Wisconsin State Senate
John Lehman
Senator – 21st District

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Testimony of Senator John Lehman
Senate Bill 184
Senate Health, Health Insurance, Privacy, Property Tax Relief and Revenue Committee
August 18, 2009

Thank you, Senator Erpenbach and committee members for allowing me to testify in support of Senate Bill 184, relating to licenses for the practice of radiography.

Quite simply, Senate Bill 184 introduced by Representative Berceau and myself will bring Wisconsin in line with thirty eight other states - including Minnesota, Iowa, Illinois and Indiana - by creating a licensure requirement for the practice of radiography.

In the 2007 legislative session I was approached about introducing legislation to license people who perform x-rays. I was quite honestly surprised to learn that there was no such requirement in our state. Those of you who were members of this committee last session may recall supporters of this legislation and me appearing before you, and we appreciated all of your votes in support of the bill.

Working with the Wisconsin Society of Radiologic Technologists, the Department of Regulation and Licensing, a bipartisan group of legislators and other interested professional associations we were able to craft a bill acceptable to all. The legislation was approved on a 32-1 vote in the Senate and was voted out of the Assembly Health Committee with strong bipartisan support. Unfortunately the session ended before the bill was able to be brought before the full Assembly.

The benefit of implementing a licensing requirement with standards for the practice of radiography, courses of study, examinations and continuing education requirements is improved quality of care for patients in Wisconsin and protection from unnecessary and potentially harmful exposure to radiation.

Because the use of X-rays are widespread across a number of areas of practice including chiropractors, podiatrists and dentists accommodations have been made to respect these professions. In addition, this session's bill includes new language to clarify the licensure requirement does not apply to bone denisitometry - a quantitative analysis of bone mass.

Based on this carefully crafted language none of these professions have any objections to the licensure requirement and SB 184 has the support of the Wisconsin Medical Society.

People shouldn't be worried that diagnostic tests to help get them better could expose them to harm. Health care providers ought to be confident that those operating their equipment are properly trained. And we should take common sense steps to help reduce unnecessary medical errors. Implementing standards and licensing requirements for the practice in radiography in Wisconsin will help to address these concerns.

In the interest of improving patient safety in our state I hope that the members of the Senate Health Committee will support Senate Bill 184.

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Jim Doyle
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Secretary

WISCONSIN DEPARTMENT OF REGULATION & LICENSING

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July 13, 2009

Representative Terese Berceau
Room 208 North
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Senator John Lehman
Room 310 South
State Capitol
PO Box 7882
Madison, WI 53708

Dear Representative Berceau & Senator Lehman:

The budget that Governor Doyle signed on June 29th, 2009 included a biennial appropriation for the licensing, rule making and regulatory functions of the Medical Examining Board (MEB) and any affiliated credentialing boards (Chapter 448). The affiliated credentialing boards that will be under this new appropriation will include: Athletic Trainers, Certified Dietitian, Perfusionist, Medicine & Surgery, MD, Medicine and Surgery, DO, Physician Assistant, Respiratory Care Practioner, Occupational Therapist, Occupational Therapy Assistant, Physical Therapist, Physical Therapist Assistant & Podiatric Medicine and Surgery.

When looking at this new appropriation with the MEB and affiliated credentialing boards, it makes sense that if a board was created for Radiography as proposed in AB 267, it would be best placed in this new appropriation as an affiliated credentialing board. We understand that this bill was worked on last session prior to the knowledge of this new MEB and affiliated credentialing board proposal. Due to this newly created appropriation for the Medical Examining Board, we would recommend that the Regulation of Radiography be place in Chapter 448 instead of Chapter 462.

There have been some questions about the differences in an examining board verses an affiliated credentialing board. We would like to bring your attention to the Wis. Stat. 44.035 that indicates that examining and affiliated credentialing boards have the same powers and duties. Their primary duties and powers are rule making, credentialing, regulation and discipline.

Please accept this request which we feel is in the best interest of the new MEB board, the Radiography profession and the Department of Regulation and Licensing. While we are sure the Medical Examining Board will agree with us, they have not officially taken a vote on this. They will formally do this on July 15. We would be happy to report back to you once this vote has been taken.

