Louisiana Society of Radiologic Technologists Presents:
Regulatory and Legislative Trends with Emphasis on Encroachment in the Radiologic Technology Profession
Why are regulatory and legislative developments that affect our practice important to follow?

• How many times have laws passed that affect your practice and you didn’t even know of its development until it was too late?

• The sneak and creep effect can happen right under our noses unless we educate ourselves in monitoring regulatory and legislative trends that could change our daily practices in imaging.
Why are regulatory and legislative developments that affect our practice important to follow?

• With the passage of the associate degree being the minimum education entry level for becoming ARRT certified, we are finally moving up the professional ladder; however, other health disciplines are steadily trying to take over our practice without proper education in radiation safety.
We are not button pushers!

• Radiologic technologists are educated professionals who have expertise in producing quality and safe images.

• Non RTs performing imaging procedures put patients at risk for errors, for multiple repeated exams, and possible radiation overexposure.
Presentation Objectives

Upon completion of this presentation, radiologic technologists will be able to:

- Define encroachment
- Identify examples of encroachment
- Describe current legislative trends in the profession
- Explore advocacy avenues and how to get involved
- Differentiate between full scope of practice and limited practice.
- Identify State regulations for licensure and imaging practices
- Discover updates in profession
- Differentiate between LSRT and LSRTBE
- Define LSRT’s purposes and functions
What is encroachment?

• Webster’s dictionary defines “encroachment” as *entering by gradual steps or by stealth into the possessions or rights of another.*

• For Radiologic Technology, when a non RT operates imaging equipment, this is considered encroachment upon our profession.
Encroachment Examples

• The following are a few examples of encroachment on our profession. We will take a closer look at each.
  ❖ Iowa Nurses
  ❖ Illinois nurses
  ❖ Florida, Wisconsin, and Connecticut Podiatrist Assistants
  ❖ VA Advanced Nurse Practitioner’s Proposal
  ❖ Kentucky Nurse Practitioners
  ❖ Arizona Physician Assistants
  ❖ Kansas Advance Practice Registered Nurses
  ❖ Massachusetts Advance Practice Registered Nurses
Encroachment Example 1: IOWA Nurses

- In 2009, the Iowa Board of Nursing adopted a regulation allowing advanced registered nurse practitioners (ARNP) to provide direct supervision of fluoroscopy. According to court documents, the board contended that it had the authority to enact the rule under Iowa law.
- In March 2010, the Iowa Dept. of Public Health adopted similar regulations, allowing ARNPs to provide direct supervision of radiologic technologists and radiologic students during fluoroscopy.
Encroachment: IOWA Nurses Cont’d

• In October 2010, a Judge for the Fifth Judicial District of Iowa, said the fluoroscopy rule did not meet proper state guidelines. He ruled that the regulations were invalid and illegal.
  – "In order for ARNPs to provide 'direct supervision' of fluoroscopy as the term is defined within the Iowa Administrative Code, they must satisfy minimum education and safety standards, including continuing education requirements and an examination established by the Iowa Department of Public Health"

• In November 2010, a judge granted an injunction against the rule while the lawsuit was ongoing.
Later in 2013, the Iowa Supreme Court overturned the decision, stating the district court erred in second-guessing the department of public health and the nursing board on the adequacy of ARNP training to supervise imaging procedures.

The Supreme Court cited no reports of injuries resulting from ARNP-supervised fluoroscopy, and noted that permitting ARNPs to oversee fluoroscopy "improves access to health care for rural Iowans, and helps lower costs."

The Iowa Society of Anesthesiologists and The Iowa Medical Society voiced while they respect the Supreme Court’s decision, they were disappointed.
Encroachment: IOWA Nurses Cont’d

• The American Nurses Association, however, applauds the ruling perceiving that the court's decision will help Iowans get the healthcare services they need in a timely, efficient and effective way.
Encroachment Example 2: Illinois Nurses

- In March 2012, Two nurses at a surgery center in Illinois were fined by a state agency for violating radiation protection regulations after an investigation found that the nurses operated c-arm equipment.

- By Illinois law, radiologic equipment must be operated by health professionals licensed under the state Medical Practice Act, including radiographers, chiropractors, dentists, podiatrists and veterinarians.
Encroachment Example 3: Podiatrist Assistants

• In multiple states, podiatrist assistants or podiatrist x-ray assistants are allowed to use ionizing radiation to image patients.

• These assistants are only required to have a minimum amount of training before taking x-rays.
Encroachment Example 3: Podiatrist Assistants (cont.)

- **Florida**-podiatrist x-ray assistants are required to take an 8 hour course before taking x-rays. Eight hours of CE are required every 2 years thereafter.

- **Wisconsin**-podiatrist x-ray assistants are required to take an 8 hour course to take x-rays. Further, they only need 8 hours of CE every 10 years to renew their licenses.
Encroachment Example 3: Podiatrist Assistants (cont.)

• **Connecticut**-podiatrist assistants are required to take a 4-hour course before taking x-rays.
Encroachment on the Rise

• In addition to these examples of professional encroachment, there have been numerous legislative efforts to expand the number of healthcare personnel who can perform imaging procedures.

