons rendering assistance in the case of an emergency; and

11 (e) ~~a licensed dental hygienist or an unlicensed person working under  
12 the supervision of a licensed dentist who has been trained by a licensed  
13 dentist on the proper use of dental radiographic equipment for the pur-  
14 pose of providing medical imaging for dental diagnostic purposes consis-  
15 tent with K.S.A. 65-1422 et. seq. and amendments thereto.~~

16 Sec. 5. (a) An applicant applying for licensure as a radiologic tech-  
17 nologist shall file a written application on forms provided by the board,  
18 showing to the satisfaction of the board that the applicant meets the  
19 following requirements:

20 (1) At the time of the application is at least 18 years of age;

21 (2) has successfully completed a four-year course of study in a sec-  
22 ondary school approved by the state board of education, passed an ap-  
23 proved equivalency test or graduated from a secondary school outside  
24 Kansas having comparable approval by the state board of education;

25 (3) has satisfactorily completed a course of study in radiography  
26 which is approved by the board and which contains a curriculum no less  
27 stringent than the standards of existing organizations which approve ra-  
28 diologic technology programs;

29 (4) except as provided in section 6, and amendments thereto, has  
30 successfully passed a license examination approved by the board; and

31 (5) has paid all fees required for licensure prescribed in this act.

32 (b) The board may issue a temporary license to an applicant seeking  
33 licensure as a radiologic technologist when such radiologic technologist  
34 applies for temporary licensure on a form provided by the board, meets  
35 the requirements for licensure or meets all the requirements for licensure  
36 except examination and pays to the board the temporary license fee as  
37 required under section 12, and amendments thereto. Such temporary  
38 license shall expire 180 days from the date of issue or on the date that  
39 the board approves the application for licensure, whichever occurs first.  
40 No more than one such temporary license shall be permitted to any one  
41 person.

42 (c) An applicant for renewal of a license shall submit proof of having  
43 successfully completed continuing education courses as prescribed by

or an unlicensed person, working under the supervision of a licensed practitioner, who has  
been trained on the proper use of x-ray equipment for the purpose of performing imaging for  
diagnostic purposes consistent with K.S.A. 65-1422 et.seq., K.S.A. 65-2001 et.seq., or K.S.A.  
65-2801 et.seq., and amendments thereto;

1 rules and regulations.

2 (d) The board may accept, in lieu of its own licensure examination, a  
3 current certificate by the American registry of radiologic technologists,  
4 nuclear medicine technologist certification board or other recognized na-  
5 tional voluntary credentialing bodies, which the board finds was issued  
6 on the basis of an examination which meets standards at least as stringent  
7 as those established by the board.

8 (e) The board may waive the examination, education or experience  
9 requirements and grant licensure to any applicant who presents proof of  
10 current licensure as radiologic technologist in another state, the District  
11 of Columbia or territory of the United States which requires standards  
12 for licensure determined by the board to be equivalent to the require-  
13 ments under this act.

14 (f) A person whose license has been revoked may make written ap-  
15 plication to the board requesting reinstatement of the license in a manner  
16 prescribed by the board, which application shall be accompanied by the  
17 fee provided for in section 12, and amendments thereto.

18 (g) A licensee whose license has lapsed and who has ceased activities  
19 permitted in this act, may apply for re-licensure upon making a request  
20 for renewal upon a form provided by the board and payment of a fee set  
21 by the board and satisfactorily meeting the requirements established by  
22 rules and regulations of the board.

23 (h) At least 30 days before the expiration of a license issued under  
24 this act, the board shall notify the licensee of the expiration date by mail  
25 addressed to the licensee's last mailing address as noted upon office  
26 records.

27 (i) A licensee holding a license under this act shall notify the board  
28 in writing within 30 days of any name or address change.

29 Sec. 6. The board shall waive the education and examination require-  
30 ments for an applicant who, on or before January 1, 2005:

31 (a) (1) Has been engaged in the practice of radiologic technology for  
32 a period of at least two years of the three years immediately preceding  
33 January 1, 2005; (2) is 18 years of age or older; (3) and has successfully  
34 completed secondary schooling or its equivalency; or

35 (b) (1) has been engaged in the practice of radiologic technology prior  
36 to January 1, 2005; (2) has, at the time of application, a current valid  
37 certificate by the American registry of radiologic technologists, nuclear  
38 medicine technologist certification board or other recognized national  
39 voluntary credentialing bodies, which the board finds was issued on the  
40 basis of an examination which meets standards at least as stringent as  
41 those established by the board; (3) is 18 years of age or older; and (4) has  
42 successfully completed secondary schooling or its equivalency; or

43 (c) (1) has engaged in the practice of radiologic technology prior to

1 January 1, 2005; (2) submits an affidavit from two of the following: A  
2 hospital administrator, a radiologist, or a licensed practitioner other than  
3 a radiologist attesting to the applicant's competency in the practice of  
4 radiologic technology; (3) is 18 years of age or older; and (4) has suc-  
5 cessfully completed secondary schooling or its equivalency.

6 ~~Sec. 7. An applicant who does not meet the requirements of this act~~  
7 ~~for licensure as a radiologic technologist may apply for registration as an~~  
8 ~~X-ray technician in order to practice limited diagnostic radiography pur-~~  
9 ~~suant to this act. An applicant for registration as a X-ray technician shall~~  
10 ~~on forms provided by the board state, among other requirements by the~~  
11 ~~board, the name of the person responsible for supervising the applicant~~  
12 ~~and the areas of practice such applicant for registration has experience in~~  
13 ~~as follows: (a) Chest radiography: Radiography of the thorax, heart, and~~  
14 ~~lungs; (b) extremities radiography: Radiography of the upper and lower~~  
15 ~~extremities; (c) spine radiography: Radiography of the vertebral column;~~  
16 ~~(d) skull/sinus radiography: Radiography of the skull and sinuses; and (e)~~  
17 ~~podiatric radiography: Radiography of the foot and ankle.~~

18 ~~Sec. 8.—(a) It shall be unlawful for any person to function as an X-ray~~  
19 ~~technician in this state unless such person is licensed as a radiologic tech-~~  
20 ~~nologist under this act or is registered with the board as an X-ray tech-~~  
21 ~~nician pursuant to this act. The board may adopt rules and regulations~~  
22 ~~regarding registration of an X-ray technician, including requiring an ex-~~  
23 ~~amination, educational standards and continuing education. Such rules~~  
24 ~~and regulations may establish the criteria for a required examination and~~  
25 ~~a passing score. Any examination that the board may approve shall be~~  
26 ~~appropriate to the practice area of the registrant. The board may utilize,~~  
27 ~~in lieu of its own examination, a limited scope radiography examination~~  
28 ~~administered by the American registry of radiologic technologists or other~~  
29 ~~organizations providing such examination as approved by the board.~~

30 ~~(b) All applications for registration shall be made on a form to be~~  
31 ~~prescribed and furnished by the board. Each application for registration~~  
32 ~~shall be accompanied by a registration fee fixed by the board by rule and~~  
33 ~~regulation of not to exceed \$50.~~

34 ~~(c) All persons who are employed as an X-ray technician in a Kansas~~  
35 ~~hospital or licensed practitioner's office on the effective date of this act~~  
36 ~~shall be entitled to continue performing the functions of an X-ray tech-~~  
37 ~~nician until January 1, 2005, without registering pursuant to the require-~~  
38 ~~ments of this section. On and after January 1, 2005, to perform the func-~~  
39 ~~tions of an X-ray technician, such person shall be registered by the board~~  
40 ~~as an X-ray technician pursuant to this act.~~

41 ~~(d) Each applicant for renewal of an X-ray technician registration~~  
42 ~~shall be made on a form prescribed and furnished by the board and shall~~  
43 ~~be accompanied by a renewal fee fixed by the board by rule and regulation~~

Delete

8.9

1 of not to exceed \$15. Except as otherwise provided in this subsection, the  
 2 application for registration renewal, when accompanied by the renewal  
 3 fee and received by the board on or before the date of expiration of the  
 4 registration, shall have the effect of temporarily renewing the applicant's  
 5 registration until actual issuance or denial of the renewal registration. If  
 6 at the time of filing a proceeding is pending before the board which may  
 7 result in the suspension, probation, revocation or denial of the applicant's  
 8 registration, the board may by emergency order declare that the appli-  
 9 cation for renewal shall not have the effect of temporarily renewing such  
 10 applicant's registration.