Thank you very much for your consideration. Feel free to contact us if you have any questions (Dr. Musser - 608-4175980/ Secretary Jackson – 608-266-1352).

Sincerely,

Secretary

/s/ Dr. Jane Musser

Dr. Musser

Written Testimony
In Support of Assembly Bill 267
Wisconsin Radiological Society
Senate Committee on Health, Health Insurance,
Privacy, Property Tax Relief and Revenue
August 18, 2009

I am a practicing physician and a professor of Radiology at the University of Wisconsin-Madison School of Medicine and Public Health (UWSMPH). I am employed by the UWSMPH and the University of Wisconsin Medical Foundation. My colleagues and I care for patients at several hospitals and clinics in Madison as well as hospitals in more rural areas of south central Wisconsin. I am a past president of the Indiana Radiological Society and currently serve as the President-Elect of the Wisconsin Radiological Society, both of which are state chapters of the American College of Radiology. As a diagnostic radiologist, I interpret a variety of imaging studies including radiographs, popularly known as "x-rays". Radiology technologists, who undergo at least 2 years of training, are responsible for positioning and imaging patients in accordance with radiographic standards and submitting the resultant images to my colleagues and me for interpretation. My ability to properly care for and diagnose the patient depends on the quality of the images presented to me by the radiology technologists who are proposed to be regulated by this Bill.

I moved to Wisconsin in 1998 and was surprised, and frankly disappointed that radiology technologists were not licensed by the state of Wisconsin and that personnel without training could and were performing radiographs on patients. I strongly believe the certification process established by SB 184 will positively affect the health and safety of the citizens of Wisconsin.

Radiology technologists are highly trained professionals who possess critical knowledge of the use of radiation, human anatomy and pathology, the radiographic manifestation of disease and the proper anatomical positioning of patients necessary to ensure good medical care. Individuals who attempt to operate radiographic equipment without training run the risks of over-radiating patients, using the incorrect exposure and positioning the patient incorrectly. These errors ultimately result in an increased radiation dose to the population either directly because of overexposure or because additional exposures are necessary due to inadequate and/or non-diagnostic images. Unfortunately, they also lead to the delay in diagnosis and misdiagnosis. One needs only to look at mammography to understand how the quality of patient care improves when standards are required. I have personally witnessed how patient care suffers when untrained personnel perform radiography.

The state of Wisconsin requires licensure for a number of professions which do not have as great an impact on the health and well-being of its citizens. I am pleased that the legislature is now recognizing and fulfilling the need to ensure quality radiography. This step will also serve the state well if the current federal CARE Bill ties federal Medicaid dollars to such types of radiology technologist certification. Please consider supporting this legislation which would bring the state of Wisconsin in line with surrounding states.

Lynn S. Broderick, MD., FACR, FCCP
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Senate Committee on Public Health Public Hearing on Senate Bill 184

Susan Lura Sanson M.S. RT(R)(QM)
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Froedtert Hospital
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414-805-5381

I would like to thank Senator Lehman our bill sponsor and all co-sponsors. I would also like to thank the committee for hearing our bill.

I had been a Radiology Educator for over 25 years. I am currently the Director of Staff Development at Froedtert Hospital. I have my undergraduate degree in Physics with a minor in Chemistry, my Masters in Education and I am a certified Radiologic Technologist and I am also credentialed in Quality Management.

As the Program Director of Radiologic Technology over the years I have had hundreds of people apply to my program who according to their application were operating imaging equipment and now wanted to learn more. Unfortunately these folks radiate unsuspecting Wisconsin Residents. There are a multitude of ways to reduce dose to a patient ...from selecting the appropriate technical factors, minimizing the radiated field and shielding sensitive parts. People who have been hired off the street do not receive education on these important steps which minimize dose. These individuals hired off the street and other ancillary health care workers do not understand the effects of ionizing radiation on the body's tissues. It is a known fact that x-radiation can causes cancer. Wisconsin allows **anyone** to operate imaging equipment. We license the people that wash our dogs and color our hair...but not the individuals that apply ionizing or x-radiation to our body.

