

FISCAL NOTE
Requested by Legislative Council
02/18/2015

Amendment to: SB 2236

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	\$0	\$0	\$0	\$0	\$0	\$0
Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Appropriations	\$0	\$0	\$0	\$0	\$0	\$0

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill relates to creation of a board to regulate and license technical personnel who perform medical imaging and radiation therapy treatments. There is no fiscal impact.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

"The board shall set all fees by rules adopted under this chapter. All fees payable to the board must be deposited in the name of the board in financial institutions designated by the board as official depositories and must be used to pay all expenses incurred in carrying out the purposes of this chapter."

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

Name: Pam Sharp

Agency: OMB

Telephone: 328-4606

Date Prepared: 02/18/2015

2015 SENATE HUMAN SERVICES

SB 2236

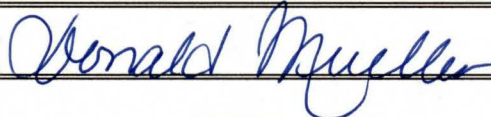
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2236
2/11/2015
23664

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments; to provide a penalty, and to provide an appropriation.

Minutes:

Attach #1: Testimony by Dr. Edward Fogarty
Attach #2: Testimony by Kirby Kruger
Attach #3: Testimony by Courtney Koebele
Attach #4: Testimony by Cheryl Rising
Attach #5: Proposed Amendment
Attach #6: Testimony by Marnie Walth
Attach #7: Testimony by Ann Bell-Pfeifer
Attach #8: Testimony by Chris Walski
Attach #9: Testimony by Joe Gemmill
Attach #10: Testimony by Brenda Krogen
Attach #11: Testimony by Amy Hofmann
Attach #12: North Dakota Medical Imaging and
Radiation Therapy Professionals licensure Proposal
Attach #13: Supporting Written Testimony
Attach #14: Testimony by Dione T. Bohl
Attach #15: Testimony by Cynthia Milkey

Chairman Judy Lee (District 13) introduced SB 2236 to the Senate Human Services Committee. There are concerns about verbal orders and reimbursement. This has led those professionals who do those procedures for us that involved radiology to look at the possibility of licensure. It is a large group; there are numerous specialties within the group. At the end of the bill, it states an appropriation for general fund. That is an amendment that should be removed - it something we do not do to support boards, but boards are supported through dues.

Senator Howard Anderson, Jr. agreed that the amendment was needed to remove the funding for the board. How did this group of people get along before this.

Chairman Judy Lee stated she doesn't know, but it is a friendly group now.

Senator Dever he sponsored a bill in 2003 that brought some regulation to radiation technology. On page 2, line 23, an individual may not perform or offer to perform medical imaging or radiation therapy procedures... unless they are licensed to perform that. At that

point, it was stated that just about anyone could do that. Will this bill restrict people who do this today?

Chairman Judy Lee interest in the licensure process is that those who perform will be able to do that. Defer to future people who will testimony.

Senator Dever followed up if there are smaller facilities in the state who may not have someone licensed to do that.

Chairman Judy Lee that is possible.

Dr. Edward Fogerty - radiologist in Bismarck, and chair of Department of Radiology in UND, testified IN FAVOR (5:02-9:05). (attach #1)

Senator Howard Anderson, Jr. there was discussion 2 years ago where decisions were made they worked in facilities where they could be credentialed in those facilities. In this case they mostly worked in clinics or hospitals. Why doesn't the same thing apply? When facility where radiology technicians works, they have to be credentialed by the facility. Why doesn't that work for these people as well as it might work for another group. They don't need regulatory board.

Dr. Fogerty in some other states, they are not licensed but credentialed based on scope of practice. This comes down to attorney generals decision, and it comes down to money, decision where a payer decided not to pay on a change of order on someone who was not licensed. If you are not a licensed professional, you cannot take an order from the physician. Dr. Fogerty went through some specific medical examples (11:59-14:45)

Senator Howard Anderson, Jr. referenced the need for electronic records.

Dr. Fogerty again went through medical codes and specific example

Chairman Judy Lee moved to Neutral Testimony next, but then will return to IN FAVOR after Mr. Kirby Kruger's testimony.

NEUTRAL TESTIMONY

Kirby Kruger, Medical Services Section Chief for the North Dakota Department of Health, testified and provided proposed amendments. (attach #2) (ends 19:10)

Back to IN FAVOR Testimony

Courtney Koebele, Executive Director for the testified IN FAVOR (attach #3) (19:45-20:55)

Chairman Judy Lee asked if her organization has any comments on the second amendment.

Ms. Koebele answered no.

Senator Dever is your concern not addressed in the language on page 2, line 24, "procedures on humans for diagnostic or therapeutic purposes."

Ms. Koebele did point out some of the exemptions but pathologists felt it needed to be specifically stated.

Ann Bell-Pfeifer, a radiologic technologist for past 22 years, testified IN FAVOR of SB 2236. (attach #7) (21:51-30:51).

Senator Howard Anderson, Jr. voiced that he is not opposed to regulatory boards. But, all other options are clearly considered. He went through his personal example of others who weren't licensed but were certified and there was reimbursement.

Ms. Bell-Pfeifer thought they were going that route with the waiver, but there are many things that affect them and could help supervise. There are about 900 radiology technologists, 200 sonographers and others who would be affected by this. The whole area of technology continues to become more complex. We could help with the board to make sure things are going along safely. Because of North Dakota century code of licensed and qualified, it was a hard stop to us. They did approach other boards who were not necessarily in favor of being part of their board.

V. Chairman Oley Larsen asked if there is a yearly fee to stay certified, and if there will be an increase with licensure.

Ms. Bell-Pfeifer acknowledged they do have annual certification fees. There would be additional licensure fee. It would be needed for board costs, would allow representation on the board. For those who don't need it won't be affected.

V. Chairman Oley Larsen what would that cost be yearly?

Ms. Bell-Pfeifer from other boards, it looks like with clinical lab, it would be \$70 to \$90 per year and it should be self-sustaining.

Senator Dever that as one of 900+ registered radiology technologists, are you registered through Department of Health and are there areas in century code that we need to look at.

Ms. Bell-Pfeifer not registered through the Department of Health. Under the x-ray and healing arts rule, there are administrative controls at the Department of Health. Under those controls, they meet the requirements as outlined in that rule so nothing needs to be changed. We are registered with American Radiologic Technologists, and also registries for SDMS for sonographers, Nuclear medicine, different specialties where they have to pay annual fees for registering.

Cheryl Rising testified IN FAVOR of SB 2236 (attach #4). Ms. Rising also provided an proposed amendment (attach #5) (37:30-41:05)

Chairman Judy Lee glad CRNA's was brought up.

Chris Walski testified IN FAVOR of SB 2236 (attach #8) (41:26-44:51)

Joe Gemmill testified IN FAVOR of SB 2236 (attach #9) (44:51-47:28)

Senator Dever trying to find in the bill what the standard is for licensure.

Chairman Judy Lee expectation is that when the rules are developed for the different specialties, the specifics would be developed, that they wouldn't be the same for each, different criteria. Senator Dever said it starts on page 7.

Brenda Krogen, a Registered Radiology Assistant at Essentia Health, testified IN FAVOR of SB 2236 (attach #10) (48:32- 52:35)

Marnie Walth testified IN FAVOR of SB 2236 (attach #6) (ends 53:40)

Amy Hofmann testified IN FAVOR of SB 2236 (attach #11) (53:40-59:53). Additional information provided with the packet of information:

- **North Dakota Medical Imaging and Radiation Therapy Professionals Licensure Proposal** (attach #12)
- **Letters of support** (attach #13)
- **Dione Bohl Letter** (attach #14)
- **Cynthia Milkey Letter** (attach #15)

Senator Howard Anderson, Jr. we have several state Health Department in the room. Could we have some comment.

Tim Weidrich, Section Chief of the Emergency Preparedness and Response for the Department of Health, stated he is certainly not the person with great familiarity with this. The Department of Health is not ready to address at that level the questions, but the conversation with Dr. Dwelle were two fold did not specifically include modifications back to administrative rule. Dr. Dwelle's two fold options were through a legislative fix or a creation of the board.

Senator Howard Anderson, Jr. we do know how to change administrative rules if need be.

Mr. Weidrich answered yes.

Senator Dever when we try to list people who are exempt from this, we are bound to miss people. We have already found three that we missed. Do you anticipate others?

Ms. Hofmann with the exemption, we do not want to infringe on scope of practice for other team members who are doing image services. We are not aware of any additional professionals who should be added to the exempt.

Senator Dever sited example, personal situation.

Senator Warner we have before us another bill for advanced practice hygienists. Would they need exemption on this for the dental exemption? We are dealing with scope of practice before us this session. Would those evolving practices need to be addressed?

Senator Dever think under exemption #2, it states dental assistant or dental hygienists.

Chairman Judy Lee stated the other thing is that the board of dental examiners are involved in licensing those professionals so it would be a different scope of practice.

Senator Dever questioned licensed practitioner would include a chiropractor, but would not include the assistant to the chiropractor.

Ms. Hofmann assumed the same. If it is within their training and their competency, then it would be included.

Chairman Judy Lee asked if assistant chiropractors do radiology?

Ms. Hofmann it does occur.

OPPOSITION TO SB 2236

No opposed testimony

Further Comment

Ms. Bell-Pfeifer just a comment about the amendment proposed by nursing board. We also don't want to infringe on their practice, but would ask for specifics about the minimum training requirements that are already in North Dakota Department of Health Rule under radiation control x-rays in the Healing Arts, Section 33-10-06 and 33-10-15 that that be included in the language and then that amendment would be fully supported.

Chairman Judy Lee all we are talking about doing is permitting APRN's as well as physicians to order stuff. We are not affecting any ones scope of practice. We are trying to be provider neutral.

Ms. Bell-Pfeifer asked about budget concerns.

Chairman Judy Lee no money - boards must be self-supporting. It won't work with general funds because no board gets general funds.

Senator Howard Anderson, Jr. reinforced that. A few sessions ago there was a grant program that legislature wanted to do through the board of pharmacy. We asked the Office of Management and Budget if money had ever been given to the Board of Pharmacy. They indicated they don't even have a number for them - that is the way you want to keep it.

Senator Warner not entirely sure about administrative rule process - does department have authority to change the rules without legislative directive or do we need to direct them to do this. Specifically removing the word "licensed" from the administrative rule.

Chairman Judy Lee the group doesn't want to go there. Obviously we can say that legislatively.

Mr. Weidrich either legislatively directed or state health council.

Senator Howard Anderson, Jr. if this passes, then this resolves that issue. We may look at that for other issues if rules are too restrictive.

NEUTRAL TO SB 2236

No neutral testimony

Closed Public Hearing.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

SB 2236
2/16/2015
23899

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments; to provide a penalty, and to provide an appropriation.

Minutes:

Attach #1: Proposed Amendments
Attach #2: Electronic email transmissions

Chairman Judy Lee distributed the following documentation:

- Proposed Amendments (Attach #1)
- Electronic email packet submission (attach #2)

Chairman Judy Lee recapped SB 2236.
(6:45)

The committee discussed whether this could be completed by administrative rule versus licensure which would require legislative action. Chairman Judy Lee went through the prior testimony and the recommended amendments.

- Kirby Kruger recommendation of adding 7th and 8th exemption in Section 3, which is:
 - o Eliminate people doing autopsy from requiring a license
 - o Emergency medical services personnel that are licensed through the health department would be exempt.
- Remove section 4 of the funding. Suggested deleting the whole section.

Senator Warner wanted to make sure we weren't accidentally excluding dental providers with imaging by the dental assistant or hygienist. **Senator Dever** stated that exemption is on line 30, page 2 of the bill. There was then discussion regarding whether the dental assistants were "licensed."

Jaclyn Seefeldt, Department of Health, explained that Dental Assistants are licensed. There are a few out there who are trained chair-side, but they do have to take the required exam after so many hours, as they can be licensed without academic background.

Chairman Judy Lee indicated the third area for inclusion in an amendment was the Advanced Practice Registered Nurses (page 2, line 3). The committee concurred.

Senator Dever asked if we should be considering the assistant of the chiropractor. They indicated they do x-rays, but they probably are not licensed. **Chairman Judy Lee** asked wouldn't we want them to be. What would be the difference someone who is in an orthopedic department and somebody who is a chiropractor wanting to know about bones. **Senator Dever** offered is the reason for this because a person can be harmed by an x-ray or because the medical practitioner requires a proper picture in the x-ray in order to diagnosis. **Chairman Judy Lee** offered that it probably both. **Chairman Judy Lee** stated that the dentists seem to think the dental assistant who is trained chair-side can do x-rays. But the people in the various capacities are all certified by a national organization, so she thinks there is less of an issue of whether it is being done properly because these individuals who came forward asking for licensure all are certified by their respective national boards.

V. Chairman Oley Larsen stated that he understands that they are qualified for it, but they are not able to bill and get reimbursed. **Chairman Judy Lee** agreed, and that they won't be billing directly, but the health care provider in order to be reimbursed for the procedure has to wait until someone can write the order. This has caused delays for patients.

Senator Howard Anderson, Jr. moved to ADOPT AMENDMENT as drafted. The motion was seconded by **V. Chairman Oley Larsen**. No discussion.

Roll Call Vote to Amend

6 Yes, 0 No, 0 Absent. Motion passes.

Senator Dever asked if this bill has any implications with security at the airport when trying to recognize weapons. **Senator Warner** indicated that TSA, a federal organization, would preempt the state law. The intern, Femi, confirmed this. The committee indicated there could be other areas as well.

Senator Warner moved that the Senate Human Services Committee give a DO PASS to SB 2236 AS AMENDED. The motion was seconded by **Senator Howard Anderson, Jr.** No discussion

Roll Call Vote to Do Pass As Amended

6 Yes, 0 No, 0 Absent. Motion passes.

V. Chairman Oley Larsen will carry SB 2236 to the floor.

February 16, 2015

TD
2/16/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2236

Page 1, line 4, after the first semicolon insert "and"

Page 1, line 4, remove "; and to provide an"

Page 1, line 5, remove "appropriation"

Page 2, line 3, after the first underscored comma insert "advanced practice registered nurse."