11 (c) The board may deny an application for issuance or renewal of any  
 12 registration as an X-ray technician on any ground which the board is  
 13 authorized to take action against the license of a radiologic technologist  
 14 pursuant to this act;

15 (f) Proceedings under this section shall be subject to the Kansas ad-  
 16 ministrative procedure act.

17 (g) Every registered X-ray technician shall furnish the board notice  
 18 of the name and address of the new employer pursuant to rule and reg-  
 19 ulation of the board.

20 (h) Each X-ray technician supervisor shall at all times maintain a list  
 21 of the names of X-ray technicians employed by the supervisor.

22 (i) The board may adopt such rules and regulations as are necessary  
 23 to ensure that X-ray technicians are adequately trained as to the nature  
 24 and scope of their lawful duties.

25 (j) Only persons registered under this act as x-ray technicians shall  
 26 be entitled to use the title "X-ray technician", abbreviations thereof, or  
 27 words similar thereto.

28 (k) A person registered as an X-ray technician shall not hold them-  
 29 selves out as and shall not be entitled to use the titles listed in section 3  
 30 of this act, or abbreviations thereof, or words similar thereto, and amend-  
 31 ments thereto.

32 Sec. 9. (a) There is established the radiologic technology council to  
 33 assist the state board of healing arts in carrying out the provisions of this  
 34 act. The council shall consist of five members, all citizens and residents  
 35 of the state of Kansas appointed as follows: The board shall appoint one  
 36 member who is a physician licensed to practice medicine and surgery  
 37 who is also certified as a radiologist and one member who is a member  
 38 of the state board of healing arts. The governor shall appoint three ra-  
 39 diologic technologists who have at least three years' experience in radiol-  
 40 ogic technology preceding the appointment and are actively engaged, in  
 41 this state, in the practice of radiologic technology or the teaching of ra-  
 42 diologic technology. At least two of the Governor's appointments shall be  
 43 made from a list of four nominees submitted by the Kansas society of

Delete

1 radiologic technologists.

2 (b) The terms of office shall be four years, except that of the members  
3 first appointed, one shall be appointed for a term of one year, one for a  
4 term of two years, one for a term of three years, and two for a term of  
5 four years, with successor members appointed for four years. If a vacancy  
6 occurs on the council, the appointing authority of the position which has  
7 become vacant shall appoint a person of like qualifications to fill the va-  
8 cant position for the unexpired term.

9 (c) Radiologic technologists initially appointed to the council must be  
10 eligible for licensure under section 5 and amendments thereto. On and  
11 after, January 1, 2005, new appointees shall be licensed under the pro-  
12 visions of this act.

13 (d) The council shall meet at least once each year at a time and place  
14 of its choosing and at such other times as may be necessary on the chair-  
15 person's call or on the request of a majority of the board's members.

16 (e) A majority of the council constitutes a quorum. No action may be  
17 taken by the council except by affirmative vote of the majority of the  
18 members present and voting.

19 (f) Members of the council attending meetings of the council, or a  
20 subcommittee of the council, shall be paid amounts provided in subsec-  
21 tion (e) of K.S.A. 75-3223, and amendments thereto, from the healing  
22 arts fee fund.

23 Sec. 10. The radiologic technology council shall advise the board  
24 regarding:

- 25 (a) Examination, licensing, registration, and other fees;
- 26 (b) rules and regulations to be adopted to carry out the provisions of  
27 this act;
- 28 (c) subject areas to be covered during the educational program and  
29 on the licensure examination;
- 30 (d) the number of yearly continuing education hours required to  
31 maintain active licensure or registration;
- 32 (e) changes and new requirements taking place in the area of radiol-  
33 ogic technology; and
- 34 (f) such other duties and responsibilities as the board may assign.

35 Sec. 11. (a) The board, with the advice and assistance of the radiol-  
36 ogic technology council, shall pass upon the qualifications of all applicants  
37 for examination and licensing; contract for examinations; determine the  
38 applicants who successfully pass the examination; duly license or register  
39 such applicants; adopt rules and regulations as may be necessary to ad-  
40 minister the provisions of this act, and amendments thereto; and pre-  
41 scribe forms which shall be issued in the administration of this act.

42 (b) The board, with the advice and assistance of the radiologic tech-  
43 nology council, shall establish, by rules and regulations: standards for

1 approval of an educational course of study and clinical experience, con-  
2 tinuing education criteria, criteria for registration, procedures for the ex-  
3 amination of applicants and standards for professional conduct and dis-  
4 cipline of licensees or, if applicable registrants.

5 (c) The board shall keep a record of all proceedings under this act  
6 and a roster of all individuals licensed or registered under this act.

7 (d) The board, after obtaining the advice and assistance of the ra-  
8 diologic technology council, shall establish by rules and regulations, the  
9 effective period for a license or registration under this act and for its  
10 expiration at the end of that time unless renewed in a manner prescribed  
11 by the board upon payment of the license or registration renewal fee  
12 established under this act. The board may establish additional require-  
13 ments for license or registration renewal which provide for completing  
14 the required number of continuing education courses and any other ev-  
15 idence of continued competency the board may require. The board may  
16 provide for the late renewal of a license or registration upon the payment  
17 of a late fee established by this act but no such late renewal of a license  
18 may be granted more than five years after its expiration.

19 (e) After obtaining the advice and assistance of the radiologic tech-  
20 nology council, the board shall establish by rules and regulations, proce-  
21 dures for reinstatement of expired and revoked licenses.

22 (f) A person whose license is suspended shall not engage in any con-  
23 duct or activity in violation of the order by which the license was sus-  
24 pended. If a license revoked on disciplinary ground is reinstated, the  
25 licensee, as a condition of reinstatement, shall pay the license renewal fee  
26 and any other late fee that may be applicable.

27 Sec. 12. (a) The board shall charge and collect in advance fees for  
28 radiologic technologists as established by the board by rules and regula-  
29 tions, not to exceed:

30 Application for examination .....	\$200
31 Application for license .....	\$80
32 Temporary licensing fee .....	\$40
33 License renewal .....	\$80
34 Late license renewal .....	\$80
35 License reinstatement fee .....	\$80
36 Certified copy of license .....	\$40
37 Verified copy .....	\$25

38 (b) If the examination is not administered by the board, the board  
39 may require that fees paid for any examination under the radiologic tech-  
40 nologists practice act be paid directly to the examination service by the  
41 person taking the examination.

42 Sec. 13. (a) The license of a licensee may be limited, suspended or  
43 revoked, or the licensee may be censured, reprimanded, fined pursuant



1 to K.S.A. 65-2863a, and amendments thereto, or otherwise sanctioned by  
2 the board or an application for a license may be denied if it is found that  
3 the licensee or applicant:

4 (1) Is guilty of fraud or deceit in the procurement or holding of the  
5 license;

6 (2) has been convicted of a felony in a court of competent jurisdiction,  
7 either within or outside of this state, unless the conviction has been re-  
8 versed and the holder of the license discharged or acquitted or if the  
9 holder has been pardoned with full restoration of civil rights in which  
10 case the license shall be restored;

11 (3) is addicted to or has distributed intoxicating liquors or drugs for  
12 other than lawful purposes;

13 (4) is found to be mentally or physically incapacitated to such a degree  
14 that in the opinion of the board continued practice by the licensee would  
15 constitute a danger to the public's health and safety;

16 (5) has aided and abetted a person who is not a licensee under this  
17 act or is not otherwise authorized to perform the duties of a license holder  
18 under this act;

19 (6) has undertaken or engaged in any practice beyond the scope of  
20 duties permitted a licensee under this act;

21 (7) has engaged in the practice of radiologic technology under a false  
22 or assumed name or impersonated another licensee;

23 (8) has been found guilty of unprofessional conduct under criteria  
24 which the board may establish by rules and regulations;

25 (9) has interpreted a diagnostic image for a fee while unlicensed; or  
26

27 (10) is, or has been found guilty of incompetence or negligence while  
28 performing as a license holder.

29 (b) The denial, refusal to renew, suspension, limitation or revocation  
30 of a license

31 may be ordered by the board after notice and hearing on the matter  
32 in accordance with the provisions of the Kansas administrative procedure  
33 act.