There is a nationwide concern that with increased utilization of imaging equipment we may see a rise in radiation induced cancers. The federal government is so concerned that they have regulated imaging equipment manufacturers to limit leakage radiation and output intensities....logic dictates that the people who operate the equipment have some degree of education to assure the safety of public. Wisconsin is behind the times. Some may argue that the rural areas may not be able to comply. However, when the FDA enacted the Mammographic Quality Standards Act in 1998 which required anyone performing mammography to be certified, there was a fear that the rural areas would not be able to comply, this turned out to be a false concern. Unfortunately, it took the death of a Senators wife due to poor mammographic image quality to get these standards passed. Wisconsin can not wait until we have our own tragedy to initiate legislation.

In Wisconsin we need to be focused on reducing medical costs, improving the quality of health care and increasing patient safety. This aligns with the Institute of Medicines six aims for improving healthcare which state that health care must be effective, efficient, patient centered, timely, and equitable.

By passing Senate Bill 184 there will be a reduction in imaging expenses as they relate to poor imaging quality, which would make imaging more **effective** with less repeated images. There will be no more double billing for the same procedure making it more **efficient** and avoiding unnecessary referrals for advanced and more expensive imaging procedures such as MRI. By addressing the need to have the appropriate education to utilize imaging equipment there will be an increase in image quality, **patient-centered** care and improve the **safety** of imaging procedures. In addition, improved image quality will reduce missed diagnosis and allow for **timely** treatments.

Wisconsin should act now to provide **equitable** care for ALL of it citizens and to protect ALL from over exposure to ionizing radiation by uneducated off the street imagers and other ancillary health care workers, please support SB184.

As you already know, last session this bill had overwhelming bipartisan support in the legislature. We missed the opportunity to make this happen, lets not let this opportunity to enact true health care reform pass us by again.

Thank you

Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue Public Hearing on SB 184
August 18, 2009

Good Morning Chairman Erpenbach, and Senate Committee members. Thank you for this hearing on SB 184. My name is Sandra Helinski. I have been a registered radiologic technologist for 29 years and serve as the Chairperson of the Legislative Committee of the Wisconsin Society of Radiologic Technologists (WSRT). The WSRT is a non-commercial, non-sectarian, and non-partisan professional organization representing persons interested in and employed in the art and science of diagnostic and therapeutic radiologic procedures. It is an affiliate of the American Society of Radiologic Technologists (ASRT). Its purpose as stated in its mission and bylaws is to advance the science of radiologic technology and to assist in the establishment and maintenance of high standards of education and training, and to elevate the quality of patient care.

Due to our legislative efforts last session, some of you may already know that **anyone** in Wisconsin may perform x-rays on patients—anyone. The person irradiating the trusting patient may never have had the proper training to yield a safely performed and useful exam. Most patients assume that the all of personnel we meet in medical settings are knowledgeable and educated in their duties. This is not guaranteed in the performance of diagnostic x-rays in Wisconsin. This is the reason the WSRT is pursuing SB 184 that would address this transgression, and ensure the quality, safety and cost- effectiveness of x-ray procedures for the patient population of Wisconsin. Thank you for your Committee's unanimous vote in favor of this legislation last year. Last session, our Senate Bill SB474 passed with a 32-1 vote.

The WSRT and its affiliates around the nation have been involved in the federal effort to pass the Consistency, Accuracy, Responsibility, and Excellence in Medical Imaging and Radiation Therapy Bill, the CARE Bill. This bill would establish federal minimum standards of education and credentialing for persons administering medical radiation, as well as for the performance of other diagnostic imaging procedures. It would amend and enforce the Consumer-Patient Radiation Health and Safety Act of 1981 that was intended to minimize unnecessary exposure to hazardous radiation. Wisconsin is one of the states that **never complied** with the guidelines of this 1981 legislation. The CARE legislation is expected to be included in or alongside the America's Affordable Health Choices Act of 2009 with this Administration's priority on health care reform and cost reduction. Quality standards, including those pertaining to radiography (x-rays) will have to be met for imaging procedures to be reimbursed by Medicare and Medicaid. HR 6331, passed in July 2008 required the performance of CT, MRI, and Pet Scanning to be performed by accredited facilities that have proven their adherence to such standards. SB 184 is a proactive and necessary measure to prepare and provide Wisconsin with a mechanism to address the comprehensive imaging guidelines that will affect all imaging modalities, beginning with radiography.