Page 3, after line 14, insert:

- "7. Medical imaging performed as a part of a post-mortem examination or on other nonliving remains.
8. Medical imaging performed by emergency medical services personnel certified or licensed under section 23-27-04.3."

Page 11, remove lines 23 through 31

Renumber accordingly

Date: 02/16 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2236

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15. 8161. 01001 Title . 02000

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Anderson Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 02/16 2015
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2236

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.8161.01001 Title 02000

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Warner Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Larsen

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2236: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2236 was placed on the Sixth order on the calendar.

Page 1, line 4, after the first semicolon insert "and"

Page 1, line 4, remove "; and to provide an"

Page 1, line 5, remove "appropriation"

Page 2, line 3, after the first underscored comma insert "advanced practice registered nurse."

Page 3, after line 14, insert:

- "7. Medical imaging performed as a part of a post-mortem examination or on other nonliving remains.
- 8. Medical imaging performed by emergency medical services personnel certified or licensed under section 23-27-04.3."

Page 11, remove lines 23 through 31

Renumber accordingly

2015 HOUSE INDUSTRY, BUSINESS AND LABOR

SB 2236

2015 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee Peace Garden Room, State Capitol

SB 2236

3/10/2015

~~24607~~ 24552

- ☐ Subcommittee
☐ Conference Committee

Allen LeTang

Explanation or reason for introduction of bill/resolution:

Regulation & licensure of technical personnel who perform medical imaging procedures & radiation therapy treatment & provide a penalty.

Minutes:

Attachments 1, 2, 3, 4, 5, 5A

Chairman Keiser: Opens the hearing on SB 2236.

Senator Judy Lee~District 13: Introduces the bill to permit these professionals to establish a licensing board that will make sure that the accreditation is properly done. It will streamline the delivery of care in appropriate ways and make sure the reimbursement chain is unbroken.

3:55

Representative Laning: Seeing we would be creating a board, have individuals been involved as far as their opinion of the mandated licenses fees?

Senator Lee: The board would be different from an association. I think it would be appropriate that they be licensed but there are a couple of exemptions.

Representative Laning: All of these people are certified, other than having a board overseeing them, what advantage do they have?

Senator Lee: The rub is that they have to be a licensed person, not a certified person, who is issuing the order for a particular procedure. If you allow the people who deal with the injured party, to be able to prescribe those processes in more detail which would give you more accurate information. The licensing issue for the reimbursement that has created a situation where we are looking at this, it delays things because they have to wait for a licensed person.

Representative Kasper: Who caused the problem or the change between licensing and certifying that has created the need for this bill?

Senator Lee: It is the payers who have indicated this.

Representative Kasper: What is creating the problem?

Senator Lee: The initial concern was the insurance companies, not the providers.

Chairman Keiser: The fiscal note was zero, did you have a discussion?

Senator Lee: I sorry I can't answer that.

Representative Porter~District 34-Mandan: This bill is one that I put in my first year as a Legislator. These groups of individual are currently certified, all have Bachelor of Sciences degrees, completed national certification exams and they go off into specialties. There is a huge difference from how the medical profession views certification and licensure. There is also a huge difference on how insurance companies view certification and licensure. This is a group that deserves to move up to the level of licensure, educational and professional standpoint. I hope you would support the bill.

Representative Kasper: What is the problem with staying certified compared to licensing?

Porter: It's how they are viewed inside that hierarchy of medicine and other professions and insurance.

Representative Ruby: Are you licensed?

Porter: No. I'm considered a physician extender, certified inside the state department of health after completing a national registry examination. There is nothing I can do outside of what a lay person can do without having a physician sign off on the specific standing orders. In the world of medicine, I'm a paraprofessional and work as a physician extender. There is nothing I can do without a physician authorization.

Representative Laning: Has there been any discussion on what the fees will be?

Porter: No, not at my level. Its economics as to what they would need to function.

Representative Becker: Can you clarify your position and what we are looking at here?

Porter: I will let the folks behind me to answer that.

Representative Becker: Will they be able to explain the difference between them and you?

Porter: Probably not.

Dr Edward Fogarty~Local Practicing Radiologist in the Bismarck area & Chair of the UND Radiology Department: (Attachment 1).

Representative Kasper: What you just described, it seems to be a problem with the system.

Fogarty: I can do that in critical care.

Representative Kasper: You can change the order, now you are dealing with the certified tech, who has to do the procedure. What is the difference where that person is certified instead of licensed.

Fogarty: The insurance company does not pay the enhancement because they weren't licensed.

Representative Kasper: If the technologist had been licensed, then you avoid the problem, so it's the problem inside the insurance industry?

Fogarty: Yes.

Representative Laning: The same people are doing the same thing it's just a different piece of paper.

Fogarty: Correct.

Representative Becker: I'm supportive but we are looking at creating a whole new board. I'm a bit remiss at creating a new board; I would rather get rid of some.

Representative Kasper: It appears that we have a problem within the insurance system dealing with the providers, which is all about money. Could we pass legislation that would require the insurance companies to reimburse at the level that the physician prescribes? Could we do that and solve the problem?

Fogarty: Maybe.

Representative Kasper: Is that what the other thing is about, is the status they are being licensed as opposed to being certified.

Fogarty: I feel this is going to come up again if we don't take care of it now.

Representative Kasper: Inside of the certified people that you are working with, are there different degrees of expertise based upon their education they completed and their experience levels?

Fogarty: I look at it as hierarchy of medicine and training in medicine.

Representative Laning: Explain how extensive the category of medical imaging and radiation therapy, does it also include ultrasound?

Fogarty: Yes, it does.

Brenda Krogen~President of the North Dakota Society of Radiologic Technologist & Registered Radiology Assistant at Essentia Health: (Attachment 2).

Representative Laning: Since you will be one of the individual paying in the end, how do you feel about paying annual fees versus we change the law to say certification is just as good as licensing and avoid charging you an annual fee?

Krogen: It elevates us. I'm fine with fees.

Representative Becker: Is that the point where it's requiring where the insurance companies are looking and saying we can't reimburse you because of ND century code? Do you know where that is at in the century code?

Krogen: Ann can answer that.

Representative Becker: Can you tell me the basic education time period that is required for each of the five categories?

Krogen: I can talk about me, I have my bachelor's degree and then I went on and got my masters and taken numerous board examines.

Representative Becker: What is the minimum requirement?

Krogen: I believe it's a two year degree.

Chairman Keiser: The electronic medical record, can you enter a physician's order?

Krogen: I cannot, but the LPN in our department can.

Representative Kasper: If you were licensed, would you be able to do what the chairman asked?

Krogen: Yes.

Representative Lefor: At the end of the day it's about patient care. What you are attempting to do is to save valuable time. How would this bill do to improve patient care?

Krogen: They can't give me the verbal order over the phone.

Representative Lefor: You would be able to make more decisions without consulting the physician.

Krogen: I could take the verbal order and I wouldn't need somebody else to put the order in.

Representative Lefor: This could save lives?

Krogen: Yes.

Chairman Keiser: What are your continuing education requirements?

Krogen: I have to get 50 continuing education credits every 2 years for certifications.

Donna Newman~Lead Manager in Nuclear Medicine & technologist: (Attachment 3).

53:57

Representative Kasper: It appears the problem began with the Attorney General's opinion. What if his opinion had been exactly opposite, would we need this bill?

Newman: No and we tried to get a waiver.

Representative Kasper: If the century code had been changed to licensure or certification, that would have solved that problem at that point in time but would not have alleviated the desire to gain the professional status. Is that correct?

Newman: It's really just to do my job. I have done the training and have the most training in the area. The only thing the nurse does is wait to put the order in for me. I would just like to take care of that patient efficiently.

Amy Hofmann~MBA, BSRT, ARRT (R) (CT), ARDMS: (Attachment 4).

1:05:00

Chairman Keiser: How many states require licensure?

Hofmann: The status is 43 have state licensure.

Representative M Nelson: With licensure, with the technician be able to tell the patient what's there?

Hofmann: That is not in our scope to diagnose.

Ann Bell-Pfeifer~Quality Management Lead in Radiology at Sanford Medical Center-Fargo: (Attachment 5 & 5A).

1:14:50

Representative Ruby: It seems the problem is when there needs to be a change of an order and the decision needs to be made quick, is it a problem that the Doctor don't understand what they should be asking for or it seems they are second guessing what's going on. Potentially they are not asking for the right image. What is the problem, if they were asking for the proper image immediately, you took care of that, you sent them what they needed and then there is no need for an order. I'm wondering, does the Dr not want a different image. Maybe he's following your lead or not, could you answer that?

Bell-Pfeifer: Our job can be a bit confusing. Our field is complex and becomes more complex all the time. We will not change an order without direction from a physician. They don't have intricate knowledge of the scope of technology but we won't change an order verbally.

Representative Becker: Do you know where it is in century code?

Bell-Pfeifer: I can provide that.

Representative Becker: Are you saying that in the ACA, it's suggestion that only a licensed person can input orders into an EMR?

Bell-Pfeifer: What they are saying is that it must be a licensed professional to deal with the EMR.

Representative Becker: You are saying specifically that in the ACA, you at this point in time would prevent you from putting in an order electronically because of the meaning use part?

Bell-Pfeifer: It wouldn't prevent us, but it will cost every hospital and clinic up to 30% to enter orders or electronic medical records.

Marny Walth~Sanford Health: I support what Ann Bell-Pfeifer said.

Chairman Keiser: In the old model when we operated on paper, it was clear that a health care professional was issuing the order. One of my concerns with the electronic medical record was that's its electronic and anybody can access that. Who has the authority to access the medical record is a different problem than paper. As a result, we did put into statute that to actually enter an medical electronic order; you do have to be a licensed health care professional. This is a different animal than paper and has to be guarded carefully. Is that what they did when they were developing that model that separated certified people from licensed people?

Walth: I'm not certain about the answer.

Chairman Keiser: Anyone else here to testify in support of SB 2236, opposition, neutral? Closes the hearing on SB 2236, what are the wishes of the committee?

Representative Becker: Requests to hold the bill.

2015 HOUSE STANDING COMMITTEE MINUTES

Industry, Business and Labor Committee
Peace Garden Room, State Capitol

SB 2236

3/10/2015

~~24552~~

24607

☐ Subcommittee

☐ Conference Committee

Eden LeTang

Explanation or reason for introduction of bill/resolution:

Regulation & licensure of technical personnel who perform medical imaging procedures & radiation therapy treatment & provide a penalty.

Minutes:

Chairman Keiser: Opens the work session on SB 2236.

Representative Becker: I found it in century code. What is the simplest way to fix their concern, we could change it to "given only to qualified licensed or certified personal", that would be one way to do it and we wouldn't need to create a board. They brought up the aspect of the ACA, who can put in the data and it's possible that it would not be an issue there. There is some indication with some mixed messages. I want to know what the committee wants to do?

Representative Kasper: I think there is some desire by this group to be legitimately licensed for the recognition and also have something to do with the surrounding states. I think they are part of it and they are professionals and it's time to make them licensed.

Chairman Keiser: You are going to have to be very careful in crafting that language because you are going to have to be very limiting to enter electronically. I do think that licensure provides the oversight of the profession that certification doesn't. I caution you that if you open that door to certification, get the language so pinned down that you can't get around it, licensed already puts a barrier in there.

Representative Beadle: Would this do anything to address the idea about having somebody who is knowledgeable on keeping tabs on the licensees. Couldn't we change that they just issue the license instead of the certificate?

Chairman Keiser: I don't know the answer but licensing is a different level.

Representative Becker: Some do like the idea to get licensed. It doesn't change anything but they have to pay a fee to the government to get licensed. If that was their goal, then I would know what I'm voting. I am voting whether or not to create a board. As it's currently

written, its qualified licensed personnel, we are relying on administrative rule to make sure they know who. The gate keeper's is the word qualified.

Chairman Keiser: When you create a board, it's a big deal.

Representative Ruby: I sat on the committee and saw a lot of boards created. I do think some element of credibility is what they wanted. If you can't allow them to operate efficiently, we also have to accept it.

Representative Ruby: Moves a Do Pass.

Representative Kasper: Seconded.

Representative Becker: If a person is to vote specifically for the reimbursement, I don't believe that's the case.

Chairman Keiser: Medicare does rack audits of hospitals and if they determine that an order was improperly entered and reacted to, I do believe in that case, there is a potential to lose reimbursement in a rack audit.

Roll call was taken on SB 2236 for a Do Pass with 12 yes, 2 no, 1 absent and Representative Beadle will carry the bill.

Date: Mar 10, 2015Roll Call Vote: 1

**2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2236**

House Industry, Business & Labor Committee☐ Subcommittee☐ Conference Committee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations

Other Actions: ☐ Reconsider ☐ _____Motion Made By Rep Ruby Seconded By Rep Kasper

Representatives	Yes	No	Representatives	Yes	No
Chairman Keiser	X		Representative Lefor	X	
Vice Chairman Sukut	X		Representative Louser	X	
Representative Beadle	X		Representative Ruby	X	
Representative Becker		X	Representative Amerman	X	
Representative Devlin		X	Representative Bosch	X	
Representative Frantsvog	Ab		Representative Hanson	X	
Representative Kasper	X		Representative M Nelson	X	
Representative Laning	X				

Total (Yes) 12 No 2Absent 1Floor Assignment Rep. Beadle

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2236, as engrossed: Industry, Business and Labor Committee (Rep. Keiser, Chairman) recommends DO PASS (12 YEAS, 2 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2236 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

SB 2236

Testimony for Public Hearing
HUMAN SERVICES COMMITTEE
Public Hearing on Senate Bill 2236
February 11th, 2014

Attach#1
SB 2236
02/11/2015
23664

SB No. 2236 - An Act to create and enact regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments.