34 Sec. 14. When it appears that any person is violating any provision  
35 of this act, the board may bring an action in the name of the state in a  
36 court of competent jurisdiction for an injunction against such violation  
37 without regard as to whether proceedings have been or may be instituted  
38 before the board or whether criminal proceedings have been or may be  
39 instituted.

40 Sec. 15. The board shall remit all moneys received by or for the  
41 board from fees, charges or penalties to the state treasurer in accordance  
42 with the provisions of K.S.A. 75-4215, and amendments thereto. Upon  
43 receipt of each such remittance, the state treasurer shall deposit the entire

1 amount in the state treasury. Twenty percent of such amount shall be  
2 credited to the state general fund and the balance shall be credited to the  
3 healing arts fee fund. All expenditures from the healing arts fee fund shall  
4 be made in accordance with appropriation acts upon warrants of the di-  
5 rector of accounts and reports issued pursuant to vouchers approved by  
6 the president of the board or by a person or persons designated by the  
7 president.

8 Sec. 16. Any violation of this act shall constitute a class B misde-  
9 meanor.

10 Sec. 17. This act shall take effect and be in force from and after its  
11 publication in the statute book.

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Phone: 785.357.0352  
Facsimile: 785.357.0356  
631 Horne Suite 410 • Continental Bldg • Topeka, KS 66606

Priti Lakhani  
D.P.M., P.A.



TO: Health & Human Services Committee

FROM: Priti Lakhani, D.P.M.

RE: House Bill No. 2698

INTRODUCITON;

Chairman Morrison and members of the Health and Services Committee, I thank you for allowing me to testify in opposition to House Bill No. 2698. My name is Priti Lakhani. I am a podiatrist and practice here in Topeka..

EDUCATIONAL BACKGROUND:

We, members of the podiatry profession, have the feeling that our profession is not well known generally among the public. I would therefore like to mention that I'm probably a typical podiatrist who practices in Kansas. The practice of podiatry is limited to the human foot, as set forth in Kansas statutes, Chapter 60, Article 20. I graduated from Washburn University with a B.A. degree, majoring in Biology; I then attended and graduated from Podiatry school, University of Osteopathic Medicine & Health Sciences and received my doctorate in Podiatric Medicine. Podiatry school is a four- year study program. I had a two year residency at N.Y.U. and then took the Kansas examination and was licensed by the State Board of Healing Arts in 1998.

House Bill No 2698, among other things, is a bill proposed by the radiology technicians to mandate a license for all persons who operate high dosage radiation machines. We have no opposition to that part of the bill and take no stand there since it does not apply to our profession.

The bill further states (Sec 4, p.3) an *exemption* in Sec 4 (e) which states as follows: "a licensed dental hygienist or an unlicensed person working under the supervision of a licensed dentist who has been trained by a licensed dentist on the proper use of dental radiographic equipment for the purpose of providing medical imaging for dental diagnostic purposes consistent with K.S.A. 65-1422 *et, seq.* and amendments thereto."

This bill then allows, starting on p.5, Sec. 7, for an applicaoitn for registration as an X-ray technician in order to practice limited diagnostic radiography, that this technician is not licensed, but registered. In this same Section (e), it was mentioned that this technician would come under the heading of "podiatry radiography: Radiography of the foot and ankle." Thereafter, there is set forth means as to how this registration is to be accomplished.

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P r i t i L a k h a n i , D . P . M . , P . A .

*Diplomate, American Board of Medical Specialties in Podiatry, Board Certified in Podiatric Surgery,  
Primary Care in Podiatric Medicine and Prevention and Treatment of Diabetic Foot Wounds*

Attachment 7  
HHS 2-16-04

First of all, we believe that podiatry should be exempt from this bill exactly as the dentists have been exempt. Both professions operate a low-voltage current X-ray machine, both types of machines are similar to each other. Please refer to exhibits attached hereto: 1, 2 and 3.

EXHIBIT 1 - a list of safety procedures sent to podiatrists' offices by the Kansas Department of Health and Environment for their guidelines to podiatrists and dentists.

EXHIBIT 2 - a form from the Kansas Department of Health and Environment entitled, "Instruction for Completing Annual X-ray Registrations Form & Fee Computation." This department is in charge of registering and inspecting these machines. You'll note on this form that these persons are listed together as using the same type of machines, they being D.D.S, D.P.M. and D.V.M.

EXHIBIT 3 - a letter dated January 27, 2004, To Whom It May Concern from Keith R. Kretchmer, president, MinXray, Inc., 3611 Commercial Avenue, Northbrook, IL, 60062. Mr. Kretchmer states in paragraph 2, "The fixed x-ray output of these podiatric units is similar to the x-ray outputs of intraoral dental x-ray units."

I believe that you can understand, therefore, that the x-ray machines dentists use are similar to the x-ray machines that podiatrists use. If the dentists are exempt in using this

We respectfully ask this committee to amend the bill to exempt podiatrists on the same terms and conditions that it exempts dentists. Both dentists and podiatrists are authorized to treat only a very small area of the human body.

In the event this bill does not exempt podiatrists, we are strongly opposed to it for the reasons mentioned above.

We appreciate and thank you for your consideration in this matter, and respectfully ask that the committee either exempt the podiatry profession from this bill or report it as unfavorable.

These are several podiatrists in the audience. They, as well as myself, will be pleased to answer any questions anyone may have.

---

Priti, Lakhani

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These are several podiatrists in the audience. They, as well as myself, will be pleased to answer any questions anyone may have.

---

Priti, Lakhani

Here is a sample of a list of safety procedures for a podiatry clinic or a dental clinic. Please use this list as a guide to design safety procedures for your particular clinic.

#### Radiation Safety Procedures for Podiatry and Dentists.

1. Except for the patient, only pertinent staff shall be in the exam room for the radiographic exam.
2. Any person assisting a patient in the exam room shall be recorded on the patient holder log if they are in the room during the exposure.
3. Any person helping or assisting a patient shall wear a lead apron.
4. Any staff member performing a radiographic procedure shall stand behind the protective barrier for exposures.
5. If radiation monitoring devices are used or required, instructions on proper use are necessary.
6. Gonadal shielding shall be used on patients of reproductive age unless the shielding material would interfere with the procedure.
7. If there is an exposure cord in use, the exposure must be made from a shielded location such as the hall or the darkroom.
8. Use the collimator, diaphragms or cones to collimate the useful beam to the area of interest.

## Radiation Protection

### INSTRUCTIONS FOR COMPLETING ANNUAL X-RAY REGISTRATION FORMS & FEE COMPUTATIONS

- SECTION A** Verify that the name and address that appears in both the Mailing Address block and Facility Address block are correct. If corrections need to be made, print the correct information and write in correct information. For billing purposes, please provide the Federal Tax ID # (FEIN) or Social Security # for this facility in the space provided. **A SEPARATE REGISTRATION FORM MUST BE COMPLETED FOR EACH FACILITY THAT YOU OWN WHICH UTILIZES REGISTRABLE EQUIPMENT.**
- SECTION B** This registration is for "annual registration", although if you had an address change, purchased additional equipment, purchased an existing registered facility or, closed or sold a registered facility, please mark the appropriate box and provide appropriate information if you sold or purchased a registered facility.
- SECTION C** Mark only one box under "type of practice" and only one box under "type of facility".
- SECTION D** Please record the number of machines that you possess in each category. **DO NOT USE X's OR CHECK MARKS AS THESE NUMBERS ARE USED TO CALCULATE THE FEE DUE FOR THIS FACILITY.** Please list the number of machines and number of tubes at this facility on the appropriate lines. **TO CALCULATE THE FEE DUE FOR THIS FACILITY, SEE CHART BELOW.** If you own multiple types of equipment, the fee needs to be calculated for EACH TYPE. For example, if your facility has 2 medical machines, 4 dental machines and an accelerator your fee will be calculated as follows: 2 medical machines = \$60.00 + 4 dental machines = \$49.00 + 1 accelerator = \$70.00 for a grand total fee due of \$716.00.
- SECTION E** If you own any mobile x-ray systems, please provide appropriate information on a separate sheet of paper and attach to the