National industry figures estimate that 7-8 % percent of the radiographic exposures are of no diagnostic value. The Congressional Budget Office translates the impact of these estimates as a potential 700-800 million dollar waste of Medicare dollars. The magnitude of these costs can only be translated to the savings our own state could realize in Medicaid, individual patient, and insurance costs. Please consider this example:

Here is an example of the poor quality of diagnostic health care that is allowed to occur here in Wisconsin. This is an x-ray of Mr. Steven B's knee. Steven presented this x-ray upon arrival to

an independent imaging center for an MRI of this knee. Look at this x-ray---it is overexposed and therefore cannot be used to adequately evaluate the bony and soft tissues of the knee joint. ***What*** knee is it? There is no Right or Left identifier on it. ***Whose*** knee is it? There is no patient name on the image. There is no evidence---no border of the exposure, that the person taking this x-ray even confined the x-ray beam to the knee. When the MRI technologist reviewed this with the patient, he was angry to know that this could pass as patient care. This is an example of a medical error in the making, not to mention that he was referred for a costly and possibly needless, advanced medical imaging procedure based on a poor, undiagnostic, inconclusive set of films that someone paid for. X-rays serve as the gateway examination , the initial step in diagnosing most medical conditions. A properly performed x-ray examination can often be the key to diagnosing a medical condition promptly without the need for costly advanced studies such as MRI, CT scans and others. Only a properly trained person can justly serve a patient in his or her quest for medical answers in a cost effective manner.

In our mission to enact state regulations pertaining to administration of x-ray radiation, we have heard testaments for the need for such measures. A Wisconsin technologist in a 715 area code called me personally to report that he is often required to repeat films taken at clinics outside of the hospital in which he works. These patients are referred back to his facility for repeat studies as the original films were rejected by the radiologists as "undiagnostic." He stated that those originals are performed by medical assistants, not persons who have received any training in radiologic procedures. We have other accounts of misadministration of x-ray radiation by reception and venipuncture staff, and even by a custodial employee. Why? Because it is allowed. Patients trusted that they would be treated appropriately, and were not. Nothing valuable came from the misadministration of ionizing radiation, nor from the monetary costs associated, not to mention the costs to their bodies. The enforcement of proper educational and training standards on these personnel would have prevented these medical mistakes. Safety, and quality, and cost-effective care—health care reform, in short, is at the heart of the rationale for advancing this legislation. That is why the WSRT stands in support of SB 184.