Good morning Madam Chairman and members of the committee, I am Dr. Edward Fogarty. I am in favor of Bill #2236. I have a number of roles in the state as a local practicing radiologist in the Bismarck area and chair of the University of North Dakota radiology department. Radiologists are physicians who's practice involves the interpretation of images, from the common wrist radiograph after a fall on the ice, to mammograms for the detection of breast cancer and MRI's in the diagnosis of stroke. Our specialty of medicine is a practice that depends on the work of our state's medical imaging professionals. They are the right hand of the radiologist, for the images that we interpret are produced by them. In the practice of medical imaging, complex clinical decisions often hinge on the appropriate exam being tailored to the presenting patient's needs. When a radiologist finds a need for modifying a study request from a surgeon or emergency medicine physician, we currently have to involve a third party (nursing staff) for a verbal order despite the lack of familiarity of that verbal intermediary in the imaging process. Critical imaging fine-tuning made by the interpreting physician and performing technologist helps our fellow physicians and citizens receive the best medical imaging care possible. By making these processes more direct through the licensure of our state's medical imaging professionals and radiotherapy technologists, we will lessen the risk of medical error while decreasing some of the costs associated with medical imaging in our state.

Thank you for your time.

Dr. Edward Fogarty

Chairman of Radiology, University of North Dakota School of Medicine

Bismarck, North Dakota

Attach #2
SB 2236
02/11/15
23664

Testimony
Senate Bill 2236
Senate Human Services Committee
February 11, 2015; 10:30 a.m.
North Dakota Department of Health

Good morning Chairman Lee and members of the House Human Services Committee. My name is Kirby Kruger, Medical Services Section Chief for the North Dakota Department of Health (Department). I am here today to offer two amendments to Senate Bill 2236. The Department has two primary concerns with this bill. The first is the effect it may have on the forensic examiner's office, and the second is the effect it may have on the administration of emergency medical services.

With regard to forensics, the Department's Forensic Examiner's Office conducts forensic autopsies and contracts with the University of North Dakota's School of Medicine to conduct autopsies for a number of eastern counties. Autopsies frequently require x-rays. Because forensic work is done post-mortem, patient safety is not at issue. The Department's concern is that this bill may require the Department and UND to hire certified personnel or obtain certification for current staff in order to perform x-ray imaging for post-mortem exams.

With regard to emergency medical services, the Department certifies and licenses emergency medical service providers, such as emergency medical technicians and paramedics. Several procedures within the nationally-recognized scope of skills of emergency medical service providers may fit within the definition of "medical image" contained in this bill. These procedures include, but are not limited to, capnography and electrocardiograms. Additionally, portable sonography services may become part of some emergency medical services systems. We believe imposition of regulatory requirements for emergency medical service providers is duplicative, since the Department is already charged with that responsibility for emergency medical service providers in NDCC 23-27-04.3.

The Department is fully supportive of an amendment that would add a seventh and an eighth exemption to Section 3 that states:

7. Medical imaging performed as part of a post-mortem examination or on other nonliving remains.
8. Medical imaging performed by emergency medical services personnel certified or licensed as provided for in NDCC 23-27-04.3.

This concludes my testimony. I am happy to answer any questions you may have.



Attach #3
SB 2236
02/11/15
23664

**Senate Human Services Committee
SB 2236
February 11, 2015**

Chairman Lee and Committee Members, I am Courtney Koebele and I serve as Executive Director for the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

The North Dakota Medical Association is in support of SB 2236, licensing of imaging personnel, with one small amendment. The amendment would add a seventh exemption to Section 3 that states:

7. Medical imaging performed as part of a post-mortem examination or on other nonliving remains.

This bill, as written, may require the Department of Health and UND to hire certified personnel or train current staff to be certified in order to conduct the routine x-ray imaging that is currently performed during post-mortem exams. This would create significant financial burdens to the State and impair performance of post-mortem examinations.

The focused and limited information required in the examination post-mortem or tissue remains is not related to any patient safety or diagnostic integrity concerns needed in living patient examination. Therefore, we feel this amendment meets the spirit of the legislation allowing for usage in specialized, limited focus examination while fully supporting the legislative goals of providing licensure requirements for use in living patient diagnostic information.

I would be happy to answer any questions. Thank you.

Attach #4
SB 2236
02/11/2015
23664

Testimony on Senate Bill No. 2236

Madam Chairman Senator Lee and Committee Members:

I am Cheryl Rising, FNP and legislative liaison for the North Dakota Nurse Practitioner Association. I am here in support of Senate Bill No. 2236 if the addition of Advance Practice Registered Nurse (APRN) will be added under the definition of Licensed Practitioner, page 2 line 3.

There has been discussion with American Association of Nurse Practitioners (AANP). This bill appears to potentially limit nursing (and specifically CRNA's) from providing some existing services. The concern is that on page 2 line 23, After Dec. 31, 2015, "an individual may not perform or offer to perform medical imaging or radiation therapy procedures on humans for diagnostic or therapeutic purposes...then at the end states unless that individual is licensed under this chapter," exempting physicians, surgeons, chiropractors, dentists, or podiatrists performing medical imaging or radiation therapy; dental assistants or dental hygienists, medical students or medical imaging or radiation therapy students under the supervision of certain provider, an individual employed by the US government performing duties associated with their employment; a nurse performing sonography on a focused imaging target for certain purposes; or a limited xray machine operator.

I discussed this bill with Paula Schmalz, CRNA she stated it is important that exemption #5, page 3, line 10 through 12, be retained as is through the legislative process; "A nurse licensed under chapter 43-12.1 who performs sonography...or to provide real time visual guidance for another procedure". This language is imperative since regional block anesthesia is often done under direct visualization using fluoroscopy for at-site verification of administration of local anesthetic or medication (steroids) resulting in effective outcomes.

We propose page 2 line 3 licensed practitioner to add advance practice registered nurse who has met any applicable training requirements as established by the North Dakota Department of Health,

Then under exemptions page 2 line 29 the APRN would be included.

Cheryl Rising, FNP

cdrising@earthlink.net

701-527-2583

Senate 2236

Proposed amendment:

Page 3, line 3:

3. "Licensed practitioner" means a licensed physician, advanced practice registered nurse who has met any applicable training requirements as established by the North Dakota Department of Health, physician, surgeon, chiropractor, dentist, or podiatrist.

Attach #5
SB 2236
02/11/15
23664

Senate Human Services Committee
Sen. Judy Lee, Chair
Feb. 11, 2015
SB 2236

Attach #6
DB 2236
SB 2236
02/11/15
J# 23664

Dear Committee Members:

As the largest rural, not-for-profit health care system in the nation, Sanford Health appreciates the importance of allowing each team member to work at the highest level of one's scope of practice. Doing so is critical to maximize all resources and help ensure quality care is delivered in the most efficient and cost-effective mode possible.

SB 2236 addresses a barrier North Dakota's health care imaging teams face: State licensure is needed to enable imaging professionals the ability to work fully within the complete scope of practice for which they are qualified and certified. By bridging the licensure gap for North Dakota's radiation technologists, SB 2236 addresses the current problem and another one pending, the latter being a barrier to CMS EHR Meaningful Use Core Measure compliance (Stage 2 Measures, Measure 1 of 17). Failure to meet Meaningful Use Core Measures place health systems at risk for financial consequences.

Thank you for your consideration.

Sincerely,
Marnie Walth
Public Policy and Strategic Planning Director
Sanford Health
701.323.8745

Stage 2 Eligible Professional Meaningful Use Core Measures Measure 1 of 17

Date issued: October, 2012

CPOE for Medication, Laboratory and Radiology Orders	
Objective	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
Measure	More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
Exclusion	Any EP who writes fewer than 100 medication, radiology, or laboratory orders during the EHR reporting period.

Table of Contents

- Definition of Terms
- Attestation Requirements
- Additional Information
- Certification and Standards Criteria

Definition of Terms

Computerized Provider Order Entry (CPOE) – A provider's use of computer assistance to directly enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies, and other auxiliary services) from a computer or mobile device.

Laboratory and radiology orders are included as part of Stage 2 for CPOE:

Laboratory Order – Order for any service provided by a laboratory that could not be provided by a non-laboratory.

Laboratory – A facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.

Radiology Order – Order for any imaging services that uses electronic product radiation. The EP can include orders for other types of imaging services that do not rely on electronic product radiation in this definition as long the policy is consistent across all patient and for the entire EHR reporting period.

Electronic Product Radiation – Any ionizing or nonionizing electromagnetic or particulate radiation, or [a]ny sonic, infrasonic, or ultrasonic wave that is emitted from an electronic product as the result of the operation of an electronic circuit in such product.

6.3

Unique Patient – If a patient is seen by an EP more than once during the EHR reporting period, then for purposes of measurement that patient is only counted once in the denominator for the measure.

Attestation Requirements

DENOMINATOR/NUMERATOR/THRESHOLD/EXCLUSION

Measure 1: Medication

- **DENOMINATOR:** Number of medication orders created by the EP during the EHR reporting period.
- **NUMERATOR:** The number of orders in the denominator recorded using CPOE.
- **THRESHOLD:** The resulting percentage must be more than 60 percent in order for an EP to meet this measure.
- **EXCLUSION:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Measure 2: Radiology

- **DENOMINATOR:** Number of radiology orders created by the EP during the EHR reporting period.
- **NUMERATOR:** The number of orders in the denominator recorded using CPOE.
- **THRESHOLD:** The resulting percentage must be more than 30 percent in order for an EP to meet this measure.
- **EXCLUSION:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period.

Measure 3: Laboratory

- **DENOMINATOR:** Number of laboratory orders created by the EP during the EHR reporting period.
- **NUMERATOR:** The number of orders in the denominator recorded using CPOE.
- **THRESHOLD:** The resulting percentage must be more than 30 percent in order for an EP to meet this measure.
- **EXCLUSION:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Additional Information

- The provider is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (CEHRT).
- The CPOE function must be used to create the first record of the order that becomes part of the patient's medical record and before any action can be taken on the order to count in the numerator.
- However, in some situations it may be impossible or inadvisable to wait to initiate an intervention until a record of the order has been created. For example, situations where an intervention is identified and immediately initiated by the provider, or initiated immediately after a verbal order by the ordering provider to a licensed healthcare professional under his/her direct supervision. Therefore in these situations, so long as the order is entered using CPOE by a licensed healthcare professional or certified medical assistant to create the first record of that

order as it becomes part of the patient's medical record, these orders would count in the numerator of the CPOE measure.

- Any licensed healthcare professionals and credentialed medical assistants, can enter orders into the medical record for purposes of including the order in the numerator for the objective of CPOE if they can originate the order per state, local and professional guidelines. Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.
- Electronic transmittal of the medication order is not a requirement for meeting the measure of this objective.
- CPOE is the entry of the order into the patient's EHR that uses a specific function of CEHRT. It is not how that order is filled or otherwise carried out.
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.314(a)(1).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria*

§ 170.314(a)(1)
Computerized
provider order
entry

Enable a user to electronically record, change, and access the following order types, at a minimum:

- Medications;
- Laboratory; and
- Radiology/imaging.

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria

N/A

**Testimony for Public Hearing
HUMAN SERVICES COMMITTEE
Public Hearing on Senate Bill 2236
February 11th, 2014**

Attach #7
SB 2236
02/11/15
J# 23664

SB No. 2236 - An Act to create and enact regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments.

Good morning Madam Chairman and members of the committee, my name is Ann

Bell-Pfeifer. Thank you to Chairman Lee for sponsoring our bill and to the members of the Human Services Committee for listening to my testimony today.

As one of more than 900 registered radiologic technologists in the state of North Dakota, I have been serving patients in radiology for the past 22 years. I started my career as a registered, mammography technologist, and today I work in the radiology physics department as the quality management lead.

My work is global, as I support radiology quality control and radiology physics in over 20 sites at hospitals and clinics throughout North Dakota. The imaging field is constantly changing as new technology is applied to the equipment which medical imaging professionals operate. New imaging procedures are also used to diagnosis and treat patients. As experts in our field, radiologic technologists, sonographers, and radiation therapists are required to be knowledgeable about technical advances in radiology as well as deliver patient care in the most timely and effective manner. In North Dakota imaging professionals have a problem which is keeping them from working as effectively as possible. This problem can be resolved by passing Senate bill #2236.

Leaders of the North Dakota Society of Radiologic Technologists (NDSRT) have been working towards solving this problem for the past three years. In 2011, a

Computed Tomography (CT) technologist conferred with an ordering physician about a patient's exam and took a verbal order changing the exam from a CT without contrast to a CT exam with contrast enhancement. The CT technologist proceeded to document the order change in the electronic medical record. In most states this is a common act as it is within the scope of practice for medical imaging and radiation therapy technologists, and is considered part of working efficiently when caring for patients especially during emergency situations.

Taking a verbal order is defined within the American Registry of Radiologic Technologists, and American Society of Radiologic Technologists scope of practice. However, as stated in a ruling in June 2011, by the Assistant Attorney General (AAG) Edward Erickson, radiologic technologists must be qualified and licensed to receive and document verbal orders from providers. The AAG referred to the North Dakota Century Code for reference. Since radiologic technologists must meet state standards to operate medical imaging equipment, but are not issued a license, they are not recognized as qualified to receive the verbal order from a physician or other health care practitioner. Based on this opinion the insurance claim was denied.

What impact has this change of practice had on our patients, nurses, and providers? First and most importantly it has delayed service to patients. There are environments in the hospital and clinic settings when a timely diagnostic imaging exam is critical to a patient's care. In order to alleviate problems and delays in patient care, in November 2013, seven ND hospitals requested a five year waiver provision, asking to exempt radiologic technologists and allow them to receive and document verbal orders. The waiver request from all seven hospitals was denied. In January 2014, Dr. Terry Dwelle, ND State Health Officer suggested the following in the denial letters;

Create a North Dakota state licensure board for medical imaging and radiation therapy professionals, or seek appropriate legislative changes to the North Dakota Century Code, allowing non- licensed personnel to record orders in the hospital and clinic records.