**INSTRUCTIONS FOR COMPLETING ANNUAL X-RAY REGISTRATION FORMS & FEE COMPUTATIONS**

- SECTION A** Verify that the name and address that appears in both the Mailing Address block and Facility Address block are correct. If corrections need to be made, cross them out and write in correct information. For billing purposes, please provide the Federal Tax ID # (FEIN) or Social Security # for this facility in the space provided. **A SEPARATE REGISTRATION FORM MUST BE COMPLETED FOR EACH FACILITY THAT YOU OWN WHICH UTILIZES REGISTRABLE EQUIPMENT.**
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- SECTION C** Mark only one box under "type of practice" and only one box under "type of facility".
- SECTION D** Please record the number of machines that you possess in each category. **DO NOT USE X's OR CHECK MARKS AS THESE NUMBERS ARE USED TO CALCULATE THE FEE DUE FOR THIS FACILITY.** Please list the number of machines and number of tubes at this facility on the appropriate lines. **TO CALCULATE THE FEE DUE FOR THIS FACILITY, SEE CHART BELOW. If you own multiple types of equipment, the fee needs to be calculated for EACH TYPE. For example, if your facility has 2 medical machines, 4 dental machines and an accelerator your fee will be calculated as follows: 2 medical machines = \$49.00 + 4 dental machines = \$49.00 + 1 accelerator = \$78.00 for a grand total fee due of \$716.00.**
- SECTION E** If you own any mobile x-ray systems, please provide appropriate information on a separate sheet of paper and attach to the registration form. If you do not own any mobile x-ray systems, please disregard this section.
- SECTION F** If you sold, scrapped, traded or donated any x-ray machines in the last year, please provide appropriate information in this section. If you did not sell, scrap, trade or donate any x-ray machines in the last year, please disregard this section.
- SECTION G** The person responsible for the x-ray equipment in this facility must sign and date the registration form.

Use the chart below to calculate the fee that is due for this facility and send the completed registration form and the appropriate fee made payable to the Kansas Dept. of Health & Environment to: Kansas Department of Health & Environment, Bureau of Air and Radiation, Radiation Control Program, 1000 SW Jackson, Ste. 318, Topeka, KS 66612-1366. **COMPLETED FORM & FEE MUST BE RECEIVED IN THIS OFFICE BY MARCH 1, 2004.** Within 30 days of receiving your form & fee, we will send you a new "Certificate of Registration".

**FEE CALCULATION CHART**

LOCATE THE NUMBER OF MACHINES AT THIS FACILITY FROM THE LIST BELOW (1 THRU 12). THEN LOCATE YOUR TYPE OF PRACTICE FROM THE LIST ON THE LEFT-HAND SIDE OF THE CHART. COME ACROSS FROM THE TYPE OF PRACTICE AND DOWN FROM THE NUMBER OF MACHINES AND THIS WILL BE YOUR FEE FOR THIS FACILITY.												
LOCATE YOUR TYPE OF PRACTICE BELOW	1	2	3	4	5	6	7	8	9	10	11	12
MD, DO, DC, HOSPITALS	\$36	\$40	\$45	\$49	\$53	\$57	\$61	\$65	\$69	\$73	N/A	N/A
DDS, DPM, DVM	\$36	\$47	\$58	\$69	\$80	\$91	\$102	\$113	\$124	\$135	\$146	\$150 MAXIMUM
INDUSTRIAL, ANALYTICAL, RESEARCH OR EDUCATIONAL	\$36	\$47	\$58	\$69	\$80	\$91	\$102	\$113	\$124	\$135	\$146	\$157* (SEE NOTE BELOW)
PARTICLE AND THERAPEUTIC ACCELERATOR	\$78	\$156	\$234	\$312	\$390	\$468	\$546	\$624	\$702	\$780	\$858	\$936** (SEE NOTE BELOW)

\*For industrial/analytical/research/educational facilities, add an additional \$11.00 per machine over 12 machines. Example: 13 machines = \$157.00 + \$11.00 = \$168.00; 14 machines = \$157.00 + \$11.00 + \$11.00 = \$179.00, etc.

\*\*For particle and therapeutic accelerator facilities, add an additional \$78.00 per machine over 12 machines. Example: 13 machines = \$936.00 + \$78.00 = \$1,014.00; 14 machines = \$936.00 + \$78.00 + \$78.00 = \$1,092.00, etc.

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**MINXRAY**<sub>INC</sub>

3611 Commercial Avenue  
Northbrook, Illinois 60062-1822, U.S.A.  
(847) 564-0323

Toll Free 1 800 221-2245  
FAX: 847-564-9040  
Info@minxray.com  
www.minxray.com

January 27, 2004

To Whom It May Concern:

MinXray, Inc. manufactures two x-ray unit models marketed primarily to podiatrists for foot and ankle radiography. These two models are similar to each other, using the same x-ray tubehead. The models are different in the design of the stand offered, and the certified collimator supplied with the tubehead used on each model.

The MinXray P200 tubehead used on both models has a fixed x-ray output of 63 kVp at 12 mA, ideal for extremity imaging. The only technique variable available to the operator is exposure time. The fixed x-ray output of these podiatric x-ray units is similar to the x-ray outputs of intraoral dental x-ray units.

Enclosed is a brochure describing both MinXray podiatry x-ray units. Please contact us if you have any questions about these x-ray units.

Sincerely,



Keith R. Kratchmer  
President

Encl.

KK-0127B

TOTAL P.03

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7-6



# KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.  
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS, GOVERNOR

**TO:** House Committee on Health and Human Services  
**FROM:** Lawrence T. Buening, Jr.  
Executive Director  
**DATE:** February 13, 2004  
**RE:** House Bill No. 2698

Thank you for the opportunity to appear before you and provide testimony regarding House Bill No. 2698 on behalf of the Kansas State Board of Healing Arts. This bill would place the responsibility on the Board to regulate radiologic technologists and x-ray technicians. The Board is not taking a position either in favor or in opposition to the enactment of this bill.

The Kansas Board of Healing Arts was created in 1957. When the Board was created, the Legislature specified in K.S.A. 65-2801 that its purpose was to insure that "the public shall be properly protected against unprofessional, improper, unauthorized and unqualified practice of the healing arts". That purpose has not changed in the past 47 years and K.S.A. 65-2801 remains as it was enacted in 1957. Today, the Board regulates approximately 17,500 individuals that provide health care in 13 health care professions.

This is the fourth consecutive year that a bill has been introduced in the Legislature to regulate radiologic technologists. During the 2003 Legislative Session, various groups met to try to work out language that would be acceptable to all interested parties. After those meetings in February, very little was accomplished toward reaching a mutually agreeable resolution of the issues raised by this bill. However, at its meeting on December 6, the State Board of Healing Arts reviewed likely proposals for this Legislative Session. One of the items reviewed and discussed by the Board was 2003 H.B. No. 2274 relating to the licensure of radiologic technologists. The Board directed its staff to arrange a meeting with interested parties and to attempt to facilitate a compromise bill that addressed all concerns. Meetings were held on December 17, 2003, and another on January 23, 2004, totaling more than five hours. There has been continued communication among the parties for the past several weeks. Yet, there does not appear to be a compromise on the horizon. The failure to reach a compromise should not be construed to be evidence of lack of good faith or unwillingness to negotiate on the part of any of the interested parties. Rather, there is an honest disagreement as to what is best for the citizens of the state of Kansas and the public's health, safety and welfare.

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Attachment 8  
HHS 2-16-04

In October 1998, the Kansas Society of Radiologic Technologists submitted a credentialing application to the Kansas Department of Health and Environment. The Application was reviewed by a technical committee in accordance with the Kansas Credentialing Act (K.S.A. 65-5001 *et seq.*). On October 13, 1999, the technical committee issued its final findings and conclusions following a public hearing at which both proponents and opponents of the credentialing application were given the opportunity to provide testimony. I would urge each member of this Committee to review these findings and conclusions in detail. The technical committee found that the criteria for credentialing had been met and recommended that licensure for radiologic technologists is the appropriate level of credentialing. Also in that report, the technical committee found there are currently 2532 registered and/or certified radiologic technologists in Kansas. It also estimated that this number was approximately 75% of the persons currently performing radiology services in the state, so of these approximately 25% or 844 are non-credentialed persons performing radiology services who would be negatively affected by licensure. On November 1, 1999, Clyde D. Graeber, Secretary of Health and Environment, issued a final report to the Legislature in which he concurred that radiologic technologists should be licensed. I would urge each of you to review the statutory criteria the Secretary was required to apply to the credentialing application as set forth in K.S.A. 65-5006.