• To monitor these legislative actions, it is important to review how bills become laws.
How a Bill Becomes Law: State Level

1. Legislator writes bill and presents it to the House of Representatives.
   - House committee studies the bill.
   - A hearing is held.
   - House committee members vote and give the House a recommendation.
   - House of Representatives votes.

2. Legislator writes bill and presents it to the Senate.
   - Senate committee studies the bill.
   - A hearing is held.
   - Senate committee members vote and give Senate a recommendation.
   - Senate votes.

If passed by both Houses,
- Bill is sent to Governor.
  - If Governor signs, bill becomes law.
  - If Governor vetoes the bill,
    - Bill is sent back to both houses for a vote. Bill becomes law if passed with 2/3 majority.
How a Bill Becomes Law: Federal Level

1. **Bill is Drafted**: Members of Congress, the Executive Branch, and even outside groups can draft (write or draw up) bills.
2. **Introduced in House**: Representative introduces the bill in the House. Only members can introduce bills.
3. **Sent to Committee**: The Speaker of the House sends the bill to a committee.
4. **Committee Action**: Most bills die here. The committee may pigeonhole, table, amend, or vote on the bill. If bill passes, it goes to Rules Committee.
5. **Rules Committee**: It decides the rules for debate, and when the bill will come up for debate.
6. **Floor Action**: House debates the bill, and may add amendments. If a majority votes in favor of the bill, it goes to the Senate.
7. **Introduced in Senate**: A Senator introduces the bill, which is sent to a committee.
8. **Committee Action**: Same procedure as in the House. If the committee majority votes for the bill, it goes to the whole Senate.
9. **Bill Called Up**: Majority floor leader decides when the whole Senate will consider the bill.
10. **Floor Action**: The Bill is debated, and amendments may be added. If a majority votes in favor of the bill, it is returned to the House.
11. **Conference Committee**: If the House rejects any of the changes, the bill goes to a conference committee of members from both houses. It works out a compromise.
12. **Vote on Compromise**: Both houses must approve changes made by the conference committee. If approved, the bill goes to the president.
13. **Presidential Action**: The president may sign (approve) the bill or veto (reject) it. If approved, it becomes law.
14. **Vote to Override**: If the president vetoes the bill, it can still become law if two thirds of both houses vote to override the veto.
Encroachment Example 4: VA Proposal for Advanced Practice RNs (H.B. 1247)

• In March 2015, VA proposed to allow nurse practitioners take on imaging duties.

• The Department of Veterans Affairs (VA) is proposing to amend its medical regulations (House bill H.R. 1247) to permit full practice authority of all VA advanced practice registered nurses (APRNPs) when they are acting within the scope of their VA employment to include ordering, performing, supervising, and interpreting laboratory and imaging studies.

• The American College of Radiology (ACR) is opposed to the proposal by allowing imaging studies to be interpreted by professionals who are non-physicians.

• The American Society of Anesthesiologists (ASA) held a press conference denouncing what it called a "dangerous" policy change that would lower the standard of care for veterans and "put their health and lives at risk."

• The American Medical Association (AMA) has also opposed the allowance of APRNs to permit full practice authority.
Encroachment: VA Proposal for Advanced Practice RNs (H.B. 1247)

- Advocacy Efforts Win!
- ASRT and LSRT Members Influence VA Proposal
- As of December 2016, the U.S. Department of Veteran Affairs will not grant certified nurse practitioners the authority to perform, supervise and interpret medical imaging exams, as they had earlier proposed.
- ASRT members and affiliate members banded together and submitted thousands of comments to the VA expressing their concerns about allowing personnel to perform medical imaging procedures without formal education in radiation dose management and patient positioning techniques.
Encroachment: VA Proposal for Advanced Practice RNs (H.B. 1247)

- ASRT and other radiologic science organizations submitted formal comments asking the VA to remove the language.
- In addition, ASRT members and affiliate members banded together and submitted thousands of comments to the VA expressing their concerns about allowing personnel to perform medical imaging procedures without formal education in radiation dose management, patient positioning techniques and medical imaging physics.
- After reviewing the public comments, the VA announced on Dec. 14, 2016, that it reversed its decision and removed the “perform, supervise and interpret” clause in the rule and replaced it with language that will allow nurses to: “Order laboratory and imaging studies and integrate the results into clinical decision making.”
- The VA included the following statement in the final rule: “It is not the VA’s intent to replace our highly qualified radiologists or radiological technologists. VA is committed to providing high-quality health care for our nation’s veterans and is proud of the outstanding work performed by radiologists in our system.”
Encroachment: VA Proposal for Advanced Practice RNs (H.B. 1247)

• VA Removes CNP Duties From Proposal
• December 2016, the U.S. Department of Veterans Affairs has removed language in a proposed rule that would have granted certified nurse practitioners the authority to perform, supervise and interpret medical imaging exams.

• Section 17.415(d)(1)(i)(B) in the proposal included the following measure: "A CNP has full practice authority to: Order, perform, supervise, and interpret laboratory and imaging studies.”

• The American Society of Radiologic Technologists opposed the language as it would put veterans at risk for errors, multiple exams and possible radiation overexposure.