Today more than 30 states in the United States have licensure laws for medical imaging technologists and radiation therapists.

Licensure is the best option for supporting high quality, effective, and safe practices for medical imaging and radiation therapy professionals.

The intent of SB #2236 is to allow medical imaging and radiation therapy technologists to work within the full scope of practice for which they are qualified and educationally prepared. Bill #2236 does not affect the scope of practice of any other medical professional in North Dakota.

The Radiation Control section 33-10-06, and 33-10-15 of the North Dakota Department of Health rule, defines minimum training requirements, for limited scope x- ray operators, and other health care providers. This bill will not affect their scope or practice and will allow them to serve patients in the manner they are practicing today.

Thank you for listening to our concerns. Your support in recommending the passing of Senate Bill #2236 is greatly appreciated.

Ann Bell-Pfeifer, BS RT (R) (M) (QM)
407 Sheyenne St. Horace, ND 58047
(701) 361-389
abellpfeifer@gmail.com

Attach#8
SB 2236
02/11/15
J# 23664

**Testimony for Public Hearing
HUMAN SERVICES COMMITTEE
Public Hearing on Senate Bill 2236
February 11th, 2014**

SB No. 2236 - An Act to create and enact regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments.

Madam Chairman and members of the committee, my name is Chris Walski, I am in favor of this bill because it allows me to work within my scope of practice for which I am qualified and professionally trained. I am a Radiology manager of a large imaging department in North Dakota, a Diagnostic Medical Sonographer and registered Radiographer. I want to thank Chairman Lee, and fellow members of the Human Services Committee for the opportunity to speak to you today about Senate Bill 2236.

Senate Bill # 2236 discusses regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments. The majority of patients who are admitted into the hospital will at one time or another receives an imaging exam. I have been a part of the imaging profession for 15 years, throughout my career I have held multiple roles including front –line staff, clinical instructor, and most recently management. As educated professionals who are required to maintain continuing education for national registry, we take patient care seriously. We are precise and intentional throughout the exam to ensure the patient receives the lowest doses of radiation and reduce any risk of repeating an exam. Creating licensure for imaging

professionals would provide protection for patients from receiving poor image quality and possible higher radiation doses.

When we learned about the Century Code ruling by the Attorney General, imaging professionals stopped taking verbal orders. Sonographers are critical thinking professionals on a mission to obtain images which aid in a diagnosis to define the cause of a patient's symptoms. While we are scanning a patient often the exam evolves into more depending on what is seen. Previously, we would communicate directly with the physicians to modify procedures as directed, document any additional orders for imaging examinations and continue care. Licensure would decrease the time patients may have to wait for an order to be entered into the medical record when a change arises.

We are tasked to work in an environment where patients rely on us to obtain specific images so providers can make decisions regarding their immediate care. Ultrasound is a part of the trauma team and responds to all trauma codes in the hospital. We are often put in critical situations, for example, an emergent patient is brought in from the flight deck and the physician is rapidly triaging the situation. The patient's vitals are unstable and he asks the sonographer to do a FAST scan to check for internal bleeding. Until the order is entered and verified we are unable to perform the exam. Under these circumstances, time is of the essence and patient care can be compromised. By allowing imaging professionals to take verbal orders it will improve patient care by decreasing the time they may have to wait while exam orders are verified and signed.

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A new standard of licensed medical imaging professionals would continue quality diagnostic patient care. It would provide a governing body to monitor those who use imaging modalities to ensure patients are being imaged wisely and safely.

I believe that Senate Bill 2236 takes a step forward to ensure a future where quality imaging will continue to be the expectation for all patients in North Dakota. I urge you to support Senate Bill #2236 and recommend it to pass.

Thank you for your time.

Chris Walski, BS, RT (R), RDMS, RVT
4395 45th Avenue S.
Fargo, ND 58104
701-893-6223



Attach # 9
SB 2236
02/11/15
J#23664

Human Services / Committee

SB 2236

February 11, 2015

Madam Chairman and members of the committee, my name is **Joe Gemmill** and I serve as Supervisor of the CT and MRI department for Altru Health System in Grand Forks.

Altru Health System and I support Senate Bill 2236. We have a great need for licensure of Imaging Professionals. The inability to take verbal and telephone orders has affected every imaging department in every health care facility in this state.

Radiologic Technologists have a national certification through the American Registry of Radiologic Technologist and are required to have continuing education in order to maintain this certification. We have the knowledge and experience to be able to recognize if an imaging order is appropriate for our patients, and therefore I feel we are the most qualified to take an order from a physician

regarding these Radiologic exams. As it is now, a nurse who is licensed in our state can take a verbal order, but may not have any experience in Radiology.

We recently had an inpatient in our hospital who needed a CAT Scan of the abdomen and pelvis. This patient was 73 years old and experiencing a lot of discomfort. When she arrived in the CT Department and a Technologist had a chance to speak with her, we realized that additional images would be needed to enable our radiologist to properly diagnose her condition. When we attempted to contact the ordering physician, he was with a critical patient and was unable to physically enter the new orders for us. All of this resulted in our patient waiting for more than 30 minutes in a wheelchair, until we could find someone to take the verbal order from the physician and proceed. This scenario happens all too often with our current limitation.

One thing that all Imaging Professionals strive for, no matter which hospital or clinic you work for, is that we focus on what is best for the patient. I believe that licensure for Imaging Professionals is what is needed for us to follow through on that promise. Thank you.

SB 2236
02/11/2015

Attach #10
23664

NORTH DAKOTA SOCIETY OF RADIOLOGIC TECHNOLOGISTS LICENSURE PROPOSAL

Chairman Senator Judy Lee and Committee Members, I am **Brenda Krogen** a Registered Radiology Assistant (RRA) at Essentia Health and currently serving as the President of the North Dakota Society of Radiologic Technologists. The NDSRT is a professional membership organization for active North Dakota Radiologic Technologists, retired life members and radiologic technology students.

- Pursuit of licensure is now very important to me, my fellow technologists and most importantly, the patients that I see in my everyday job activities. I am diligent about providing the very best care to each and every one I serve. I have a Master's Degree as a Registered Radiology Assistant. My primary job role involves working under the direction of a Radiologist to perform diagnostic and therapeutic procedures. Currently if another licensed provider, physician, physician assistant, nurse practitioner, or chiropractor have need for me to do a radiology procedure, they take the time to formally place a specific order into the electronic ordering system. It is not their job to know what imaging modality would be best to perform that procedure. That is not their specialty or area of expertise, it is mine. It is not an appropriate use of their time or their patient's time to research how the technical aspects of a diagnostic test would best be done. With the passing of state licensure of medical imaging personnel, I will be allowed to fully function within my scope of practice, using verbal orders that typically come from providers when we are discussing test orders. I am then better able to determine what diagnostic information they need and decide on the safest and most appropriate way to get their questions answered.

Example: Dr. X wants to order a bone marrow aspiration on a patient. He knows that I do the procedure in Radiology but does not know what imaging equipment is used to perform the procedure. The order request information is sent to my attention, I review it and then place the order as a CT guided procedure. This is an efficient standard operating procedure which saves the physician and staff from spending undue time determining what specific procedure should be ordered. Patients benefit as well as it decreases their wait time, end result, increased satisfaction with their care.

- The pursuit of licensure was begun in 1999, but was met with resistance from Limited X-ray machine operators (LXMO) in rural ND. The ND Department of Health, the Nursing Association and Hospital Association developed the LXMO program in 2003 to appropriately address the voiced concerns. LXMOs now have defined training and continuing education requirements they must meet to qualify as providers of basic x-ray services in rural areas.
- The NDSRT has played an active role for many years in medical imaging in North Dakota by providing continuing education opportunities since 1950.
- Along with members of the healthcare team, we utilized electronic medical record systems. However, because a North Dakota century code states that personnel must be qualified licensed, a registered radiologic technologist cannot enter orders, even though we are registered, credentialed professionals. We are not currently licensed in the state.
- Establishing licensure of medical imaging technologists in the state of North

10.2
Dakota will not take away anyone else's job. It will simply make other healthcare team members' job easier. Patients will receive the highest quality of care possible.

We look forward to working with the Committee in addressing the need for licensure for Medical Imaging and Radiation Therapy Professionals in the State of North Dakota.

We have appropriate physician supervision, the education and clinical competency, but we do not have a state-issued license. We are asking to be allowed to operate within the scope of our practice and licensure will permit this.

Thanks for your time.

DATE: February 11, 2015
TO: ND Senate Human Services Committee
FROM: Amy Hofmann, MBA, BSRT, ARRT (R) (CT), ARDMS
RE: SB 2236 - North Dakota Medical Imaging and Radiation Therapy Professionals Licensure

SB 2236
02/11/15
Attach #11
23664

Madam committee chair and committee members, I am Amy Hofmann, a registered radiologic technologist and a registered diagnostic medical sonographer, currently employed by Trinity Health of Minot as the Program Director for the School of Radiologic Technology. I thank you for the opportunity to speak to you today regarding the urgent need for licensure of medical imaging technologists and radiation therapists in our state.

I speak today of the structured process in the education, certification and registration of imaging technologists in the various specialty areas. Minimum requirements for applicants of education programs include general education at an accredited post-secondary college or university, credit bearing courses in written and oral communication, anatomy and physiology, medical terminology, mathematics, natural sciences of chemistry, biology, physics, information systems and behavioral sciences.

In order to be eligible to write the registry exam conducted by the American Registry of Radiologic Technologists (ARRT), candidates must now have a degree

from an accredited institution **and** successfully complete their education and training in programs accredited by the Joint Review Committee of Education in Radiologic Technology (JRCERT) or by a regionally accredited educational institution. JRCERT is the only organization recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, medical dosimetry. Other specialty educational programs for sonography and nuclear medicine would include those accredited by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) or the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT).

Once a student graduate has successfully completed the program and passed the registry exam, they are able to use the credential of the specialty, for example, ARRT R.T.(R), RDMS, or NMT. We say they are “educationally prepared and clinically competent” to perform medical imaging in their scope of practice. Continued education is required to maintain registry status.

Certification demonstrates mastery of a body of knowledge. That body of knowledge includes the concepts that allow a technologist to

- understand and apply, medical terminology and imaging protocols to effectively communicate with other health care team members and competently perform requested medical imaging procedures
- apply knowledge of anatomy, physiology, positioning and pathology to accurately demonstrate structures on medical images
- determine proper imaging equipment factors which will achieve optimum image quality
- safely operate ionizing radiation equipment to minimize patient and occupational exposure
- competently provide appropriate care when patients are in the medical imaging department

Based on a State Health Department rule that is more than 10 years old which states “telephone and verbal orders may be used provided they are given only to qualified licensed personnel” imaging technologists cannot legally receive, relay or document verbal orders although it is well within their knowledge, skill, training and scope of practice to do so. We need to change the impact of this ruling by adding imaging technologists to the list of medical professions that are licensed in this state, designating them as “qualified **and** licensed”. The technology, imaging protocols and procedural standards of care have changed greatly over the last several years. We need to adapt the rules and regulations accordingly.

As medical imaging and radiation therapy professionals, performing the right procedure on the right patient at the right time is our number one goal. Unfortunately, due to an existing rule, we are limited in our ability to provide full scope of patient services, specifically receive, relay and document verbal orders. Licensure is necessary to fix this problem and allow these highly trained health care professionals to be active partners on the health care team.

North Dakota Medical Imaging and Radiation Therapy Professionals Licensure Proposal

Attach #12
SB2236
02/11/15
23664

Answers to questions about licensure for Bill #2236 sponsored by Senator Judy Lee and Representative Todd Porter

Will bill #2336 affect LXMOs in rural North Dakota?

- No. LXMO –The Limited x-ray scope operator program which was developed in 2003, will not be affected by this licensure bill. ND Department of Health with cooperation from the Nursing Association and Hospital Association developed the LXMO program in 2003.

Why are we pursuing licensure in North Dakota?

- Currently, over 1,000 qualified medical imaging professionals cannot work within their full scope of practice. Specifically, the use of verbal orders has been restricted.
- Verbal Order ruling based on reimbursement denial
 - **June 2011, Assistant Attorney General, Edward Erickson stated radiologic technologists must be qualified and licensed to receive verbal orders.**
 - A CT technologist conferred with an ordering physician and took a verbal order which changed the exam from no contrast to a contrast administered exam. Taking a verbal order is defined within medical imaging professionals' scope of practice. An insurance company denied payment based on the Assistant Attorney General opinion. The AAG referred to the ND Century Code for reference.
 - **The Electronic Medical Records (EMR) ability to track everything, including who made the entry into the record, poses a problem for Radiology Technologists in North Dakota.**
 - ND century code states that an individual must be "licensed" in order to receive and document verbal or telephone orders. Several healthcare systems in our state asked for a waiver on this rule, which was denied. As a result, imaging professionals are no longer able to image a patient until the provider enters an order in the EMR. Edits, when necessary, delay patient care for ER, CT, Nuclear medicine, PET, and MRI patients.

- A five year waiver provision was requested by seven ND hospitals. The waiver request was denied in January of 2014. Dr. Terry Dwelle, State Health Officer suggested the following in the denial letter:
 - Create a North Dakota state licensure board for medical imaging and radiation therapy professionals.
 - Or, seek appropriate legislative changes to the North Dakota Century Code, allowing non- licensed personnel to record orders in the hospital and clinic records.

Will the licensure board be self-sustaining?

- The board will have authority to establish licensing fees to cover all costs of the program.

Will this licensure bill affect the scope of practice of other licensed medical professionals?