House Bill No. 2698, as introduced, and in the form before you today provides for two rather unique situations. First, although the bill provides for the registration of x-ray technicians, the second sentence of Section 8(c) at page 5, lines 38-39 states that after January 1, 2005, a person must be registered as an x-ray technician in order "to perform the functions of an x-ray technician". This goes beyond mere title protection, but actually creates a scope of practice which has generally been associated with licensure. Secondly, the bill does not allow practitioners to delegate radiologic technology to persons who are not licensed or registered as provided by this bill. This is a unique provision. The Legislature, the courts and the Board have long recognized the ability of practitioners of the healing arts to delegate services to non-credentialed individuals. Specifically, K.S.A. 65-2872(g) states that the practice of the healing arts shall not be construed to include persons "whose professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this act". This delegation authority is recognized in all of the statutes that create a license or registration for professions regulated by the Board. See K.S.A. 2003 Supp. 65-2913(c)(5)---physical therapy; K.S.A. 65-5418(b)(5)---occupational therapy; and K.S.A. 65-5515(b)(5)---respiratory therapy. Even professions not regulated by the Board contain the delegation authority. See K.S.A. 65-1508---optometry; and K.S.A. 65-1125(h)---nursing.

H.B. No. 2698, as introduced, is a hodgepodge of provisions from the three bills introduced in the three previous Legislative Sessions and of discussions that have been held the last few months. It is a difficult bill to read and understand. I have attached to this testimony a draft of the bill containing suggested amendments. These amendments will hopefully address the issues brought to your attention on Friday by Dr. Wolff as well as some other issues we have identified. However, they are not all presented in a balloon amendment format. If these amendments were adopted, the Board should be able to provide for the regulation of radiologic technologists and x-ray technicians. However, whether H.B. No. 2698 should be adopted, with or without any amendments, falls on the shoulders of this Legislature. In making that decision, you may wish to take into consideration the effect this legislation will have on the quality of care and what is necessary to protect the public as well as the effects of accessibility, availability and affordability of health care and, specifically, radiologic technology.

Thank you for the opportunity to appear before you. I would be happy to respond to any questions.

PO Box 4108  
Topeka, KS 66604



# Rebecca Rice

Attorney At Law

Phone: 785.271.5462  
Cell: 785.633.4962  
Fax: 785.273.3705

kslobbyist@cox.net **TESTIMONY PRESENTED  
TO**

**THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE  
re: HB 2698**

**February 11, 2004**

**by: Rebecca Rice, Legislative Counsel  
Kansas Chiropractic Association**

Mr. Chairman and members of the committee, my name is Rebecca Rice and I appear before you today on behalf of the Kansas Chiropractic Association to express appreciation for the effort Ron Hein and the radiology technicians have made to accommodate our concerns and the concerns of others regarding last session's proposed legislation.

We feel that Mr. Hein went further than others might have gone in attempting to work with the various provider groups. He was aided in these efforts by the Board of Healing Arts' staff which is appreciated by me and the KCA. Consequentially, KCA has no opposition to the registration process established in HB 2698. Because most chiropractic offices will only be affected by the sections regarding registered technicians, we are not providing comment on the licensing provisions.

- ♦ -

The X-ray was invented in 1895. Chiropractic was born in 1895 by Dr. Palmer.

Although unrelated, the events seem more than "merely coincidental" because Dr. Palmer quickly discovered the value of X-ray technology when providing chiropractic treatment. He was the first healing arts practitioner to utilize X-rays for diagnostic

*Attachment 9  
HHS 2-16-04*

purposes.

Chiropractors continue to use radiology as a primary diagnostic tool. Chiropractic education emphasizes the importance of structural and functional evaluation. Typically, that evaluation can not occur without skeletal imaging.

*Doctor of Chiropractic* is a post-graduate degree that normally requires an additional four years of study. Cleveland Chiropractic College in Kansas City, for example, is a three-semester-per-year, four year program. While reviewing the categories of studies for this committee last year, Dr. Tom Nichols, chairman of the diagnostic sciences at Cleveland College, told the committee that during those 12 semesters, Cleveland College requires 18.5 credit/semester hours (360 clock/contact hours) of radiology study.

Clearly, chiropractic education emphasizes radiology imaging as an important aspect of providing quality chiropractic health care including recognition that training in the use of radiology equipment is fundamental to:

- obtaining accurate images, and
- avoiding harm to both the patient and to those using the equipment.

The KCA believes that the chiropractic profession has an excellent record regarding radiology imaging both by chiropractors and the staff they have trained. However, KCA also recognizes that the additional requirements in HB 2698 is not harmful to the chiropractic profession and might, in some instances, improve services from all branches of the healing arts.

Kansas chiropractors may not be in total agreement about HB 2698. You may hear from some who disagree with my comments today. However, the KCA determined that HB 2698 was a *reasonable* compromise as we attempted to accommodate both the chiropractors that desire more stringent requirements than are established in this legislation and the chiropractors who fundamentally disagree with the legislation. Because the Board of Healing Arts will make the final decision regarding what, if any, education and/or examination is required, we believe the Board will make reasonable decisions regarding both and will consider the various licensees' concerns. Therefore, the KCA believes HB 2698 is a reasonable compromise and appreciates the concessions made by the radiologic technologists association.

Thank you, Mr. Chairman. We will be available for any questions.



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

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

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

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

It is against this uncertain background that HB 2698 must be judged. In short, the committee must decide whether legislation such as this does anything to help resolve the current workforce shortages. Many of our small rural hospitals must cross train their House Health and Human Services Committee personnel to perform diagnostic radiological procedures. This is done in order to assure adequate on call staff in a way that is financially feasible. The training of these staff members may be done on site, at the hospital or through the

Attachment #10  
HHS 2-16-04

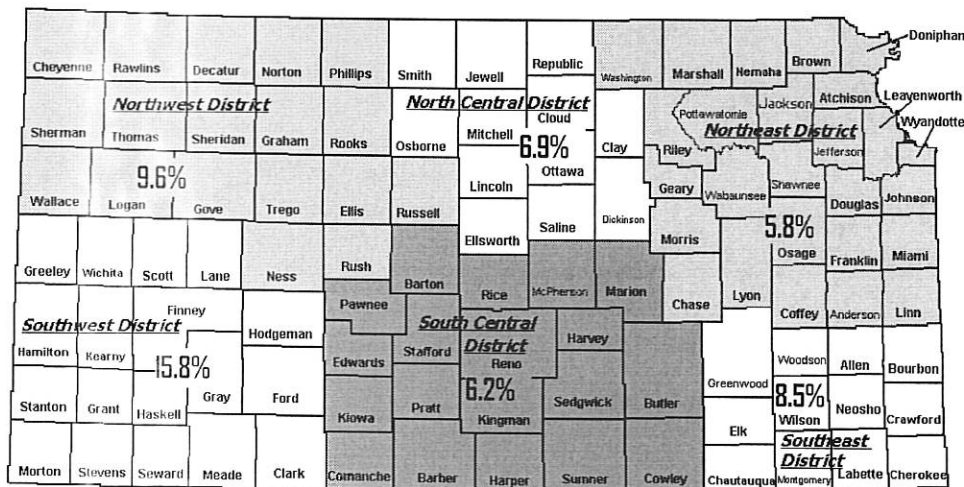
secondary and tertiary hospitals willing to assist. Small rural hospitals have had to utilize on the job training to provide adequate coverage for their radiology departments. Current Kansas hospital regulations, which are enforced by the Kansas Department of Health and Environment, require that the personnel working in a hospital radiology department must be qualified for the type of service performed. In addition, current federal regulations state that in hospitals only personnel designated by the medical staff may use the radiologic equipment and administer procedures. Because of this, HB 2698 as written could create a regulatory barrier to the delivery of these types of services in some parts of the state.