• Only registered radiologic technologists should perform procedures that use ionizing radiation, and only experienced radiologists should interpret medical images.
Encroachment Example 5: Kentucky (H.B. 296)

- April 2016: Nurse Encroachment Bill in Kentucky Halted
- A bill allowing nurse practitioners to perform medical imaging and radiation therapy procedures as well as supervise radiologic technologists has been brought to a standstill in the Kentucky Senate. This bill was intervened by the combined efforts of the ASRT and the Kentucky Society of Radiologic Technologists (KSRT).
- House Bill 296, which had passed in the Kentucky House during the legislative session, would have added advanced practice registered nurses (APRN), also known as nurse practitioners, to the list of licensed practitioners who are exempt from the existing Kentucky radiologic technologist licensure law. Once added to the list of licensed providers, the bill would have given nurses the authority to supervise radiologic technologists in the place of physicians.
The Kentucky Board of Medical Imaging and Radiation Therapy investigated the educational criteria of nurse practitioners.

Findings indicated that educational training in the APRN doctor of nursing practice or master’s curricula does not include instruction in radiation physics, radiobiology, radiation safety, radiation management or maintenance of documentation verifying successful completion.

More than 100 radiologic technologists in Kentucky sent letters to their state legislators opposing the measure. The bill is now tabled and will be discussed by stakeholders and lawmakers during the interim period before the next legislative session. The bill could be reintroduced in the next Kentucky legislative session.
April 2016, in Arizona, Physician Assistants attempt to encroach on our regulations concerning the introduction of an amendment to a bill that would allow PAs to operate diagnostic x-ray imaging equipment. Senate Bill 1096 was approved by a vote of the House and referred to the Senate for concurrence. Again, ASRT brings to their attention that PAs do not have proper education and training in radiation safety and practices.

- Track S.B. 1096
Encroachment Example 7: Kansas (H. B. 2122 and S.B. 69)

- July 2016, in Kansas, the Kansas Society of Radiologic Technologists (KSRT) teamed up with ASRT and opposed House Bill 2122 and Senate Bill 69.
- These bills were introduced in January 2015 and would have allowed advanced practice nurses to be exempt from the falling under the state’s radiologic technology licensure law to perform imaging procedures.
- KSRT educated lawmakers concerning qualifications and education needed to perform imaging.
- As a result, these bills have stalled in the state legislature and are no longer eligible for consideration.
- However, ASRT and KSRT expect these bills to be reintroduced in the 2017-2018 Kansas legislative session.
Encroachment Example 8: Massachusetts (H.B. 1889 & 1996, S.B. 1163 & 1207)

- July 2016, House Bills 1889 and 1996, and Senate Bills 1163 and 1207 were introduced in the Massachusetts Legislature concerning advanced practice registered nurses scope of practice.
- As a result of unclear definitions for “tests” and “examinations”, performing imaging studies could be interpreted as being added to the scope of practice for advanced practice registered nurses.
- The Massachusetts Society of Radiologic Technologists and ASRT are encouraging RT’s in MA to contact their legislators in Boston in opposition of these bills.
ASRT’s Position Statement for Non-RTs Performing Imaging Exams:

• The ASRT firmly believes that anyone performing medical imaging examinations must be educationally prepared and clinically competent.

• In addition to legislative activity in individual states, the American Academy of PAs (AAPA) worked with the American Society of Radiologic Technologists (ASRT) to develop a national educational framework for PAs who use fluoroscopy.

• In December 2009, the AAPA and ASRT reached a consensus on the curriculum for PA’s educational program to help ensure that PAs who perform fluoroscopy are practicing radiation safety.
State Societies in Action

- State affiliates across the nation and ASRT have been busy tracking, advocating, and fighting for best practices in our profession.
Legislative Trends

WHAT YOU NEED TO KNOW
New York: SB 5186

- May 2015, a bill was introduced that would allow PA’s who completed an educational program approved by the Department of Public Health to perform fluoro for guidance of diagnostic or therapeutic procedures.
- New York State Society of Radiologic Sciences joined ASRT and advocated to the American Academy of Physician Assistants to include 40 hrs radiation protection study, 40 hrs of supervised clinical training, and the passing a fluoro exam created by the ARRT. The goal was to avoid PA’s from performing ungoverned fluoro procedures.
While the Texas Society of Radiologic Technologists’ grass-roots legislative 2015 campaign helped preserved R.T. licensure in the state, they will soon be fighting to keep RAs licensing next.
Missouri

- February 2016, MSRT met with lawmakers at the state capitol in Jefferson City on to ask them to support efforts to license radiologic technologists in the state.
- Techs and students met with representatives to educate them concerning radiation safety and standards.
- Missouri is still fighting to date.
Recent Federal Bill in Our Favor: S.B. 899 Tennessee

• April 2016, in Tennessee, only individuals practicing imaging procedures in physicians' offices were required to hold a license until the recent adoption of S.B. 899. This bill will require all individuals performing medical imaging, radiation therapy, or MRI to hold a license to practice.
Recent Federal Bill in Our Favor: S.B. 330 New Hampshire

• May 2016, the New Hampshire Senate Bill 330, passed! This law creates licensure and regulatory standards for New Hampshire’s magnetic resonance technologists, nuclear medicine technologists, radiation therapists, radiographers, radiologist assistants, limited x-ray machine operators and sonographers.