- No, this bill only impacts the medical imaging and radiation therapists who will be covered by this licensure bill.

Some other specialty areas which are licensed in North Dakota include: nursing, medical practice, pharmacy, respiratory therapy, clinical laboratory technology, podiatry, physical therapy, chiropractic medicine, cosmetology, and massage therapy.



Essentia Health

Here with you

Attach #13

SB 2236

02/11/15

23664

Date: January 14, 2015

To: Brenda Krogen, President NDSRT
North Dakota Society of Radiologic Technology

From: Greg Glasner, President and Chief Medical Officer
Essentia Health - 3000 32nd Avenue S. Fargo, ND 58103 

Re: Support for proposed Medical Imaging Professional licensure Bill

We are contacting you in regards to the regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments in the state of ND. As the NDSRT organization brings this bill to the 64th Legislative Assembly of ND, we want to recognize the work being done and offer our support.

Our organization supports the proposed legislation for the following reasons:

1. We support the bill as it will recognize Medical Imaging personnel and radiation therapists as professionals with their own governing board in North Dakota.
2. We support the bill as it will allow Medical Imaging professionals to perform healthcare duties within the full scope for which they are qualified and certified. This includes the ability to receive, relay and document verbal, written and electronic orders, pertaining to radiologic imaging procedures, in the patient's medical record.

Medical Imaging professionals are educated experts in the field of imaging procedures. We value their expertise and recognize them as essential members of our healthcare teams.

132

Richard Marsden, MD, FACR
736 Broadway North
Fargo, ND 58122
Richard.Marsden@sanfordhealth.org

February 9, 2015

Senator Judy Lee
Chairman, Senate Human Services Committee

Dear Chairman Lee:

Greetings, we are notifying this committee that Sanford Medical Center Fargo supports the enactment of Senate Bill #2236, the Medical Imaging Professional Licensure Board of Examiners.

Imaging professionals are a key part of our medical team. We depend on their skills and professional practice to deliver the most efficient, high quality care to our patients. Today imaging professionals cannot work within the full scope of practice for which they are qualified and certified. Licensure in the state of North Dakota will enable imaging professionals the ability to work within their areas of expertise to provide the best care to patients. Including the ability to receive, relay, and document verbal, written and electronic orders for imaging procedures in the patient's medical record.

We strongly support Bill #2236. Medical Imaging professionals are a large group of over 1,000 allied health personnel in the state of North Dakota. The highly technical nature of imaging requires oversight by professionals who understand the technology and its implications on patient care. Therefore, a Medical Imaging Board would best serve those who are affected.

We appreciate your recognition that there is an urgent need in North Dakota for qualified medical imaging and radiation therapy professionals to be licensed. Thank you for your support.

Best Regards,



Richard Marsden, MD, FACR
Senior Executive Vice President, Sanford Clinic North
Fellow of the American College of Radiology

cc: Members of the Senate Human Services Committee



February 9, 2015

To: Brenda Krogan, President
North Dakota Society of Radiologic Technologists (NDSRT)

Re: Support for Medical Imaging Professionals Licensure Bill, SB 2236

We are contacting you in regards to the regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments in the state of North Dakota. As your organization brings this bill to the 64th Legislative Assembly, we want to recognize the work being done on this issue and offer our support.

Our organization supports the proposed legislation for the following reasons:

- 1 – We support the bill, as it recognizes Medical Imaging personnel and radiation therapists as licensed professionals with their own governing board in North Dakota
- 2- We support this bill as it will allow Medical Imaging professionals to perform healthcare duties within the full scope for which they are qualified and certified. This includes the ability to receive, relay and document verbal, written and electronic orders, in the patient's medical record, which pertain to radiologic imaging procedures.

We appreciate your diligence in seeking to resolve this issue, which will ensure our ability to provide, safe and efficient care to our patients. Medical Imaging professionals are educated experts in the field of imaging procedures. We value their expertise and recognize them as essential members of our healthcare team.

A handwritten signature in dark ink, appearing to read "E. Lunn".

Eric Lunn, MD
President

A handwritten signature in dark ink, appearing to read "Dave Molmen".

Dave Molmen, MPH
CEO

A handwritten signature in dark ink, appearing to read "Brad Wehe".

Brad Wehe, FACHE
COO

January 6, 2015

North Dakota Society of Radiologic Technologists
Attn: Ann Bell-Pfeifer B.S.M, RT, NDSRT Licensure chair

The North Dakota chapter of the American College of Radiology is in full support of the NDSRT in establishing medical imaging technologist and radiation therapist licensure.

On a national level and as a matter of policy, the Council of the American College of Radiology supports licensure and certification of all persons operating equipment emitting ionizing radiation. The norm in most states is for radiologic technologist licensure and the delivery of healthcare is impacted positively by professional licensure as it fosters a culture of safety and quality. As a radiologist and physician I can speak directly to the negative impact that a lack of licensure imparts. Currently technologists in North Dakota are unable to take and record telephone and verbal orders due to N.D.A.C. 33-07-01.1-20(1)(i)(2) which requires that entries only be made into a patient's medical record by "qualified licensed personnel." This bill would establish radiologic technologists as such, and allow telephone and verbal orders. The inability of technologists to take verbal and telephone orders has an adverse effect on patient care. It can often delay care while the technologist is seeking an order to be placed or changed by a physician/practitioner who may not be immediately physically available, an issue that is exacerbated by the rural nature of this state. Taking verbal and telephone orders is usual and customary in the scope of practice for radiologic technologists.

In conclusion, the North Dakota chapter of the American College of Radiology is in full support in establishing medical imaging technologist and radiation therapist licensure primarily because of its positive impact to the medical care of North Dakotans.

Sincerely,



John Asleson MD

North Dakota Chapter President of the American College of Radiology



15000 Central Ave. SE, Albuquerque, NM 87123-3909
505-298-4500 • 800-444-2778 • Fax 505-298-5063 • www.asrt.org

February 10, 2015

Senator Judy Lee
Chairman, Senate Human Services Committee
State Capitol
600 East Boulevard
Bismarck, ND 58505

Dear Chairman Lee:

The American Society of Radiologic Technologists (ASRT), representing more than 700 medical imaging and radiation therapy professionals in North Dakota, voices its support for the enactment of Senate Bill 2236 and wants to thank you and Rep. Porter for sponsoring this legislation.

The North Dakota Society of Radiologic Technologists has brought to ASRT's attention that current North Dakota law prohibits radiologic technologists from accepting, documenting and amending orders for imaging examinations relayed verbally from physicians; and that radiologic technologist licensure is needed in the state to ensure patients receive timely care in efficiently-operating imaging departments. ASRT's current Practice Standards for Medical Imaging and Radiation Therapy state that it is within the scope of practice for medical imaging and radiation therapy professionals to "Receive, relay and document verbal, written and electronic orders in the patient's medical record." To ensure patients receive care from qualified health professionals, educationally prepared and clinically competent radiographers, radiation therapists, nuclear medicine technologists, radiologist assistants and sonographers should be recognized by the state through licensure and allowed to work within their scope of practice.

ASRT supports the enactment of SB 2236 which creates the North Dakota Medical Imaging and Radiation Therapy Board of Examiners to set qualifications for licensure of radiologic technologists and to investigate and enforce disciplinary actions for individuals not in compliance with the provisions contained in SB 2236. ASRT looks forward to working with the North Dakota Society of Radiologic Technologists and the North Dakota Legislative Assembly towards the enactment of this important bill that will benefit North Dakota's patients and the medical imaging professionals providing their care.

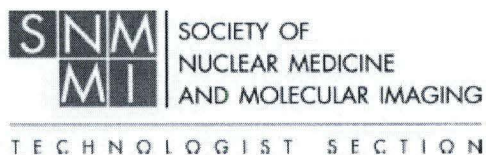
Sincerely,

A handwritten signature in black ink that reads "Christine J. Lung". The signature is fluid and cursive, with the first name "Christine" being the most prominent.

Christine J. Lung, CAE

Vice President of Government Relations and Public Policy

Cc: Rep. Todd Porter
Members of the Senate Human Services Committee
NDSRT Board of Directors



February 11, 2015

Brenda Krogen, RT
President, NDSRT
West Fargo, ND 58078

RE: North Dakota Senate Bill 2236

Dear Brenda,

The Society of Nuclear Medicine and Molecular Imaging (SNMMI) is a nonprofit scientific and professional organization that promotes the science, technology and practical application of nuclear medicine and molecular imaging. SNMMI strives to be a leader in unifying, advancing and optimizing molecular imaging, with the ultimate goal of improving human health. With 18,000 members worldwide, SNMMI represents nuclear and molecular imaging professionals, all of whom are committed to the advancement of the field.

SNMMI's Technologist Section (SNMMI-TS) supports the enactment of Senate Bill 2236, which would create a North Dakota Medical Imaging and Radiation Therapy Board of Examiners to license medical imaging and radiation therapy technologists. SNMMI-TS believes that all members of the medical imaging team, including nuclear medicine technologists, should be able to practice to the full extent of their scope of practice. As a national professional organization representing the nuclear medicine profession, we believe that this includes receiving verbal orders as well as documentation of verbal orders in the patient health records. Licensure for medical imaging in North Dakota would allow technologists to respond immediately to patient care needs and allow imaging departments to operate as efficiently as possible.

SNMMI-TS we would like to reiterate our support for the passage of Senate Bill 2236. As always, SNMMI is ready to discuss any of its comments with the North Dakota Society of Radiologic Technologists. In this regard, please contact Susan Bunning, Director, Government Affairs, by email at sbunning@snmmi.org or by phone at 703-326-1182.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read 'April Mann'.

April Mann, MBA, CNMT, NCT, RT(N), F
President, SNMMI-TS



SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHY

2745 N Dallas Pkwy Ste 350, Plano, TX 75093-8730
(214) 473-8057 | (800) 229-9506 | (214) 473-8563 FAX | sdms.org

February 10, 2015

Senator Judy Lee
Chair, Human Services Committee
North Dakota Legislative Assembly
State Capitol
600 East Boulevard
Bismarck, ND 58505

Dear Senator Lee:

We are writing to express the support of the Society of Diagnostic Medical Sonography (SDMS) for North Dakota Senate Bill 2236 (SB 2236). The SDMS is the largest sonographer professional association in the world and represents diagnostic medical sonographers in the United States and more than 45 countries. **We believe passage of SB 2236 is critical to our members in North Dakota** because of Department of Health regulations – see N.D.A.C. 33-07-01.1-20(1)(i)(2) – which prevent sonographers (and other non-licensed medical imaging professionals) from taking verbal and telephone orders from physicians, a practice that has been in place since the inception of the diagnostic medical sonography profession in the 1960s.

Sonographers use a safe, non-ionizing imaging technology (ultrasound) to create images of the body's organs and tissues that help physicians assess, diagnose, and treat medical conditions. These images are known as sonograms (or ultrasounds) and are often the first imaging test performed when disease is suspected. An incorrectly performed sonogram could result in a patient being sent home when they need life-saving surgery or treatment, or conversely, having unnecessary surgical procedure or treatment.

The SDMS estimates that diagnostic medical sonographers touch, and change, the lives of more than 1 million patients each day. Please watch this two-minute video:

Why Sonographers Do What They Do

<https://www.youtube.com/watch?v=ehgOOoNnTp0>)

As outlined by the United States Department of Labor, diagnostic medical sonographers must follow precise instructions to obtain the images needed to diagnose and treat patients. To obtain quality images, sonographers must be able to accurately move the probe on the patient's body in response to what they see on the screen. Sonographers must work closely with patients, who sometimes are in extreme pain or mental stress, and they must get cooperation from the patient to create usable images. Sonographers must also understand how to operate complex equipment in a rapidly changing technology-driven profession. For more information, see <http://www.bls.gov/ooh/Healthcare/Diagnostic-medical-sonographers.htm>.

Sonographers work in a variety of medical settings including hospitals, physicians' offices, and mobile services and in almost all areas of medicine. For example:

- **Abdominal sonographers** specialize in imaging a patient's abdominal cavity and nearby organs, such as the kidney, liver, gallbladder, pancreas, or spleen. Abdominal sonographers may assist with biopsies or other examinations requiring ultrasound guidance.
- **Breast sonographers** specialize in imaging a patient's breast tissues. Sonography can confirm the presence of cysts and tumors that may have been detected by the patient, physician, or a mammogram. Breast sonographers work closely with physicians and assist with procedures that track tumors and help to provide information for making decisions about the best treatment options for breast cancer patients.
- **Musculoskeletal sonographers** specialize in imaging muscles, ligaments, tendons, and joints. These sonographers may assist with ultrasound guidance for injections, or during surgical procedures, that deliver medication or treatment directly to affected tissues.
- **Neurosonographers** specialize in imaging a patient's nervous system, including the brain and spinal cord. Many diseases they image are associated with premature births or birth defects. They may work closely with pediatricians and other caregivers.
- **Obstetric and gynecologic sonographers** specialize in imaging the female reproductive system. Many pregnant women receive sonograms to track the baby's growth and health. Obstetrical sonographers work closely with physicians in detecting congenital birth defects.
- **Cardiac sonographers** (echocardiographers) specialize in imaging a patient's heart and use ultrasound equipment to examine the heart's chambers, valves, and vessels. The images are known as echocardiograms. The echocardiogram procedure may be done while the patient is either resting or after being physically active. Cardiac sonographers also may take echocardiograms of fetal hearts so that physicians can diagnose cardiac conditions during pregnancy. Cardiac sonographers work closely with physicians or surgeons before, during, and after procedures.
- **Vascular sonographers** (vascular technologists) create images of blood vessels and collect data that help physicians diagnose disorders affecting blood flow. Vascular sonographers often measure a patient's blood pressure and the volume of blood in their arms, legs, fingers, and toes to evaluate blood flow and identify blocked arteries. Vascular sonographers may work closely with physicians or surgeons before, during, and after procedures.