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

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

### Radiologic Technologist (ARRT certified) 2002 Vacancy Rates in Kansas

Source: The Health Alliance of MidAmerica, 2002 Compensation Levels Survey Report





## KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

**Testimony Re: 2698**  
**House Committee on Health and Human Services**  
**On behalf of**  
**Kansas Society of Radiologic Technologists**  
**February 16, 2004**

Mr. Chairman and members of the committee, my name is Randy Stucky and I represent the Kansas Society of Radiologic Technologists, a professional, non profit organization founded for the express purpose of enhancing, through education, the proper and safe delivery of medical imaging and therapy services. I welcome the opportunity to appear before you today and commend the Kansas legislature for its attention to this very important subject.

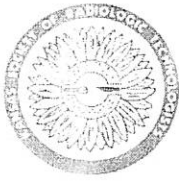
90% of public exposure to man-made ionizing radiation results from medical procedures, primarily diagnostic x-ray examinations. The **FDA Bureau of Radiologic Health** has estimated that 30% of exposures to man-made radiation are unnecessary, and 5% to 10% of the unnecessary exposures may be attributed to repeated x-ray examinations. If only 0.5% of the exams performed in 1996, which was 350 million, were improperly performed, the consequences would be more than 4100 non diagnostic medical images every day of the year.

Regretfully the improper utilization and production of excessive and unnecessary medical radiation exposure is a widespread practice throughout our state. Over utilization, as well as improper utilization, of radiation in the practice of medicine is a genuine and ever-increasing health hazard to the public and most importantly to those we hold close to us, that it must be dealt with now. **A physician using x-ray equipment in his practice is under no obligation to ascertain or require any credential or specific education of the person he or she employs to operate the equipment. Literally, anyone off of the street can be hired this morning and be operating this potentially dangerous equipment this afternoon.**

Since the enactment of **Public Law 90-602, the Electronic Products Legislation of 1968**, significant steps have been taken to protect public health through the regulation of electronic products such as x-ray and other medical imaging equipment. However, like your car, the operator determines the use and abuse of this equipment. No one would permit his or her car, with all of its safety features, to be driven by someone who has never been taught to drive. And yet, we allow untrained operators to expose our family and friends to radiation that can affect future generations.

*written  
only*

*Attachment 11  
HHS 2-16-04*



## KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

On the Federal level, the U.S. Congress passed a bill in 1981, the **Consumer-Patient Radiation Health and Safety Act**, calling for minimum educational standards for operators of x-ray equipment. The passage of this bill mandated states to establish minimum standards for operators of ionizing radiation equipment. Unfortunately, compliance with this bill is voluntary and there are no penalties for not following this Federal recommendation. One other movement on the Federal level was the approval of the **Mammography Quality Standard Act** of 1992. MQSA established a uniform standard for a radiologic procedure and set minimum qualifications for those who perform it and interpret it. I think all of us can understand the importance of the MQSA. I am confident that everyone here has been touched by the effects of breast cancer in some way.

There are 35 states that have developed minimum standards or adopted regulatory processes for radiologic technologists. One of the 35 states, California, submitted a report to their legislature after 10 years of requiring licensure for radiologic technologists. I have heard that licensure will only raise the cost of healthcare? The report from California showed that for the 10-year period, overall medical fees increased 92.7% throughout the state, while fees for radiology services only increased 59.2%. Certification has not caused increases in the costs of radiology services, but rather has helped to reduce increasing costs of health care through knowledgeable radiologic technologists; competent in reducing not only radiation exposure to the consumer-patient, but also in reducing waste of medical supplies, technologist and patient time and the wear and tear of radiologic equipment from improper use.

During President Jimmy Carter's administration, he formed the **Department of Health and Human Services task force** to investigate the effects of low-level radiation. Among the many recommendations of this report, minimum educational standards for the operators of x-ray machines were recognized as one of the foremost methods of reducing radiation exposure. This report also showed that:

- A patient undergoing the same x-ray examination may receive 100 times more radiation in one hospital or clinic as in another.
- Over 90% of the radiation the general public receives is from exposure to medical x-rays, while less than 10% is from naturally occurring radiation, nuclear fallout, nuclear accidents or nuclear power plants.
- Over 40% of personnel administering ionizing radiation for medical purposes have not received any formal education in radiologic technology.
- 80% of the medical radiation the consumer-patient receives is administered in facilities other than a hospital.
- The patient receives more radiation from an x-ray examination of the abdomen than the entire exposed public received from the Three Mile Island incident.





## KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

In 1979, President Carter signed **Executive Order 10831**, which approved a number of recommendations for the guidance of Federal agencies. Recommendation number eight (8) stated:

“Operation of medical or dental x-ray equipment should be (performed) by individuals who have demonstrated proficiency to produce diagnostic quality radiographs with the minimum of exposure required; such proficiency should be assessed through national performance-oriented evaluation procedures or by didactic training and practical experience identical to, equivalent to, or greater than training programs and examination requirements of recognized credentialing organizations”

There are 2500 registered technologists practicing in Kansas that have demonstrated their competency through education and voluntary certification through the American Registry of Radiologic Technologists (ARRT) and other certification bodies. There is no way of knowing how many people with minimal training and no certification are operating x-ray, radiation therapy and other medical imaging equipment in Kansas and administering potentially harmful ionizing radiation to family and friends without having demonstrated scientific knowledge, technical understanding, clinical competency or professional responsibility for the practice of proper radiological procedures.

From its inception, the Kansas Society of Radiologic Technologists has recognized that formal education coupled with moral obligation is a controlling factor in the competence of the individual and in the reduction of unnecessary radiation to both the patient and the practitioner. As educated radiologic technologists, we strive to eliminate unnecessary radiation, and optimize that which is needed to produce a diagnostic image. We have voluntarily submitted to examination and have met the educational standards prescribed by the profession.

The Kansas Society of Radiologic Technologists does not believe there is an alternative to uniform standards. We remain firm in our opinion that without uniform standards for qualifications of persons who perform medical imaging and radiation therapy procedures, the public, specifically family and friends will remain unprotected and at the mercy of untrained personnel. Because of the unique nature and inherent danger of radiation, the KSRT believes that every patient undergoing a medical imaging examination has the right to have that examination performed properly and with minimal risk by a qualified practitioner.

A voluntary credentialing process for medical radiologic technologists through the American Registry of Radiologic Technologists (ARRT) has existed for over 75 years. Other nationally recognized credentialing agencies are the Nuclear Medicine Technology Certification Board (NMTCB) and Cardiovascular Credentialing International (CCI). But these credentials are voluntary and are not



## KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

a condition for practice in Kansas. Consequently, the voluntary credentialing programs cannot effectively impact the radiation health and safety of the citizens of Kansas, since non-credentialed personnel can still administer medical radiation examinations.

We commend the Kansas legislature for its interest and timely concern with respect to the potential health hazards of medical diagnostic x-rays resulting from the lack of proper safeguards and qualifications of persons operating ionizing radiation equipment. We believe that this legislative area demands prompt and effective action. We urge the Kansas legislature to continue its effort to seek a sound legislative solution to this problem which we believe is essential to protect the rights of our family and friends to properly performed radiologic examinations and from the potential hazards of excessive and unnecessary medical imaging examinations and radiation therapy procedures. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Randy C. Stucky, B.S.R.T.(R)".

Randy C. Stucky, B.S.R.T.(R)  
Executive Board member & Legislative Chair  
Kansas Society of Radiologic Technologists

House Health and Human Services Committee  
Representative Jim Morrison, Chair

Testimony Concerning HB 2698  
February 16, 2004

Mr. Chairman and members of the committee:

My name is Linda Croucher. I am a member of the Kansas Society of Radiologic Technologists, have been a radiologic technologist for approximately 35 years, and currently am a faculty member of the Washburn University Radiologic Technologist program. I am writing in support of credentialing of persons performing radiographic procedures.

*written  
only*

As you can guess, I have seen many advances in the technology since I entered this profession. Some might say "equipment advancements have made your job easier." I would say that the advances have made it even more important that operators understand the equipment and the positioning techniques, utilize proper radiation protection, and have the ability to determine which radiographs are of diagnostic quality and which are not. Others might say "you just push buttons." I say it is amazing the number of thought processes that go into the development of a single radiograph. As time passes, radiology is being utilized more and more in the diagnosis and treatment of diseases. We should all be concerned that this important modality is best utilized by having competent individuals performing these duties.