• Previously the state only regulated radiation therapy.
Current Federal Bills in Our Favor:
HR 4614 and S.B. 2940 RA
Companion Bills

• February 2016, House Resolution 4614 bill was introduced to align physician supervision requirements under Medicare with state licensure laws for radiology services performed by radiologist assistants and radiology practitioner assistants.

• May 2016 SB 2940 was introduced, The Medicare Access to Radiology Care Act of 2016, would allow Medicare to follow state RA supervision requirements by reimbursing facilities for medical imaging services performed by qualified RAs under the direction of a supervising radiologist.

• The ASRT encourages radiologic technologists to contact their representatives in support of both bills.
Recent Federal Bill in Our Favor: Mammography

• Near the end of 2015, an educational organization, DenseBreast-info.org, reported that 24 States have breast density laws that require health care providers to notify women whose mammograms reveal dense breast tissue. Furthermore, 8 other states have proposed similar bills. In addition, federal bills are being proposed to establish a national reporting standard for mammography reports concerning breast density and masking of dense tissue. The FDA is also entertaining issuing a breast density reporting amendment to the Mammography Quality Standards Act.
Current Bill In Our Favor: HR 4614 Medicare Access to Radiology Care Act (MARCA)

- This bill authorizes physician reimbursement through the Centers of Medicare and Medicaid Services (CMS) for services performed by radiologist assistants in the states that have laws establishing RA guidelines.
- ARRT, ASRT, ACR and the Society for Radiology Physician Extenders (SRPE) are working together in support of this bill.
- Currently, Medicare pays for services performed by an RA who is working under the personal supervision of a radiologist.
- Current Medicare law does not distinguish between R.T.s and RAs; therefore, the supervision requirements for R.T.s and RAs are the same.
- As a result, RAs are not permitted to practice to the full extent of their training when caring for Medicare patients.
• Hospitals can’t justify keeping RAs on staff if they are not permitted to practice.

• Schools are suspending or terminating their RA programs.

• Medicare is spending more money by not allowing RAs to practice.
The Medicare program has not kept up with developments in how medical services can be delivered by qualified personnel at lower costs.

By amending CMS reimbursement policy and supervision levels to match state licensure standards, RAs will be able to work more independently while radiologists can concentrate other medical services.

Patients on Medicare have difficulty finding physicians willing to take Medicare. As a result, their treatment is delayed.

RAs can help by fill in this gap by reducing or eliminating delays and improving access to care.
For and/or Against? You Decide
Proposed Rule: HR 2029
the Consolidated Appropriations
Act of 2016
(Digital Radiography)

On December 18, 2015, Congress enacted H.R. 2029, the Consolidated Appropriations Act of 2016, bipartisan legislation which provided funding for the federal government for the 2017 Fiscal Year (October 1, 2015-September 30, 2016).

Within this extensive legislation were radiology provisions related to the professional component multiple procedure payment reduction (PC MPPR) and reimbursement for analog (film) radiography, computed radiography (CR), and digital radiography (DR).
The ACR and select medical device manufacturers were pursuing separate advocacy and lobbying campaigns pertaining to the PC MPPR and digital radiography, respectively.

Congress initially combined both policies in H.R. 6, the 21st Century Cures Act, bipartisan legislation designed to streamline the federal government’s approval process for medical devices and pharmaceuticals.

Although it passed the House of Representatives in July 2015, H.R. 6, to date, has stalled in the Senate.

Recognizing the strong level of support for fixing the PC MPPR and incentivizing the purchase of digital radiography equipment, Congress ultimately included the combined policies in H.R. 2029, the Consolidated Appropriations Act of 2016.
HR 2029 Portion
Supported by ACR (DR)

• After intense lobbying by the American College of Radiology (ACR) for more than four years, Congress included provisions within H.R. 2029 to lower the existing 25% PC MPPR to 5% effective 2017.

• The 5% MPPR now accurately reflects empirical data describing the actual level of professional component efficiencies when radiologists interpret multiple images from the same patient, during a single session, on the same day.

• The Congressional Budget Office (CBO) expects that the passage of this policy will return hundreds of millions of dollars to the specialty of radiology, as a whole, over the next ten years.
In an attempt to incentivize facilities that provide x-ray services to purchase digital radiography equipment, H.R. 2029 outlined a gradual series of reimbursement reductions to both analog/film radiography and computed radiography.

The policy changes only apply to analog radiography and computed radiography reimbursed through the Medicare Physician Fee Schedule (MPFS) and Hospital Outpatient Prospective Payment System (HOPPS).
HR 2029 Portion Supported by ACR (DR)

• Reimbursement for x-rays taken with plain film would be reduced by 20% in 2017 and all subsequent years. Reimbursement for computed radiography would be reduced by 7% between 2018 and 2022, followed by a 10% reduction in 2023 and all subsequent years.

• As previously stated, the ACR worked with Congressional leaders to minimize the CR reimbursement reductions and extend the phase-in period.