A sonographer has the requisite knowledge, education, and experience to properly perform diagnostic medical sonography. Sonography is not an easy skill to master, typically requiring two years or more of formal education, training, and clinical experience. To demonstrate competency, the SDMS supports state licensure requirements that are based on national standards from accredited sonography certification/credentialing organization (rather than state-developed examinations and separate continuing medical education requirements), including the following:

- American Registry for Diagnostic Medical Sonography
- American Registry of Radiologic Technologists
- Cardiovascular Credentialing International

SDMS Letter of Support: North Dakota SB 2236

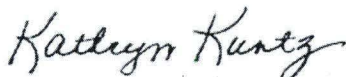
Page 3

While diagnostic medical sonography is a complex imaging modality, the SDMS supports the exemption provided in SB 2236 for a nurse using ultrasound technology for assessment and guidance procedures. However, it is important to note that a weekend or weeklong course in the performance of assessment and guidance procedures is not equivalent to the knowledge, education, and experience of a certified sonographer performing a diagnostic sonogram.

The SDMS would also support an amendment to SB 2236 to provide specific authority for licensure of "advanced" imaging professionals including "advanced sonographers." The SDMS has been a long supporter of the advanced sonographer and is a sponsoring organization for the Committee on Accreditation of Cardiovascular Sonographers (part of the Commission on Accreditation of Allied Health Education Programs or CAAHEP).

We ask for your support and the support of the Senate Human Services Committee for the passage of SB 2236. Please feel free to contact Donald Kerns at 214-473-8057 or dkerns@sdms.org if you have any questions.

Sincerely,



Kathryn Kuntz, MEd, RT(R), RDMS, RVT, FSDMS
President
Society of Diagnostic Medical Sonography



Donald E. Kerns, JD, CAE
Chief Executive Officer
Society of Diagnostic Medical Sonography

Attach # 14
SB2236
02/11/15 23664

Good morning distinguished senators from the State of North Dakota. My name is

Dione T. Bohl and I serve as a nationally registered diagnostic medical

sonographer at Trinity Hospital in Minot, ND. It was my intention to give this

testimony in person, however, due to my current treatment status and the

restrictions imposed by our primary imaging safety principle A.L.A.R.A. (as low

as reasonably achievable) my presence at this forum would not be allowed.

A.L.A.R.A. is the physics principle medical imagers must adhere to in order to

provide a safe environment of care for the patient as well as all medical personnel

in the immediate vicinity. Within the principle, we must limit the amount of TIME

of exposure, increase our distance from the emitting source and maximize

shielding from the emitting source. As a medical imaging specialist, the past 22

years has allowed me to enter into numerous trauma, STAT emergent and critical

patient care environments. These environments are dynamic, high stress and in the

course of a given shift will change literally minute by minute. I would like to

specifically speak to the issue of TIME:

Time is an unrepeatable moment in any given situation that however strongly we

would like to change or repeat something we cannot. We may try, but the TRUTH

is it is beyond our control and so we must be ready to respond effectively,

intelligently and compassionately to any given patient imaging situation. Our

effective response is molded by experience and personal interactions with our peers, physicians and most of all our patients. Let me further explain:

1. It is the teenage boy who has just entered the ER, after being transported by helicopter due to the life threatening injuries, who does not have TIME for the trauma surgeon to step away and revise an order from routine abdomen to limited abdomen because in the TIME it takes for the ultrasound system to power up, the patient's conditions have deteriorated even further and immediate assessment for abdominal free fluid is needed so as to move the patient on to CT imaging.
2. It is the pre-term infant, de-saturating in the NICU, who, while a umbilical artery (UA) line is being placed, does not have TIME for the neonatologist to step away from the table and change the order from adult echocardiogram to pediatric echocardiogram. This incorrectly ordered exam will not flow under the preset rules to the PACS archive and then on to the outside imaging facility that reads our STAT pediatric echocardiogram cases. In this event and under current requirements, once completing the study, the sonographer would need to leave the patient bed side, return to a PACS work station located three floors away from radiology and manually send the STAT pediatric echocardiogram for interpretation. Additionally, a completely different set of sending rules and configurations apply to this situation and can increase send times up to two or more hours.

3. It is the OR surgical patient laying on the operating table after a vicious attack who does not have TIME for the vascular surgeon to change the carotid duplex order from routine to limited because he is trying to close a lacerated artery in time to prevent brain death.

4. It is the new physician learning the electronic medical record and all of its functionality who is searching for the correct way to type in an order. The physician calls the ultrasound department asking for word search descriptions and then in frustration says, “Can you just put in the order for me? You know what is needed.” Her TIME is short and her list of inpatients is growing by the hour.

These are just few of the day to day scenarios we face. Each of them different and each of their outcomes depends on our ability to maximize resources by providing timely effective healthcare.

In conclusion, I ask you to vote yes on SB2236, a Bill that will allow a state Medical Imaging and Radiation Therapy Board of Examiners to license medical imaging and radiation therapy technologists.

Respectfully,

Dione T. Bohl B.S., RT(R), RDMS, RVT

Ultrasound Supervisor – Trinity Health

Attach #15
SB2236
02/11/15
23664

February 10, 2015

To: Health Service Committee
Judy Lee, Chairman
Oley Larson, Vice-Chairman

From: Cynthia Milkey BSRT(R)
Clinical Instructor
Trinity Hospital School of Radiologic Technology
Minot, ND

RE: in support of SB 2236

I have been employed in the field of Radiology for over 35 years and have seen many times that patient care has been compromised due to the inability of the imaging professional to take a verbal order. The medical environment is changing at a rapid pace and imaging technology is leading the pack. Each professional in a subdivision in the medical arena has become a specialist in their own area. This is shown very clearly when it comes to inputting or taking verbal orders. Let me site some examples that happen on a daily basis in our department:

1. The Medical provider orders an ankle x-ray, but requests on the order that the Registered Radiologic Technologist please leave the cones open to include the lower leg. Sounds like a reasonable request, unless you have been trained to limit the radiation dose to your patient. The Rad Tech calls the provider and explains the pros and cons between the two exams. With that information, the provider tells the Rad Tech to change the order to an x-ray of the low leg. The Rad Tech then has to ask the provider to please input a new order. Since the provider is not in the medical facility, inputting the new order will have to wait. The patient has to wait. Everyone has to wait.
2. Same scenario as above, but the Rad Tech, in an effort to provide better Patient Care, goes in search of a licensed professional to take the verbal order. The Rad Tech leaves the patient, makes several phone calls trying to locate someone. After a 10-15 minute search, a licensed professional is found who listens to the verbal order from the medical provider. Since the licensed professional has no knowledge about radiology orders, the Rad Tech talks them through how to put in a Radiology order in the computer system.

While an x-ray of the ankle or low leg seldom is an emergent situation, there are many times in an emergent situation this scenario happens. Making a patient wait for care is not good care! Making an already overworked medical provider, or a licensed provider from another area do a job that a QUALIFIED and WELL-TRAINED, but not licensed, imaging professional could do---well, that is simply not good Patient Care.

The residents of North Dakota deserve better. Your family and friends deserve a better quality of health care that can be achieved with the support of SB2236.

Thank you for your time.

Respectfully
Cynthia Milkey

PROPOSED AMENDMENTS TO SB 2236

Attach#1

SB2236

02/16/15
J#23899

Page 2, line 3, after the first "," insert: "advanced practice registered nurse,"

Page 3, after line 14, insert:

"7. Medical imaging performed as a part of a post-mortem examination or on other
nonliving remains.

8. Medical imaging performed by emergency medical services personnel certified or
licensed as provided for In NDCC 23 27-04.3."

Page 11, remove lines 23 through 31.

From: Lawson, James S.
Sent: Wednesday, February 11, 2015 9:16 AM
To: Lee, Judy E.; Smith, Arvy J.
Cc: Patrick, Dale P.
Subject: RE: SB #2236

Attach#2
02/16/15
SB2236
J# 23899

SB2236
James Lawson

Good Morning Senator Lee,

email date 02/11/15

Chapter 33-10-06 of the North Dakota Radiological Health Rules would need to be updated to reflect the changes of this bill should "Advance Practice Registered Nurse" be granted exemption in SB #2236. Currently, we use the term "physician" and define it as a medical doctor, doctor of osteopathy, doctor of podiatry, or chiropractor licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

Since the generic definition of "physician" is an individual certified to practice medicine, we could simply add Advance Practice Registered Nurse to the definition in our rules to prevent contradiction. "Primary Care Provider" and a definition would have to be added to our rules if you were to go that route.

Please feel free to contact me if you have any further questions.

James Lawson
Radiation Control Program
701-328-6403

2.2
SB 2236
Mr. Dwelle

From: "Dwelle, Terry L." <tdwelle@nd.gov>
Date: February 11, 2015 at 2:34:29 PM CST
To: "Lee, Judy E." <jlee@nd.gov>
Subject: ~~2366~~

Email date 02/11/15

Dear Judy;

I understand from Tim Wiedrich that you had a question on 2366.

I'm not in Bismarck therefore have to access to my files. Hopefully my memory on this is somewhat correct.

As I recall a few years ago when discussing this with Edward Erickson we felt there were two options available; either have the rad techs organize and license themselves thus meeting the rule requiring that individuals writing orders in a chart be licensed in the state or change the rule to allow unlicensed individuals to write orders in a patients chart.

I contacted key professional organizations regarding the latter and included the responses I received attached to my letter. I seem to recall general opposition from key healthcare professional organizations for rad techs writing orders in charts. This opposition would seem to preclude rule changes unless there was some legislative directive.

It seems the most acceptable route would be for rad tech licensure.

I believe I also attached Edward's assessment to that letter. If you need a copy of the letter please let me know.

I don't know if that helps or even answers the question. Please let me know if that wasn't the issue.

Thanks!

Have a great day!

Terry

2.3

From: "Dwelle, Terry L." <tdwelle@nd.gov>

Date: February 11, 2015 at 8:46:19 PM CST

To: "Lee, Judy E." <jlee@nd.gov>

Subject: Re: 2366

Dear Judy

Thanks!

Tim just told me the specific question was whether the licensure requirement for orders was via statute or administrative rule. This just confirms that it was by administrative rule.

Let me know if we can be of further help.

Terry



Wayne Stenehjem
ATTORNEY GENERAL

STATE OF NORTH DAKOTA
OFFICE OF ATTORNEY GENERAL

STATE CAPITOL
600 E BOULEVARD AVE DEPT 125
BISMARCK, ND 58505-0040
(701) 328-2210 FAX (701) 328-2226
www.ag.nd.gov

2.4

MEMORANDUM

TO: Darleen Bartz, Chief, Health Resource Section, North Dakota Department of Health

FROM: Edward E. Erickson, Assistant Attorney General *EEE*

RE: Radiology Technicians Receiving Telephone Orders

DATE: June 10, 2011

Thank you for asking whether telephone and verbal orders may be given to a radiology technician who does not hold a state-issued license or permit under hospital licensing rules for medical records services. In my opinion, a radiology technician who does not hold a state-issued license or permit may not record orders concerning the scope of his or her duties under the administrative rules governing hospital medical record services. This limitation applies to persons holding non-governmental credentials, such as a certification from a non-profit corporation.

N.D.A.C. § 33-07-01.1-20(1)(i)(2) requires all entries in the medical record to be authenticated by the individual making the entry, and further states that telephone and verbal orders may be used if they are given only to qualified licensed personnel. The Department of Health has defined a licensed health care practitioner for purposes of hospital regulation as "an individual who is licensed or certified to provide medical, medically related, or advanced registered nursing care to individuals in North Dakota."¹ Therefore, qualified licensed personnel, as used in N.D.A.C. § 33-07-01.1-20(1)(i)(2) regarding entries in the patient's medical record, would include both licensed and certified individuals. But terms such as license, certificate, permit, etc., are legal terms referring to permission from a governmental authority to undertake an act which is not allowed without governmental permission.² Therefore, it is my opinion that a radiologic technologist who does not have a state-issued license or permit would not satisfy the definition of being a licensed individual for the purpose of receiving and recording telephone or verbal orders under N.D.A.C. § 33-07-01.1-20(1)(i)(2).

¹ N.D.A.C. § 33-07-01.1-01(4)(h).

² See Black's Law Dictionary, 829-30 (5th ed. 1979) (defining license for these purposes as including certificates and permits).

Darleen Bartz
June 10, 2011
Page 2

But you also asked about an individual holding a private certification. While licensed and certified are synonyms for government-granted authorization to undertake an otherwise forbidden act, there is no basis to extend that authority to a person who merely has a certification from a private entity such as a non-profit corporation or a private association. The State may license and regulate occupations in the interest of public health and safety under its police powers.³ However, while an administrative agency or political subdivision may be delegated such authority,⁴ the Legislature cannot constitutionally delegate this authority to private parties or even the federal government.⁵ And therefore, when N.D.A.C. § 33-07-01.1-01(4)(h) references "an individual who is licensed or certified," the license or certification must be from a governmental entity in order to be recognized under law.⁶

Further, even where a radiology technician has a state-issued license or permit, the medical records rule also requires that the person be qualified as well as being licensed. Qualified is a term that has not been defined. Therefore, the meaning of this term should be taken from its plain and ordinary meaning and the context in which it is used.⁷ In this instance, qualified must relate to the person's knowledge or experience in medical or health care matters. It would therefore be reasonable to conclude that when a radiologic technologist is acting to record telephone and verbal orders in a patient's medical record under N.D.A.C. § 33-07-01.1-20(1)(i)(2), that person may only so act in areas in which that individual is qualified. This specifically would relate to orders concerning the scope of duties and instructions received by the radiologic technologist. If the order does not relate to something within the scope of that individual's state-issued license or permit, then that individual would not be deemed to be qualified for purposes of recording information in that patient's medical records.

³ Bob Rosen Water Cond. Co. v. City of Bismarck, 181 N.W.2d 722, 724 (N.D.1970), Harrie v. Kirkham, Michael & Associates, Inc., 179 N.W.2d 409, 410 (N.D.1970).