The KSRT completed the credentialing process detailed by KSA 65-5001 et seq. The technical review committee and the secretary of the Kansas Department of Health and Environment found that all nine criteria had been met. Three points made by the society to demonstrate the need for licensure included patient safety, enhanced quality of radiographic examinations leading to a greater number of correct diagnoses, and a health care cost reduction due to decreased repeat examinations and incorrect or delayed treatment from non-diagnostic examinations. Through extensive study, the committee and the secretary recommended licensure. I believe that the benefit of a credentialing act is that minimum standards of education would be required.

I would like to give you some information on education and examination programs currently in place. The American Registry of Radiologic Technologists (ARRT) certifies radiographer, nuclear medicine technologists, and radiation therapists by examination. The American Society of Radiologic Technologists (ASRT) develops curriculum guides for formal programs. Those are two year radiographer programs and include the full range of radiologic examinations. The nuclear medicine and radiation therapy programs are frequently one year in length. The ARRT has also developed examinations for states that credential persons who perform only specific radiologic examinations. They currently administer examinations for spine, chest, extremities, skull/sinus, and podiatric radiography. The individual states identify persons to be

*Attachment 12  
HHS 2-16-04*

examined, the ARRT administers the examinations and reports the score to the state. The state then determines which persons have met its passing criteria. The ASRT is currently developing a curriculum guide for limited programs. This is merely a guide as each state determines the qualifications of the applicant taking the test. Many states that have enacted credentialing acts over the last several years have incorporated these limited examinations in their acts. This allows physician offices, rural hospitals, etc. to employ persons who have been educated in proper technique, patient care, radiation protection and positioning for these specific examinations. Therefore, a pulmonologist may need a radiographer to perform only examinations of the chest. The "student" would gain the knowledge pertinent to any radiographic examination in addition to positioning knowledge pertinent to the chest. I believe this a viable solution to the probable inadequate number of radiologic technologists while also helping assure that our patients are receiving quality examinations.

There has been discussion concerning dental radiography. As I think back over the numerous dental x-rays I have had, I can recall one film that needed to be repeated. The technical factors (kVp and mAs) and positioning are very constant from one person to another. The technical factors utilized on various persons receiving a lumbar spine, chest, knee, etc. vary greatly. In addition, positioning can vary depending on the physical capabilities and anatomical variations of the patient as well as the varying abnormalities to be demonstrated.

More and more offices are installing CT scanners. CT scanners are complex pieces of equipment and each examination requires many exposures to acquire the image. One might think that all CT scanners are being operated by radiologic technologists; however, that isn't true.

Members of the radiologic profession have undertaken this arduous task because we feel that all residents of Kansas deserve quality radiographic examinations. We feel that a credentialing act would standardize the education of persons performing radiographic examinations thus improving the quality of radiographic examinations.

Kansas is currently one of eleven (11) states that do not have some form of credentialing for radiologic technologists.

Thank you for your serious consideration of this important issue, and I would be happy to answer any questions.

**From:** <RCasey8906@aol.com>  
**To:** <morrison@house.state.ks.us>  
**Date:** Tue, Feb 10, 2004 8:58 PM  
**Subject:** House Bill #2698

Dear Representative Morrison:

I am writing to you asking for your support on House Bill #2698 the Rad Tech Bill. I am a Registered Radiologic Technologist with 28 years experience in the Radiology Field. The State of Kansas has no minimum standards for training or for continuing education for persons using "Ionizing Radiation." That means anyone can be hired and perform medical imaging procedures that use ionizing radiation. I am hoping that you will support this piece of legislation, for the safety of the public.  
This

bill will ensure that persons using radiation for medical imaging purposes have shown they have met set minimum standards set down by the State of Kansas. I would feel better, as I am sure you would to, knowing that the person or persons performing a medical imaging on me or a family member is licensed and have met the standards set in this bill.

Sincerely,

Ronald W. Casey, R.T. ( R), R.D.M.S., R.V.T.

*Written only*

*Attachment 13  
HHS 2-16-04*

**From:** "Libby and Brian Johnson" <librimaster@hotmail.com>  
**To:** <health@house.state.ks.us>  
**Date:** Fri, Feb 13, 2004 4:16 PM  
**Subject:** HB#2698 written testimony

To the Health and Human Services Committee

I would like the following to be read as written testimony during the house hearing for HB#2698.

*written  
only*

I am a nationally registered Radiologic Technologist educated and employed in Kansas. The bill under consideration would bring Kansas into line with three-fifths of other states by requiring Radiology Technologists in this state to have attended an accredited college and pass the national registry for Radiology Technologists. Time after time this issue has come before the house. Each time a sad lack of support has continued to endanger the health of 2.5 million Kansans.

Radiology Technologists use radiation to produce images utilized by physicians to diagnose a wide range of medical conditions. As everyone knows, radiation is dangerous. In fact the American College of Radiologists (physicians who deal specifically with imaging medicine) has stated that any amount of radiation exposure is considered significant and harmful regardless of how small. This is because each time an x-ray photon enters a patient's body it causes damage. For this reason registered Radiology Technologists have a practice called ALARA (Uh-lar-uh). This stands for As Low As Reasonably Achievable. Meaning that when a registered technologist takes an x-ray he or she is always mindful of the radiation dose to the patient and strives to keep it as low as possible. We do this by being fully educated in our area of expertise. We are much more than button pushers. Sadly, it is this perception of button pushing that is dangerous to the public.

The danger is further compounded by the greed of some hospitals and physicians. You may have been told that there is a shortage of technologists in Kansas. This may have been true in the past but it is no longer the case. Many students graduating this spring will take the expertise gained in Kansas schools to other states in search of jobs.

Under current laws a hospital or physician may hire someone off the street with no x-ray or even health care experience. These unregistered technicians with almost no knowledge of anatomy or radiation physics will not only produce poor quality images, it will take them numerous attempts. Thus not only is the patient's radiation dose doubled or tripled, but the image is so bad that a doctor could miss an illness or pathology. You may wonder why anyone allow this to happen. Well Joe Blow off the street can be paid one half to one third what an educated Registered Technologist would make. As you know, in this life you get what you pay for. In radiology it comes at a cost to the patients.

*Attachment 14  
HHS 2-16-04*

HB#2698 will not eradicate unregistered technicians. They will be grandfathered in. Rural hospitals and physicians are in no danger of being put out of business. But it is a start for the future. You must ask yourself who you would rather have use radiation on your child, grandchild or loved one, Joe Blow or a graduate of an accredited college who has passed a national registry.

I work for a hospital that meets a higher standard and only employs Registered Technologists. My job is not in danger. I have taken so much of your time because I know that this bill is for the benefit of our patients. Remember everyone is a patient at some time. I care and I hope that you will also. Thank you so much for your time and attention.

Libby Johnson  
Madison Kansas, USA

# Kansas Academy Of Family Physicians



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1-800-658-1749 ❖ Fax 316-721-9044 ❖ kafp@kafponline.org  
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Keith A. Wright, MD  
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Brian M. Billings, MD  
Ronald C. Brown, MD  
Bryan K. Dennett, MD  
David Dunlap, MD  
Mary Beth Miller, MD  
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Belinda A. Vail, MD  
*KUMC-KC Faculty Rep.*

Gregg A. Coup, MD  
*Resident Representative*

Aaron Sinclair, Wichita  
*Student Representative*

Carolyn N. Gaughan, CAE  
*Executive Director*

*The largest medical  
specialty group in  
Kansas.*

February 16, 2004

To: House Health & Human Services Committee  
Re: House Bill 2698  
From: Carolyn Gaughan, CAE, Executive Director

Dear Chairman Morrison and Committee Members,

Thank you for this opportunity to present our position on House Bill 2698 on behalf of the Kansas Academy of Family Physicians (KAFP). My name is Carolyn Gaughan, and I am the Executive Director of the KAFP. We have over 1,430 members in our organization, including over 825 practicing physicians.

We stand with the Kansas Medical Society on HB 2698, and request an amendment that would exempt physicians' offices from this legislation.

The chief concern of our members relates to access to care, and the imposition of unnecessary costs and administrative burdens on small rural medical practices. Unless physicians' offices are exempted, particularly in rural areas, where it is more difficult to recruit and retain personnel, the bill could cause increased problems with access to care. Additionally, the current bill will be problematic for small community hospitals, where staff members on call are cross-trained for multiple areas of responsibility.

For all these reasons we urge you to provide an exemption for physicians' offices. Thanks you for your consideration of our comments, and of our family physicians practicing throughout the state.