• The policy permits physicians to continue to use x-ray equipment used for film radiography and computed radiography. Physicians who elect to continue to use these modalities are subject to per-scan reimbursement reductions within the Medicare program.
HR 2029 Portion
NOT Supported by ASRT (DR)

• In August of 2016, ASRT president called for Action against CMS omitting language in its proposed payment-reduction rule that would require registered radiologic technologists to perform all radiography procedures billed within the Medicare system.

• A section of this bill does not require personnel who operate digital radiography equipment to meet specific educational and certification standards.

• By leaving out a measure requiring registered radiologic technologists to perform procedures, CMS is conceding that uneducated, unqualified and unprepared personnel could perform radiologic technology duties.

• While converting to digital may save a little money, it does not justify decreasing patient safety or quality of care.
In addition to protecting rights for only licensed RTs to practice imaging, knowing your scope of practice is also important when it comes to proving quality patient care and radiation safety.
Scope of Practice

• Sometimes you may wonder what’s in your scope of practice. To answer your question, all you have to do is review ASRT’s practice standards which can be found on the ASRT website (ASRT Practice Standards).

• The ASRT describes the scope of practice for radiographers and technologists practicing in the various special imaging disciplines within the practice standards documents.
Limited Scope of Practice in Radiography

• Limited x-ray machine operators are individuals other than a radiographer who performs static diagnostic radiologic images on selected anatomical sites.

• They should have basic understanding of human anatomy, physiology, pathology and medical terminology.

• They should posses positioning skills and know how to set correct exposure techniques for patient population.

• They should practice radiation safety.
Limited Machine Operators Education

• There are education and training programs for limited x-ray machine operators throughout the United States.
• Many states may require completion of a course of study prior to administering a state licensure exam for limited x-ray machine operators.
• Several states use the Limited Scope of Practice in Radiography state licensing exams developed by the American Registry of Radiologic Technologists.
### 33 States Regulate Limited X-ray Machine Operators

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Limited Scope of Practice in Radiography Testing

- ARRT Exam
- The exam has 100 test questions that cover radiation protection, image production and evaluation, patient care and education, and equipment operation and quality control.
- Additional optional modules are offered for specific categories of licensing: chest, extremities, skull/sinuses, spine, and podiatric.
- Each state licensing agency determines the appropriateness of the exam for its candidates.
- Each state also determines the benchmark passing the exam.
Jobs Performed by Limited Scope of Practice Radiographers

- Chiropractor
- Bone density
- Small clinics
- Urgent cares
State Regulations to Perform Imaging Procedures: No Standard for any Discipline in 5 States

- Currently, there are still five states that have no standards or regulations for any discipline: Alabama, Missouri, North Carolina, South Dakota and Idaho, as well as the District of Columbia.
- This is changing with the efforts of two state societies.
- The first is Idaho who recently announced that they have plans to pursue licensure law in 2016.
- The second is Missouri who just recently introduced a bill on Dec. 2, 2015 to license radiographers, radiation therapists, nuclear medicine technologists, magnetic resonance technologists, radiologist assistants and nuclear medicine advanced associates.
- We are really hoping both are successful in becoming licensure states.
No Standards for Regulating Radiography in 10 States

- Alabama (Fluoro only)
- Alaska (Fluoro only)
- Idaho
- Michigan (CT only)
- Missouri
- Nevada (Mammography only)
- New Hampshire (Therapy only)
- North Carolina
- Oklahoma (RA only)
- South Dakota
- District of Columbia
State Licensure and ARRT Certification and Registration

• Although an individual may have earned their ARRT credential, this does not automatically mean they are eligible to work in their state.
• Most states have their own application policies and procedures that an individual must meet in order to work in the state.
• Individuals should verify with their state licensing agency in the state where they plan to work to make sure they meet the state’s eligibility requirements.
States that Recognize ARRT Certification and Registration

35 states utilize ARRT-administered exams for state licensing purposes:

- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Illinois
- Indiana
- Iowa
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Minnesota
- Mississippi
- Montana
- Nebraska
- New Jersey
- New Mexico
- New York
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
37 States that DO Regulate Radiation Therapy

• Arizona
• Arkansas
• California
• Colorado
• Connecticut
• Delaware
• Florida
• Hawaii
• Illinois
• Indiana
• Iowa
• Kansas
• Kentucky
• Louisiana
• Maine
• Maryland
• Massachusetts
• Mississippi
• Nebraska
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• New Mexico
• New York
• North Dakota
• Ohio
• Oregon
• Pennsylvania
• Rhode Island
• South Carolina
• Texas
• Utah
• Vermont
• Virginia
• Washington
• West Virginia
• Wisconsin
• Wyoming
35 States that DO Regulate Nuclear Medicine

- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Mississippi
- New Jersey
- New Mexico
- New York
- North Dakota
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wyoming
30 States that DO Regulate Radiologist Assistant

- Arizona
- Arkansas
- Colorado
- Connecticut
- Florida
- Georgia
- Illinois
- Iowa
- Kentucky
- Maryland
- Massachusetts
- Minnesota
- Mississippi
- Montana
- New Jersey
- New Mexico
- New York
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- Tennessee
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wyoming

Louisiana does not currently regulate RAs. LSRT is currently working to help change this.
3 States that DO Regulate MRI

• New Mexico
• Oregon
• West Virginia

Louisiana does not currently regulate MRI.
7 States that DO Regulate CT

- Arizona
- Colorado
- Florida
- Michigan
- Oregon
- Wisconsin
- Vermont

Louisiana does not currently regulate CT.
Two States that Regulate Fluoroscopy

• Alaska
• California (additional permit)
7 States that DO Regulate Cardiovascular (RCIS)

- Arkansas
- Delaware
- Indiana
- Ohio
- South Carolina
- Texas
- Washington

Louisiana does not currently regulate Cardiovascular.
RCIS Controversy

• The RCIS (Registered Cardiovascular Invasive Specialist) is a national credential offered by CCI (Cardiovascular Credentialing International) to healthcare personnel working in the area of diagnostic and interventional catheterization labs.