⁴ Id., see also A & H Services, Inc. v. City of Wahpeton, 514 N.W.2d 855, 857-858 (N.D.1994).

⁵ Montana-Dakota Utilities Co. v. Johaneson, 153 N.W.2d 414, 421 (N.D.1967), State v. Juleson, 567 N.W.2d 145, 151 (N.D.1972), McCabe v. Workers Comp. Bureau, 567 N.W.2d 201, 204-205 (N.D.1997).

⁶ An additional, practical, reason for this conclusion is that a person holding a governmental license or certificate must meet the legal standard that is defined in the governing law, but a private entity issuing a certificate may either set meaningful standards or it may have no standards or only negligible standards. It is illegal to use false academic degrees and credentials or to operate an accreditation mill. N.D.C.C. §§ 15-20.4-15 and 15-20.4-18. However, there is no regulation of non-academic certifications.

⁷ N.D.C.C. §§ 1-02-02, 1-02-03.

Darleen Bartz
June 10, 2011
Page 3

Therefore, a radiology technician holding a state-issued license or permit may record telephone or verbal orders that are within the scope of his or her duties under the license or permit pursuant to the administrative rules governing hospital medical record services, but a radiology technician who does not hold a state-issued license or permit, such as a certification from a non-profit corporation or private association, may not so record orders.

vkk



2.7

NORTH DAKOTA BOARD OF NURSING

919 S 7th St., Suite 504, Bismarck, ND 58504-5881
Telephone: (701) 328-9777 Fax: (701) 328-9785
Web Site Address: <http://www.ndbon.org>

Workplace Impairment Program: (701) 328-9783.

September 23, 2013

Terry L. Dwelle, MD
Office of State Health Officer
600 East Boulevard Avenue, Dept 301
Bismarck, ND 58505-0200

Dear Dr. Dwelle,

The North Dakota Board of Nursing held a meeting on September 19, 2013 and discussed a response to your request for input regarding the request for a waiver by the ND Society of Radiologic Technologists (NDSRT). The Board discussed the information with the Board's legal counsel, Mr. Brian Bergeson, Special Assistant Attorney General.

The Board made and passed the following motion:

BOARD SUBMITS A MEMO TO THE NORTH DAKOTA DEPARTMENT OF HEALTH, DR. T. DWELLE, TO INCLUDE THE FOLLOWING:

DUE TO THE LACK OF REGULATORY OVERSIGHT WHICH INCLUDES A STATE ISSUED LICENSE, THE NORTH DAKOTA BOARD OF NURSING WOULD NOT SUPPORT THE ISSUANCE OF A WAIVER BY THE DEPT OF HEALTH.

THE MOTION PASSED SIX YES, 2 NO AND ONE RECUSE.

The Board expressed concern for the length of the waiver in that it seemed to be an overly long time. I was also directed to indicate that the vote was not unanimous. See above. Thank you for giving the Board this opportunity to be included in this discussion.

Sincerely,

Constance B. Kalanek PhD, RN, FRE

Executive Director



North Dakota Hospital Association

Vision

The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission

The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

December 9, 2013

Dr. Terry Dwelle
State Health Officer
North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200

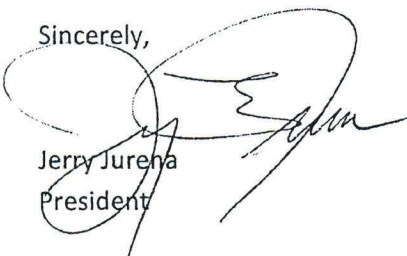
Dear Dr. Dwelle:

I would like to follow up on an issue we discussed involving radiologic technologists being allowed to make entries in a patient's medical record. As we know, radiologic technologists are not allowed to receive or record telephone or verbal orders. The North Dakota Hospital Association sent a survey to its hospital members to determine if radiologic technologists should be state licensed.

The results from the survey indicated hospitals would support radiologist technologists being able to receive or record telephone or verbal orders and make entries in a patient's medical record only if state-licensed. The survey also indicated hospitals would not support unlicensed technologists receiving or recording orders.

A copy of our survey results have been forwarded to your department. If you should have any questions please contact me. 701-224-9732.

Sincerely,


Jerry Jurena
President

PO Box 7340 Bismarck, ND 58507-7340 Phone 701 224-9732 Fax 701 224-9529



NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS

Established 1890

Phone (701) 328-6500 • Fax (701) 328-6505
418 E Broadway Ave, Suite 12 • Bismarck, ND 58501-4086

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Duane Houdek
Executive Secretary and Treasurer

Lynette McDonald
Deputy Executive Secretary

December 11, 2013

Terry Dwelle, MD
State Health Officer
State Department of Health
600 East Boulevard
Bismarck, ND 58505

RE: Waiver of administrative rules for radiology technicians

Dear Dr. Dwelle:

Thank you for your question to the medical board about the waiver request you received, seeking to allow non-licensed radiologist technicians to make entries in a patient's medical record.

There is certainly nothing in the medical practice act or the board's rules or policies that would be inconsistent with any of the analysis provided to you by Assistant Attorney General Edward Erickson in his legal opinion advising that the waiver provision in question may not be used in the manner requested.

On behalf of the medical board, I would support your denial of the waiver request.

Thank you for contacting us regarding this matter.

Sincerely,

Duane Houdek
Executive Secretary



Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

Testimony for Public Hearing
INDUSTRY, BUSINESS AND LABOR HOUSE STANDING COMMITTEE
Public Hearing on Senate Bill 2236
March 10th, 2015

SB No. 2236 - An Act to create and enact regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments.

Good morning members of the committee, I am Dr. Edward Fogarty. I am in favor of Bill #2236. I have a number of roles in the state as a local practicing radiologist in the Bismarck area and chair of the University of North Dakota radiology department. Radiologists are physicians who's practice involves the interpretation of images, from the common wrist radiograph after a fall on the ice, to mammograms for the detection of breast cancer and MRI's in the diagnosis of stroke. Our specialty of medicine is practice depends on the work of our state's radiologic technologists. They are the right hand of the radiologist for the images that we interpret are produced by them. In the practice of medical imaging complex clinical decisions often hinge on the appropriate exam being tailored to the presenting patient's needs. When a radiologist finds a need for modifying a study request from physician we currently have to involve a third party (nursing staff) for a verbal order despite the lack of familiarity of that verbal intercessory in the imaging process. Critical imaging fine-tuning made by the interpreting physician and performing technologist helps our fellow physicians and citizens receive the best medical imaging care possible. By making these processes more direct through the licensure of our state's radiologic technologists, we will less the risk of medical error and decrease some of the costs associated with medical imaging in our state.

Thank you for your time.

Dr. Edward Fogarty

Chairman of Radiology, University of North Dakota

eg!

Testimony for Public Hearing
House Industry, Business and Labor Committee
Public Hearing on Senate Bill 2236
March 10th 2015

Chairman Representative George Keiser and Committee Members, I am Brenda Krogen and I currently serve as the President of the North Dakota Society of Radiologic Technologists and I am a Registered Radiology Assistant at Essentia Health. The NDSRT is a professional membership organization for North Dakota Radiologic Technologist's current and retired life members and Radiologic Technology students.

- Pursuit of licensure now is important in my everyday activities to provide the best quality of care for my patients. I have a Master's Degree as a Registered Radiology Assistant so my job is working under the direction of a Radiologist doing diagnostic and therapeutic procedures. Currently if another provider, physician, physician's assistant, nurse practitioner, or chiropractor need me to do a procedure, they need to take the time to place the order. It is not their job to know what imaging modality would be best for performing that procedure because that is not their specialty, it is mine. It is not a good use of their time or their patient's time to research how the tests they need to get done are done so with the passing of licensure in the state, it would allow me to find out the answers the providers need answered and decide the best, safest, and most appropriate way to get them their answers.
 - Example: Dr. X needs to have a bone marrow aspiration on a patient and knows that I do the procedure in Radiology but does not know what imaging is used to perform the procedure. The order can come to me and I can place the order as a CT guided procedure which saves the physician and his nurse time in trying to figure out what we need.

- This also will decrease the wait time my patient has sitting there waiting to get procedure schedule or an order in if it got missed.
- The pursuit of licensure was begun in 1999 and was met with resistance from some limited x-ray operators in rural ND. The ND Department of Health, the Nursing Association and Hospital Association have developed the LXMO program in 2003 to fix this. These people have training requirements and continuing education requirements in order to provide basic x-ray services.
- With the advent of electronic medical records, orders cannot be entered by a registered radiologic technologist in the State even though we are registered and credentialed because of the ND century code that says the person has to be licensed and we are not currently licensed in the state.
- Licensing us in the state of North Dakota will not take away anyone else's job away, it will simply make others jobs easier and our patient's will be more cared for in the best way possible.

We look forward to working with the Committee in addressing the future need of establishing licensure for Medical Imaging and Radiation Therapy Professionals in the State of North Dakota.

Testimony for Public Hearing
Industry, Business and Labor House Standing committee
Public Hearing on Senate Bill 2236
March 10, 2014

SB No. 2236 - An Act to create and enact regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments.

Thank you for the opportunity to be here. My name is Donna Newman and I want to express my support for Senate Bill 2236 which will ensure that imaging technologists will be licensed in the state of North Dakota. As a Lead Manager in Nuclear Medicine and a technologist with 25 years of experience, I believe I have relevant information for this committee to consider in regard to SB 2236.

The radiology department is one of the areas through which many patients pass during their continuum of care, and not being able to take verbal orders can have a big impact on the care of these patients.

One specific area of impact is delay in care or decreased quality of care when patients' studies need to be rescheduled due to this situation or are suboptimal. I believe there are other business implications for health care in the state of North Dakota as well that impact patients, including unnecessary cost due to duplication in staffing and inefficiencies in processes which drive up the cost of health care.

This inability to take verbal orders has forced a re-working of routine processes and emergency practices. There is now an increase in the number of staff needed to accomplish a single task. This creates a bottleneck in workflow and is very inefficient. Before the Attorney General issued his interpretation of the Century Code regarding verbal orders and radiologic technologists, I could talk with the Radiologists, have them review the patient's images, take a verbal order and proceed with the additional images which the Radiologist requested. This is now delayed until the physician can access a computer and enter these orders. Also, in an emergency situation, we would be able to get images which the physician needs to care for the patient as they are verbally requested rather than wait for orders to be entered into a computer before we can proceed. This can save precious time in an

emergency. In a business plan this is the most efficient way to run a business. It is important to state at this point that as professionals in the state of North Dakota we are already required to document our continuing education and pass a national registry which demonstrates that we are properly trained and competent in our areas of practice.

If we had licensure here in the state of North Dakota it would benefit the patients by allowing their care to move quickly and efficiently through the health care system. Everyone would benefit from this licensure bill, the hospital or clinic management system, the radiology staff but most importantly the patient would benefit from quicker procedures.

A specific example from nuclear medicine, which is my field of medical imaging, may help demonstrate the direct impact on patient care. We do a study to evaluate patients for gallbladder disease. During the course of this study, we may need to give an additional medicine based on the physician's review of the images. Without the passage of this bill, we need to make additional calls to get a nurse to take a verbal order from a radiologist before we can get the medicine administered even though we have already talked with the radiologist. A nurse is not always immediately available and because of the timing of this study, this can result in a suboptimal study which interferes with the physician's ability to provide good quality care to the patient. Passage of this bill will allow us to take verbal orders which will then allow us to perform higher quality studies for the benefit of the patient.

You can see this is just one test that is being performed inefficiently and adding cost to overall health care in North Dakota if it has to be repeated.

In summary, passage of SB 2236 will provide for the licensure of North Dakotans who perform medical imaging under the supervision of our physicians. This will allow for the more timely completion of studies, especially in emergency situations, and provide improved care for our residents as well as lower our medical costs. I urge you to vote yes for the benefit of North Dakotans.

Thank you for your time and your consideration of this bill.

Donna Newman RT (R) CNMT
300 N.P. Ave #307
Fargo ND 58102
701-306-8819

DATE: March 10, 2015
TO: ND House Industry, Business and Labor Committee
FROM: Amy Hofmann, MBA, BSRT, ARRT (R) (CT), ARDMS
RE: Bill 2236 - North Dakota Medical Imaging and Radiation Therapy Professionals Licensure

Committee chair and members, I am Amy Hofmann, a registered radiologic technologist and a registered diagnostic medical sonographer, currently employed by Trinity Health of Minot as the Program Director for the School of Radiologic Technology. I thank you for the opportunity to speak to you today regarding the urgent need for licensure of medical imaging technologists and radiation therapists in our state.

I speak today of the structured process in the education, certification and registration of imaging technologists in the various specialty areas. Minimum requirements for applicants of education programs include general education at an accredited post-secondary college or university, credit bearing courses in written and oral communication, anatomy and physiology, medical terminology, mathematics, natural sciences of chemistry, biology, physics, information systems and behavioral sciences.

In order to be eligible to write the registry exam conducted by the American Registry of Radiologic Technologists (ARRT), candidates must now have a degree

from an accredited institution **and** successfully complete their education and training in programs accredited by the Joint Review Committee of Education in Radiologic Technology (JRCERT) or by a regionally accredited educational institution. JRCERT is the only organization recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, medical dosimetry. Other educational programs exist for sonography and nuclear medicine, which would include those accredited by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) or the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT).

Once a student graduate has successfully completed an approved training program (minimum of two years) and passed the respective registry exam, they are able to use the credential of the specialty, for example, ARRT R.T.(R), RDMS, or NMT. We say they are “educationally prepared and clinically competent” to perform medical imaging in their scope of practice. Continued education is required to maintain registry status.