Sandra Helinski, B.S., MBA, RT (R), QM, MR
WSRT Legislative Committee Chairperson
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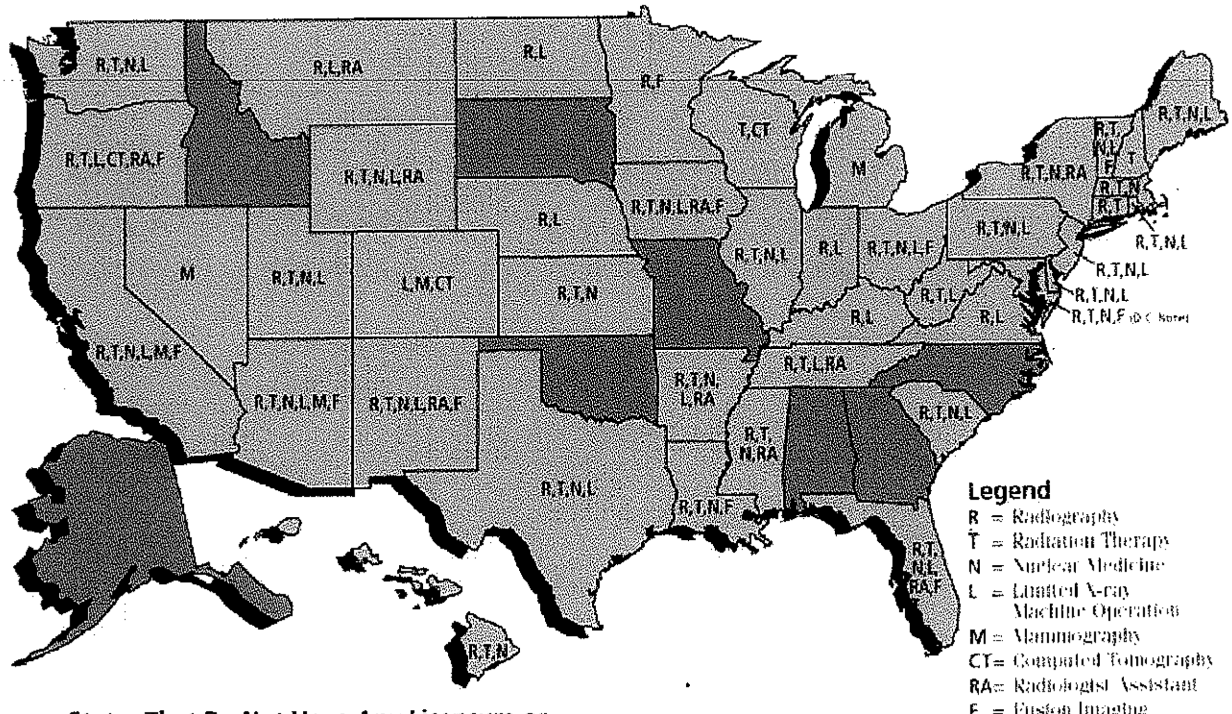
Does Your State Regulate Medical Imaging and Therapy Technologists?



States That Do Not Have Any Licensure or Regulatory Provisions For Radiologic Personnel*

Alabama, Alaska, Georgia, Idaho, Missouri, North Carolina, Oklahoma, South Dakota

*Last complete as of Sept. 1, 2006. In addition to the listed states, the District of Columbia also does not license radiologic personnel.

States That Regulate
States That Do Not Regulate
States That Partially Regulate

State Licensure or Certification by Discipline

Radiography (38 States)

- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Hawaii
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Mississippi
- Montana
- Nebraska
- New Jersey
- New Mexico
- New York
- North Dakota
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wyoming

WISCONSIN HOSPITAL ASSOCIATION, INC.

To: Senator Jon Erpenbach, Chair
Members of the Senate Committee on Health, Health Insurance, Privacy Property Tax Relief and revenue
From: Judy Warmuth RN, Vice President Workforce Development
Wisconsin Hospital Association
RE: Testimony on Licensure of Radiographers (SB184)
Date: August 18, 2009

Thank you for the opportunity to testify before you today. My name is Judy Warmuth and I am the Vice President of Workforce for the Wisconsin Hospital Association (WHA). I am testifying for information on SB 184.

WHA has been working with the Department of Regulation and Licensing (DRL) for some time to reduce the amount of time it takes to generate licenses for new graduate health care professionals, license experienced professionals moving to Wisconsin and investigate complaints against licensed professionals. There have been times when professionals-physicians, nurses, respiratory therapists and many others-have been available and ready to work in Wisconsin, but have waited months for a license to practice. While good work has been done, it still takes an average of nearly two years to finalize action on consumer complaints received by the department.

WHA and our members have been pleased with changes made within the department and its boards to streamline requirements, alter staffing patterns, review policy and procedure and improve service to professionals, health care facilities and ultimately improve access and care to Wisconsin residents. We appreciate that DRL has heard our concerns and worked to address those concerns.

While we have been working to address these issues with DRL, other factors have been working in direct opposition to our goal. The legislature, during each session WHA has worked to improve timeliness, has creating new licensed groups and occupations. Statutes regulating the new groups have not always included or allocated the resources necessary to support hem. Consequently, efforts to increase the speed of investigation or licensing have been very negatively impacted.

WHA believes it is important to protect the public through licensure. We also believe timely investigation of complaints and timely licensure for new graduates offers important protection. The latter must not be sacrificed for the former. We request that this committee and the Legislature not take action which will undo the efforts and progress that has been made. We ask that licensure of new groups and occupations be done thoughtfully, state resources be used wisely, department work processes be considered and the ability of the Department to serve existing customers and consumers be maintained.