• These workers include RNs, RTs, PAs, CVTs, graduates from health science programs (RN, RT, CVT, PA, U/S, RRT).

• The RCIS exam is a comprehensive exam that covers various elements which includes: pre/intra/post-procedural activities, knowledge of performed tasks, expected job duties and technology, as it relates to national standards, performance and patient care in the CCL/IR lab environment.
RCIS Controversy

History

• RCIS is not a licensure; but instead a professional practice credential.
• The credential has been around since the early 1970s.
• It originated with 2 levels, as CCPT and RCPT (Certified Cardiopulmonary Technologists/ Registered CPT).
• It evolved into the CCVT and RCVT (Certified/ Registered Cardiovascular Technologists).
• Eventually, through mergers of credentialing organizations, the certification levels exams were dropped, leaving just the RCVT.
• The RCVT was renamed RCIS (Registered Cardiovascular Invasive Specialist) in the early 1990s, to make the credential more appealing to RNs working in the cath lab.
RCIS Controversy

- Cardiovascular Credentialing International is not equivalent to the American Registry of Radiologic Technologists’ cardiac-interventional or vascular-interventional certification exams, particularly in regards to radiation safety and safe use of fluoroscopy.
- However, nationally, RCIS is being used as a primary credential.
RCIS Controversy

• The American College of Radiology Practice Guideline for Interventional Practice doesn’t recognize the RCIS certification as appropriate for technologists who work in interventional practice.
ASRT Cardiac Interventional and Vascular Interventional Technology Practice Standards

• Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in ASRT’s standards should perform cardiovascular interventional procedures.
ARRT Post-Primary Exam

• Eligibility to take the ARRT post-primary examination in vascular interventional radiography or cardiac interventional radiography requires appropriate primary certification in radiography, documentation of structured education and clinical experience at the time of application.
RCIS Controversy

- A minimum of 600 cardiac diagnostic/interventional procedures must be performed to sit for the RCIS exam, whereas a minimum of 150 CI radiography procedures must be performed to sit for the ARRT’s post-primary CI exam, for example.
- Procedures for the RCIS can be signed off by another RCIS who may or may not have radiation safety training either.
RCIS Controversy in California

• Title 17 of the California Code of Regulations governs the positioning of patients and equipment during all fluoroscopy procedures which requires that exams be performed by a professional with a California fluoroscopy permit.

• RT’s credentialed by ARRT are the only professionals in California allowed to sit for the exam, therefore, the only professionals allowed to assist during procedures involving fluoroscopy.
RCIS Controversy in California

• ARRT’s Fluoroscopy Examination is designed for candidates who have relevant foundational qualifications (e.g., physicians, radiologic technologists, physician’s assistants, physician extenders), including education and clinical competency for the specific fluoroscopy procedures they will be performing.

• ARRT’s Fluoroscopy Examination is not intended for limited x-ray machine operators, medical assistants, chiropractic technicians, or other ancillary medical personnel.

• Candidates are required to meet minimum eligibility requirements that include instruction related to the following:
  ✓ patient dose reduction,
  ✓ occupational dose reduction,
  ✓ image recording, and
  ✓ quality control of fluoroscopy equipment.

• It is the state licensing agency’s responsibility to ensure that the standard requirements are met prior to finding a candidate eligible for the Fluoroscopy Examination.
 RCIS Controversy in California

• In October, 2015, the Radiologic Technology Certification Committee in California passed a motion allowing an individual under the direct and immediate supervision of the Supervisor or Operator (S&O) to use an assistant in the real time movement of the patient under fluoroscopy.

• On April 13th, 2016, the Radiologic Technology Certification Committee (RTCC) of California met with an agenda item to clarify this motion. The amended motion reads:
  – An individual under the direct and immediate supervision of the S&O may assist the S&O in the real-time movement of the patient or equipment under fluoroscopy for purposes of re-centering to the area of clinical interest or for manipulating the patient for medical purposes necessitated by the procedure provided a CRT is present in the room and is managing the radiation exposure and X-ray equipment and that the assistant shall have training that includes training on the manipulation of the specific equipment and personal radiation protection, required to be established by the facility.

• The motion must now work its way through the California Department of Public Health (CDPH) before it is ratified into regulation.
Other Updates in Our Profession

- Ethics violations
- CT accreditation recognized
- ARRT Content Updates for Various Exams
- Structured CE
Renewal of Certification and Registration
Ethics Requirements

Another important update for our profession is beginning January 1, 2017, R.T.s will be required to notify ARRT of any potential ethics violation within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first.
Ethics Investigations

• Possible violations of the *Standards of Ethics* by certification and registration candidates or R.T.s are formally reviewed as described in Sections B and C of the *Standards of Ethics*.