Sincerely,

Carolyn Gaughan, CAE  
Executive Director

*Attachment 15  
HHS 2-16-04*

*The mission of the Kansas Academy of Family Physicians is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.*



# Kansas Association of Osteopathic Medicine

1260 SW Topeka Boulevard  
Topeka, Kansas 66612

Telephone 785 234 5563  
Telefacsimile 785 234 5564

Statement Submitted To  
**House Health and Human Services Committee**

By Charles L. (Chip) Wheelen

Regarding House Bill 2698

February 10, 2004

*written only*

Thank you for the opportunity to comment on the provisions of HB2698. The Kansas Association of Osteopathic Medicine cannot support the bill in its current form. We do, however, offer an amendment that would make the bill acceptable to us. The amendment is drafted in a manner that should address concerns that have been expressed by other professions as well.

You may recall that we testified in opposition to a similar bill at about this same time last year. Our testimony said:

Many physicians, particularly in rural areas, do not have convenient access to imaging centers or hospital radiology departments. Instead, they invest in x-ray equipment for use in their own office because x-ray imaging is an extremely valuable diagnostic tool. The equipment is often operated by a nurse or other employee under direction of the physician. It would not be feasible to employ a licensed radiologic technologist to occasionally operate the diagnostic imaging equipment.

Our testimony went on to say there should be an exemption from the licensing requirement for persons performing radiologic technology under the direction of a physician. We have subsequently discussed these concerns with the representative of the radiologic technologists and have not been successful in achieving agreement on this issue.

We would not oppose HB2698 if it were amended in section four to elaborate on the exemption for a licensed practitioner. We propose the following language in line 3 of page 3 of HB2698 as introduced:

(a) A licensed practitioner; *or a person employed by and under the supervision of a licensed practitioner who performs x-ray imaging for diagnostic purposes consistent with K.S.A. 65-1422 et seq and amendments thereto, K.S.A. 65-2001 et seq and amendments thereto, or K.S.A. 65-2801 et seq and amendments thereto;*

Those three references to the Kansas Statutes Annotated pertain to dentists, podiatrists, and the three branches of the healing arts; osteopathic physicians (D.O.s), allopathic physicians (M.D.s), and chiropractors (D.C.s). The language is worded narrowly such that the exemption would apply only to the licensed health care professional and those technicians who are both employed by and under the supervision of one of the five licensed health care professionals. This would assure that if a patient were harmed by an improperly trained x-ray technician, the employing professional

*Attachment 16  
HHS 2-16-04*

ould be held accountable.

This proposed amendment is a good-faith effort to compromise on this legislation. I regret that I cannot be at your hearing to respond to any questions you may have about this amendment. We nonetheless request your favorable consideration.

Dear Chairman Morrison:

I apologize because I will be out of state next Monday and cannot attend your hearing on House Bill 2698. I am attaching a statement in WordPerfect. The text is as follows:

Thank you for the opportunity to comment on the provisions of HB2698. The Kansas Association of Osteopathic Medicine cannot support the bill in its current form. We do, however, offer an amendment that would make the bill acceptable to us. The amendment is drafted in a manner that should address concerns that have been expressed by other professions as well.

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Those three references to the Kansas Statutes Annotated pertain to dentists, podiatrists, and the three branches of the healing arts; osteopathic physicians (D.O.s), allopathic physicians (M.D.s), and chiropractors (D.C.s). The language is worded narrowly such that the exemption would apply only to the licensed health care professional and those technicians who are both employed by and under the supervision of one of the five licensed health care professionals. This would assure that if a patient were harmed by an improperly trained x-ray technician, the employing professional could be held accountable.

This proposed amendment is a good-faith effort to compromise on this legislation. I regret that I cannot be at your hearing to respond to any questions you may have about this amendment. We nonetheless request your favorable consideration.

Sincerely,

**Chip**

Charles L. Wheelen, Executive Director

Kansas Association of Osteopathic Medicine  
1260 SW Topeka Boulevard, Topeka, Kansas 66612

February 12, 2004

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

**re: House Bill 2698**

*Written only*

Dear Representative Morrison:

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

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

*There is currently an adequate regulatory agency overseeing nuclear medicine technologists in Kansas. The majority of isotopes used in small*

*Attachment 17  
HHS 2-16-04*

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

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

*Very truly yours,  
David Saidian*

**To:** House Health and Human Services Committee

**From:** Jacque Amspacker  
Executive Director

**Date:** February 16, 2004

**Subject:** HB 2698; concerning licensure of radiologic technologists

Thank you for considering the comments of the members of the Johnson- Wyandotte County Medical Society on HB 2698. The bill creates a licensing act for radiologic technologists. While we do not oppose the licensure of this group of health care workers, we cannot support this bill unless an exception is created for radiologic services performed in the physician office setting.

Enactment of this bill will make it illegal for anyone other than a licensed radiologic technologist to operate an x-ray machine for diagnostic or therapeutic purposes. The only exceptions to that requirement are for licensees of the healing arts board (physicians, chiropractors, podiatrists) when they personally provide the service, students, health care providers in the armed services, and dentists, dental hygienists and dental assistants. In other words, any physician who provides x-ray services in his or her medical office would have to employ a licensed radiologic technologist, or a registered x-ray technician, to operate an x-ray unit, regardless of the complexity of the services provided. In many areas of the state, particularly in rural areas, this requirement is simply not reasonable.

During the lengthy debate on this bill in previous years, much time has been dedicated to quality and patient safety. We feel just as strongly about those issues as do the bill's supporters but we remain firmly unconvinced that this bill does anything to address these. It is the current state of the law that the supervising physician is responsible for the competency of those professionals working in his or her office and the physician bears legal liability if services are not performed appropriately. There are already sufficient safeguards in Kansas law and incentives to ensure that these services are performed adequately without adding further administrative constraints.

While we do not oppose licensure for this group, we would respectfully urge you to adopt an amendment that would exempt physician offices from the licensure and registry requirements for radiologic technologists. We are concerned that if this bill applies to physician offices, it will add more unnecessary regulation and cost to the health care delivery system. Thank you for the opportunity to offer these comments.

Sincerely yours,

*Attachment 18*  
*HHS - 2-16-04*

February 16, 2004

The Honorable Jim Morrison, Chairperson  
House Committee on Health and Human Services  
Statehouse, Room 171-W  
Topeka, Kansas 66612

Dear Representative Morrison:

SUBJECT: Fiscal Note for HB 2698 by House Committee on Health and Human Services

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2698 is respectfully submitted to your committee.

HB 2698 would establish the licensing of radiologic technologists through the State Board of Healing Arts and establish a Radiologic Technology Council. The professions licensed would include radiographers, radiation therapists, X-ray technicians, and nuclear medicine technologists. The bill would set the statutory maximum for registration and renewal fees, and the bill would require licensure for these professionals by January 1, 2005. A five-member council would be created to provide assistance to the Board. The Board would determine qualifications for licensure, establish a renewal process, and develop continuing education standards. HB 2698 would establish procedures to be followed when anyone violates the act.

Estimated State Fiscal Effect				
	FY 2004 SGF	FY 2004 All Funds	FY 2005 SGF	FY 2005 All Funds
Revenue	--	--	--	\$157,500
Expenditure	--	--	--	\$113,341
FTE Pos.	--	--	--	2.0

Attachment 19  
HHS 2-16-04



The Honorable Jim Morrison, Chairperson  
February 16, 2004  
Page 2—2698

The Board of Healing Arts indicates that the passage of HB 2698 would increase fee fund revenue by \$157,500 and increase expenditures by \$113,341 in FY 2005. The expenditure increase would include \$69,661 for 2.0 FTE positions, \$33,100 for contractual services, \$2,000 for office supplies, and \$8,580 for one-time capital outlay expenses. This estimate is based on licensing for 2,700 radiological technicians and 900 X-ray technicians. The revenue increase in the bill would not affect the State General Fund since the approved agency budget for FY 2005 includes the maximum transfer amount of \$200,000 to the State General Fund. The fiscal effect of HB 2698 would be in addition to amounts recommended in *The FY 2005 Governor's Budget Report*.

Sincerely,

Duane A. Goossen  
Director of the Budget

cc: Betty Johnson, Healing Arts  
Susan Kang, KDHE