Thank you.

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Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue on Senate Bill 184
August 18, 2009

Good Afternoon Chairman Erpenbach and Senate committee members. My name is Connie Geier. I have been a registered radiologic technologist for almost 17 years. I am registered in radiology and mammography.

We all know that radiation can cause cancer. "In fact, x-rays have recently been officially classified as a carcinogen by the World Health Organization's International Agency for Research on Cancer, the Agency for Toxic Substances and Disease Registry of the Centers for Disease Control and Prevention, and the National Institute of Environmental Health Sciences"(ACR White Paper on Radiation Dose in Medicine.) The effects of unnecessary radiation are not immediately known. Unnecessary radiation can increase a patient's risk of cancer, chromosomal mutations, and damage to developing fetuses in pregnant women. Our quest for enacting state regulations pertaining to administration of x-ray radiation is to reduce the unnecessary overexposure to the people in the state of Wisconsin.

For many patients, the x-ray is the first step in answering a medical question. The "gateway to diagnosis" that guides the medical team in prescribing the next course in treatment, and possibly more advanced, and expensive imaging studies. Untrained operators performing medical imaging procedures can produce suboptimal exams that can lead to a misdiagnosis or delay in diagnosis which can increase health care costs and even worse shorten a patient's life. Supplies, labor and time are wasted when an x-ray exam has to be repeated. With the increase in health care costs, lowering the need to repeat poor quality medical imaging exams performed by untrained operators is one way to control costs. Repeating unsatisfactory exams doubles the cost of that procedure which is passed on to the insurance companies and then to the consumer-patient.

Medical imaging procedures are the fastest growing source of radiation exposure to patients today, with nearly 400 million medical imaging procedures performed annually. With the amount of procedures increasing the effective dose to patients is also increasing. The estimated collective effective dose that the US population received from diagnostic procedures in 1980 was .54 mSv per capita. That total increased to 3.2 mSv in 2006.

Radiologic technologists are the third largest category of healthcare professionals surpassed in number by only physicians and nurses with 7029-registered technologist currently in Wisconsin. It is unknown exactly how many untrained operators there are currently working in the state. A few years ago the Department of Health and Family Services sent out a survey to try and get an estimate of the number of technologist and operators working in the state, but unfortunately there was a very low response.

The WSRT has taken great care and time to create a workable, practical, and sensible piece of legislation. We have looked at radiologic regulations and laws around the nation in the drafting of this proposed legislation. It is our belief that we must establish ourselves as a state with radiologic legislation comparable or equal to that of our neighboring states, not lesser than. We spent several months at the Department of Regulation and Licensing making sure they had input and were comfortable with the bill. This resulted in the Department suggesting that the new board should be an independent examining board that was adequately staffed. It was the Department that suggested, based on their calculations that the new examining board would need a half time staff position, which is authorized in the bill. Our legislative committee has visited with numerous legislators' offices to hear their views, many of whom were unaware that this matter is still not addressed in Wisconsin. The WSRT has consulted with other medical groups who have expressed an interest in our mission and those who partner with the radiologic sciences. We have met and worked together to address concerns that affect each other's practices, maintaining the central focus of our mission: the patient. The WSRT's focus has been and will continue to be driven by the need to provide proper patient care in the radiologic setting on all levels. This includes the consideration of limited scope x-ray personnel, many currently already providing those services. SB184 is sensitive to including provisions for those persons to be educated to perform their limited duties in the best interest of the patient's radiologic health. It is our mission to elevate the current level of radiologic care for Wisconsin's patient population. The WSRT is very capable of assisting in this quest in the provision of continuing education opportunities to all individuals who share our resolve. The advancement of SB184 accomplishes this mission in the promotion of proper radiologic patient care for all of Wisconsin with safety, quality, and cost-effectiveness as its underlying principles.

For all these reasons and more this bill was adopted by the Wisconsin State Senate last year on a vote of 32-1 and in the Assembly Commitee on a vote of 8-1. We hope you will move this bill to the next level as soon as possible.

Thank you for your time and consideration.

Connie L Geier R.T.(R)(M)
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