• Individuals who are the subject of ethics investigations are entitled to full due process under the Administrative Procedures of the *Standards of Ethics*.

• In order for ARRT to communicate with legal counsel, the individual under investigation must waive and hold ARRT harmless from any legal action for releasing information to the assigned party.
Sanctions

• ARRT imposes sanctions against the certification and registration of individuals who have been found in violation of the Rules of Ethics.
• Sanctions range from reprimand through several stages of increasing severity up to and including revocation and legal action.
### ARRT Ethics Violations and Sanctions by Decade

<table>
<thead>
<tr>
<th>Decade</th>
<th># of Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1964-1969</td>
<td>1</td>
</tr>
<tr>
<td>1970-1979</td>
<td>2</td>
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<tr>
<td>1980-1989</td>
<td>24</td>
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<tr>
<td>1990-1999</td>
<td>353</td>
</tr>
<tr>
<td>2000-2009</td>
<td>881</td>
</tr>
<tr>
<td>2010-2015</td>
<td>437</td>
</tr>
<tr>
<td>Jan 2016 to Nov 2016</td>
<td>97</td>
</tr>
</tbody>
</table>

(Prier, 2015)
AR RT Exam Updates

• Examination content specifications and clinical experience requirements are reviewed and updated on a regular basis.

• To meet future education needs and promote consistency across ARRT disciplines, four major universal content categories have been established for the content specifications.

  1. Patient Care
  2. Safety
  3. Image Production
  4. Procedures
ARRT Exam Updates Cont’d

- Exam content specifications for the following disciplines were recently updated:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Sonography</td>
<td>July 2016</td>
</tr>
<tr>
<td>Vascular Sonography</td>
<td>July 2016</td>
</tr>
<tr>
<td>MRI</td>
<td>July 2017</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>July 2017</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>July 2017</td>
</tr>
<tr>
<td>Radiography</td>
<td>July 2017</td>
</tr>
<tr>
<td>Vascular Interventional</td>
<td>July 2017</td>
</tr>
<tr>
<td>Bone Densitometry</td>
<td>July 2017</td>
</tr>
<tr>
<td>CT</td>
<td>July 2017</td>
</tr>
<tr>
<td>QM</td>
<td>July 2018</td>
</tr>
</tbody>
</table>
CT and NCCA

• ARRT has become the first organization to have a Computed Tomography (CT) certification and registration program earn accreditation from the National Commission for Certifying Agencies (NCCA).

• NCCA accreditation serves as an objective measure of a certification program’s quality.
ARRT and NCCA

• NCCA is the accrediting body of the Institute for Credentialing Excellence (ICE), which has more than 330 organizational members.

• NCCA uses a peer review process to establish accreditation standards, evaluate compliance with those standards, recognize programs that demonstrate compliance, and serve as a resource on quality certification.
ARRT and NCCA Cont’d

• Of ICE’s organizational members, ARRT is one of more than 120 to have received and maintained NCCCA accreditation.

• ARRT offers NCCCA-accredited certification programs for Registered Technologists in Radiography, Sonography, Radiation Therapy, Nuclear Medicine Technology and Computed Tomography and for Registered Radiologist Assistants.
Structured CEs

• In 2010, ARRT announced an additional requirement for individuals seeking post-primary credentials.

• 16 hours of structured education reflecting the content of the examination content outline with at least one credit from each major content category of the outline would be required beginning this January 1, 2016.

• The structured education requirement will enhance post-primary certification and registration by providing additional documentation that candidates have mastered the knowledge determined through the practice analysis process to be part of being qualified.
Structured CEs
Interim Phase-in Period

• In November 2015, ARRT announced a two-year interim phase-in period for the requirement.
• During the phase-in candidates must report 16 structured education credits from activities whose content “pertains to the discipline” rather than the stricter criterion of “reflecting the content of the examination content outline.”
• The provision that candidates earn at least one credit from each of the exam content outline’s major categories will not be enforced during the 2-year period.
• The activities must still meet the same criteria as activities reported for compliance with ARRT’s biennial CE requirements.
Structured CEs
Interim policy

• The two-year interim policy will allow CE sponsors additional time to create more activity options and better align existing activities with the subject matter of the post-primary exam content outlines. This will increase access for candidates to the education necessary to comply with the requirement.

• The interim policy will apply to activities completed prior to January 1, 2018.

• Activities completed January 1, 2018 and thereafter must meet the full structured education requirement as originally announced.
Structured CEs Interim policies

- RT’s can locate structured CE interim policies on the ARRT website for the following disciplines:
  - Mammography
  - Computed Tomography
  - Magnetic Resonance Imaging
  - Quality Management
  - Bone Densitometry
  - Cardiac-Interventional Radiography
  - Vascular-Interventional Radiography
  - Sonography
  - Vascular Sonography
  - Breast Sonography
Sample Structured Education for CT

<table>
<thead>
<tr>
<th>Content Areas</th>
<th>Minimum Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong> (includes)</td>
<td>1</td>
</tr>
<tr>
<td>1. Patient Interactions and Management</td>
<td></td>
</tr>
<tr>
<td>2. Contrast Administration</td>
<td></td>
</tr>
<tr>
<td><strong>Safety</strong> (includes)</td>
<td>1</td>
</tr>
<tr>
<td>1. Radiation Safety and Dosimetry</td>
<td></td>
</tr>
<tr>
<td><strong>Image Production</strong> (includes)</td>
<td>1</td>
</tr>
<tr>
<td>1. Physics and Instrumentation</td>
<td></td>
</tr>
<tr>
<td><strong>Procedures</strong> (includes)</td>
<td>1</td>
</tr>
<tr>
<td>1. Neuro</td>
<td></td>
</tr>
<tr>
<td>2. Body</td>
<td></td>
</tr>
<tr>
<td>3. Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
</tr>
</tbody>
</table>

Acceptable Examples:

**Example 1**
- Patient Care – 3 hours
- Safety – 2 hours
- Image Production – 4 hours
- Procedures – 7 hours
- TOTAL – 16 hours

**Example 2**
- Patient Care – 1 hour
- Safety – 1 hour
- Image Production – 1 hour
- Procedures – 13 hours
- TOTAL – 16 hours

**Example 3**
- Patient Care – 1 hour
- Safety – 5 hours
- Image Production – 5 hours
- Procedures – 5 hours
- TOTAL – 16 hours
What can you do to stay abreast to current regulations, legislation, and encroachment?

- Stay connected as members of LSRT and ASRT
- Take action when legislative issues occur by writing congress. ASRT usually provides a template letter on their website.
- Consider joining the ASRT grass roots network
- If you are not a current member of LSRT, join now and help support our efforts in keeping our profession strong.
- [LSRT Membership Application (Click Here)](LSRT Membership Application (Click Here))
- Educate yourself in advocacy processes.
- Support advocacy campaigns and help educate others.
- Join us on Facebook [LSRT Facebook Page](LSRT Facebook Page)
Support and Network with LSRT

• We are not just for providing CEs
• LSRT purposes:
  – to advance the professions of radiation and imaging specialties,
  – to maintain high standards of education,
  – to enhance the quality of patient care,
  – and to further the welfare and socioeconomics of Radiologic Technologists
• LSRT maintains high levels of ethical conduct and abides by the Code of Ethics established by the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT).
LSRT is not just for CE’s

• LSRT carefully monitors the bills put forth by our state and federal governments.
• LSRT works closely with ASRT to address Congress so that critical laws and regulations favor both the security of our profession and the safety of our patients.
• LSRT provides electronic news letters on website.
• Members receive timely emails with important updates in our profession.
LSRT Functions

• To disseminate information pertinent to professional growth.
• To promote high standards of education and continuing professional development.
• To encourage quality patient care.
• To establish and promote policies relevant to the profession and legislative activities.
• To facilitate and provide a forum for communication between individual members with a common professional interest.
We are not LSRTBE!

• The LSRT and LSRTBE are two completely different organizations.
• LSRTBE stands for the Louisiana State Radiologic Technology Board of Examiners.
• The LSRTBE is the organization that issues your state license.
• The LSRT, which stands for Louisiana Society of Radiologic Technology, is a professional organization that provides CE’s along with other important member benefits.
• The LSRT holds professional conferences throughout the state.
Conclusion

• You have a voice. Take action and get involved in advocacy efforts against encroachment locally and nationwide.
• In addition to providing quality CE’s, LSRT has been tracking legislative happenings in Louisiana and Nationwide.
• With your support, LSRT will continue to monitor encroachment from other disciplines, track the introduction of new bills that affect our scope of practice and quality of patient care, and update you on current trends in our profession.
• Consider joining LSRT and stay connected. You can join now by accessing our website [Membership Application](#)
• We would love to hear from you.
• Keep abreast to current and new advocacy campaigns, trends in our profession, and help us educate others.
References


• American Registry of Radiologic Technologists (2016). Education requirements for cardiac-interventional (CI) radiography certification and registration. Retrieved from https://www.arrt.org/Certification/Cardiac-Interventional-Radiography
References


References


References

• AuntMinnie (2016). *VA proposal would let nurses take on imaging duties.* Retrieved from https://www.auntminnie.com/index.aspx?sec=log&URL=http%3a%2f%2fwww.auntminnie.com%2findex.aspx%3fsec%3dsup%26sub%3dimc%26pag%3ddis%26itemid%3d114347


References


References


• Society of Invasive Cardiovascular Professionals (2014). *Can change actually happen?* Retrieved from http://www.sicp.com/content/advocacy-0


Post Test Questions

• To earn CE credit for this presentation, click on the survey link and take the post test.
• You must score a 75% or better to pass.
• There are a total of 8 questions, so you can only miss two.
• You will have three attempts to pass the post test.
• A CE certificate will be generated upon completion and successfully passing the post test.
• If you have any questions or technical difficulties, email Tammy Curtis (curtist@nsula.edu) or Joel Hicks (hicksj@nsula.edu).
• It is recommended that you use Mozilla Firefox internet browser to open the quiz online.
• https://www.classmarker.com/online-test/start/?quiz=cbj583358c04773b