Certification demonstrates mastery of a body of knowledge. That body of knowledge includes the concepts that allow a technologist to

- understand and apply, medical terminology and imaging protocols to effectively communicate with other health care team members and competently perform requested medical imaging procedures
- apply knowledge of anatomy, physiology, positioning and pathology to accurately demonstrate structures on medical images
- determine proper imaging equipment and technical factors which will achieve optimum image quality
- safely operate ionizing radiation equipment to minimize patient and occupational exposure
- competently provide appropriate care when patients are in the medical imaging department
- safety education related to healthcare environments

Section 3 of this bill addresses license requirements, one of which is, an individual seeking to obtain a license for a specific modality of medical imaging or radiation therapy shall provide proof of completing a course of study, passing a certification examination and compliance with continuing education for recertification. Therefore, the board would grant a license to an individual who is registered by a national certification agency at the time of application and not be required to pass another state issued examination. Furthermore, the board would grant a license to an individual who has been licensed, certified or registered in

another jurisdiction if that jurisdiction's standards of licensure are substantially equivalent to the rules adopted by the board.

As medical imaging and radiation therapy professionals, performing the right procedure on the right patient at the right time is our number one goal.

Unfortunately, due to an existing rule, without a state issued license, we are limited in our ability to provide full scope of patient services, specifically receive, relay and document verbal orders. Licensure is necessary to fix this problem and allow these highly trained health care professionals to be active partners on the health care team.

Testimony for Public Hearing
Industry, Business and Labor Committee
Public Hearing on Senate Bill 2236
March 10th, 2015

SB No. 2236 - An Act to create and enact regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments.

Good morning Chairman and members of the committee, my name is **Ann Bell-Pfeifer**. Thank you to the Chairman and to the members of the Committee for listening to my testimony today. As one of more than 900 registered technologists in the state of North Dakota, I have been a registered radiologic technologist for the past 22 years. Today I am the quality management lead in radiology at Sanford Medical Center in Fargo, ND.

The imaging field is constantly changing as new technology is applied to the equipment which medical imaging professionals operate. New imaging procedures are also used to diagnosis and treat patients. As experts in our field we are required to be knowledgeable about these medical advances in radiology. Today imaging professionals have a problem as they cannot work as effectively as possible. This problem can be resolved by passing Senate bill #2236.

I have been working with the NDSRT toward solving this problem for the past three years. We initially discovered a ruling which changed the scope of practice for medical imaging and radiation therapy professionals on June 2011. An imaging case involving a Computed Tomography (CT) technologist in North Dakota was denied payment by an insurer based on the following review and ruling by Assistant Attorney General, Edward Erickson. The CT technologist conferred with

an ordering physician about a patient's exam and took a verbal order changing the exam from a CT without contrast to a CT with contrast administered exam. The CT technologist proceeded to document the order change in the electronic medical record. Taking a verbal order is defined within American Registry of Radiologic Technologists, and American Society of Radiologic Technologists scope of practice. as Assistant Attorney General, Edward Erickson states radiologic technologists must be qualified and licensed to receive verbal orders. An insurance company denied payment based on the Assistant Attorney General opinion. The AAG referred to the ND Century Code for reference.

A five year waiver provision was requested by seven ND hospitals. The waiver request was denied in January of 2014. Dr. Terry Dwelle, State Health Officer suggested the following in the denial letter:

- ☐ Create a North Dakota state licensure board for medical imaging and radiation therapy professionals.
- ☐ Or, seek appropriate legislative changes to the North Dakota Century Code, allowing non- licensed personnel to record orders in the hospital and clinic records
- Currently, over 1,000 qualified medical imaging professionals cannot work within their full scope of practice. Specifically, the use of verbal orders has been restricted.

What impact has this change of practice had on our patients, nurses, and providers? First and most importantly it has delayed service to patients. Delays in patient care in the imaging department impact every part of the health care team. Time, is expensive and labor costs contribute to increasing operational costs in hospitals and clinics.

Today more than 30 of the United States have licensure laws for medical imaging technologists and radiation therapists.

The intent of SB #2236 is to allow medical imaging and radiation therapy technologists to work within the full scope of practice for which they are qualified and educationally prepared..

Bill #2236 does not affect the scope of practice of any other medical professional in North Dakota. The Radiation Control section 33-10-06 and 33-10-15 of the North Dakota Department of Health rule, defines minimum training requirements for limited scope x-ray operators, and other health care providers. This bill will not affect their scope of practice and will allow them to serve patients in the manner they are practicing today.

Thank you for listening to our concerns. Your support in the passage of SB #2236 is greatly appreciated.

Ann Bell-Pfeifer, BS RT (R)(M)(QM)

407 Sheyenne St.

Horace, ND 58047

701-361-3897

abellpfeifer@gmail.com

5A

March 10, 2015

January 6, 2015

North Dakota Society of Radiologic Technologists
Attn: Ann Bell-Pfeifer B.S.M, RT, NDSRT Licensure chair

The North Dakota chapter of the American College of Radiology is in full support of the NDSRT in establishing medical imaging technologist and radiation therapist licensure.

On a national level and as a matter of policy, the Council of the American College of Radiology supports licensure and certification of all persons operating equipment emitting ionizing radiation. The norm in most states is for radiologic technologist licensure and the delivery of healthcare is impacted positively by professional licensure as it fosters a culture of safety and quality. As a radiologist and physician I can speak directly to the negative impact that a lack of licensure imparts. Currently technologists in North Dakota are unable to take and record telephone and verbal orders due to N.D.A.C. 33-07-01.1-20(1)(1)(2) which requires that entries only be made into a patient's medical record by "qualified licensed personnel." This bill would establish radiologic technologists as such, and allow telephone and verbal orders. The inability of technologists to take verbal and telephone orders has an adverse effect on patient care. It can often delay care while the technologist is seeking an order to be placed or changed by a physician/practitioner who may not be immediately physically available, an issue that is exacerbated by the rural nature of this state. Taking verbal and telephone orders is usual and customary in the scope of practice for radiologic technologists.

In conclusion, the North Dakota chapter of the American College of Radiology is in full support in establishing medical imaging technologist and radiation therapist licensure primarily because of its positive impact to the medical care of North Dakotans.

Sincerely,



John Asleson MD

North Dakota Chapter President of the American College of Radiology

pg 1

Richard Marsden, MD, FACR
736 Broadway North
Fargo, ND 58122
Richard.Marsden@sanfordhealth.org

February 9, 2015

Senator Judy Lee
Chairman, Senate Human Services Committee

Dear Chairman Lee:

Greetings, we are notifying this committee that Sanford Medical Center Fargo supports the enactment of Senate Bill #2236, the Medical Imaging Professional Licensure Board of Examiners.

Imaging professionals are a key part of our medical team. We depend on their skills and professional practice to deliver the most efficient, high quality care to our patients. Today imaging professionals cannot work within the full scope of practice for which they are qualified and certified. Licensure in the state of North Dakota will enable imaging professionals the ability to work within their areas of expertise to provide the best care to patients. Including the ability to receive, relay, and document verbal, written and electronic orders for imaging procedures in the patient's medical record.

We strongly support Bill #2236. Medical Imaging professionals are a large group of over 1,000 allied health personnel in the state of North Dakota. The highly technical nature of imaging requires oversight by professionals who understand the technology and its implications on patient care. Therefore, a Medical Imaging Board would best serve those who are affected.

We appreciate your recognition that there is an urgent need in North Dakota for qualified medical imaging and radiation therapy professionals to be licensed. Thank you for your support.

Best Regards,



Richard Marsden, MD, FACR
Senior Executive Vice President, Sanford Clinic North
Fellow of the American College of Radiology

CC: Members of the Senate Human Services Committee



Essentia Health

Here with you

memo

Date: January 14, 2015

To: Brenda Krogen, President NDSRT
North Dakota Society of Radiologic Technology

From: Greg Glasner, President and Chief Medical Officer
Essentia Health - 3000 32nd Avenue S. Fargo, ND 58103

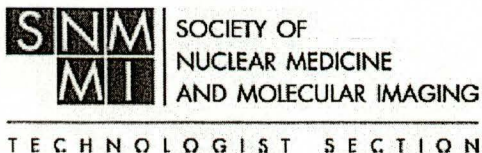
Re: Support for proposed Medical Imaging Professional licensure Bill

We are contacting you in regards to the regulation and licensure of technical personnel who perform medical imaging procedures and radiation therapy treatments in the state of ND. As the NDSRT organization brings this bill to the 64th Legislative Assembly of ND, we want to recognize the work being done and offer our support.

Our organization supports the proposed legislation for the following reasons:

1. We support the bill as it will recognize Medical Imaging personnel and radiation therapists as professionals with their own governing board in North Dakota.
2. We support the bill as it will allow Medical Imaging professionals to perform healthcare duties within the full scope for which they are qualified and certified. This includes the ability to receive, relay and document verbal, written and electronic orders, pertaining to radiologic imaging procedures, in the patient's medical record.

Medical Imaging professionals are educated experts in the field of imaging procedures. We value their expertise and recognize them as essential members of our healthcare teams.



February 11, 2015

Brenda Krogen, RT
President, NDSRT
West Fargo, ND 58078

RE: North Dakota Senate Bill 2236

Dear Brenda,

The Society of Nuclear Medicine and Molecular Imaging (SNMMI) is a nonprofit scientific and professional organization that promotes the science, technology and practical application of nuclear medicine and molecular imaging. SNMMI strives to be a leader in unifying, advancing and optimizing molecular imaging, with the ultimate goal of improving human health. With 18,000 members worldwide, SNMMI represents nuclear and molecular imaging professionals, all of whom are committed to the advancement of the field.

SNMMI's Technologist Section (SNMMI-TS) supports the enactment of Senate Bill 2236, which would create a North Dakota Medical Imaging and Radiation Therapy Board of Examiners to license medical imaging and radiation therapy technologists. SNMMI-TS believes that all members of the medical imaging team, including nuclear medicine technologists, should be able to practice to the full extent of their scope of practice. As a national professional organization representing the nuclear medicine profession, we believe that this includes receiving verbal orders as well as documentation of verbal orders in the patient health records. Licensure for medical imaging in North Dakota would allow technologists to respond immediately to patient care needs and allow imaging departments to operate as efficiently as possible.

SNMMI-TS we would like to reiterate our support for the passage of Senate Bill 2236. As always, SNMMI is ready to discuss any of its comments with the North Dakota Society of Radiologic Technologists. In this regard, please contact Susan Bunning, Director, Government Affairs, by email at sbunning@snmmi.org or by phone at 703-326-1182.

Respectfully Submitted,

A handwritten signature in cursive script, appearing to read 'April Mann'.

April Mann, MBA, CNMT, NCT, RT(N), F
President, SNMMI-TS

Senate Bill 2236 Fact Sheet

The North Dakota Medical Imaging and Radiation Therapy Professionals Licensure Bill

Facts about S.B. 2236

Sponsored by Senator Judy Lee and Representative Todd Porter

Why are we pursuing licensure in North Dakota?

- **Currently, more than 1,000 qualified medical imaging professionals cannot work within their full scope of practice. Specifically, the ability to accept and document verbal orders has been restricted.**

How were we made aware of this issue?

- **In June 2011, Assistant Attorney General Edward Erickson published an opinion stating radiologic technologists must be qualified and licensed to receive verbal orders.**
 - **A computed tomography technologist conferred with an ordering physician and accepted a verbal order from the physician, which changed the examination from a "no contrast exam" to a "with contrast administered exam." An insurance company denied payment for the examination based on the assistant attorney general interpretation of the opinion. The AAG referred to the North Dakota Century Code and Administrative Code that states, "Telephone and verbal orders may be used provided they are given only to qualified licensed personnel..." The acceptance and documentation of verbal orders is included in the nationally-recognized practice standards and scope of practice for radiologic technologists.**
- **The electronic medical record's (EMR) ability to track everything, including who made the entry into the record, poses a problem for radiologic technologists in North Dakota.**
- **North Dakota laws state that an individual must be "licensed" to receive and document verbal or telephone orders. Several health care systems in our state asked for a waiver on this rule, which was denied. As a result, imaging professionals are no longer able to image a patient until the provider enters an order in the EMR. Edits, when necessary, delay care for emergency department patients needing CT, nuclear medicine, positron emission technology and magnetic resonance imaging examinations.**

- A five-year waiver provision from the Department of Health was requested by seven North Dakota hospitals. The waiver request was denied in January 2014. State Health Officer Dr. Terry Dwelle suggested the following in the denial letter:
 - Create a North Dakota state licensure board for medical imaging and radiation therapy professionals; or
 - Seek appropriate legislative changes to the North Dakota Century Code, allowing non-licensed personnel to record orders in the hospital and clinic records.

Will the licensure board be self-funding and sustainable?

- The board will have authority to establish licensing fees to cover all costs of the program.
- ***S.B. 2236 has been passed unanimously by the North Dakota Senate and now is in the House of Representatives.*** Other health care professions that are licensed in North Dakota include: nursing, medical practice, pharmacy, respiratory therapy, clinical laboratory technology, podiatry, physical therapy, chiropractic medicine and massage therapy.

Will S.B. 2236 affect limited x-ray machine operators (LXMOs) in rural North Dakota?

- The limited x-ray machine operator program will not be affected by this licensure bill. The North Dakota Department of Health in cooperation with the state nursing association and hospital association developed the LXMO program in 2003. LXMO's are regulated under the regulations of the North Dakota Department of Health, Radiation Control, Section 33-10-06-03, NDAC. Here is a link to the [LXMO training and qualification requirements](#).

Will this licensure bill affect the scope of practice of other licensed medical professionals?

- The provisions of S.B. 2236 apply only to the medical imaging professionals and radiation therapists who will be required to be licensed after the bill is enacted.

Do you have any other questions related to licensure? Please contact Ann Bell-Pfeifer at 701-361-3897, abellpfeifer@gmail.com, or Amy Hofmann, 701-391-3433, hofmannamyk@bis.midco.net.



Testimony on Senate Bill No. 2236

Chairman Representative Keiser and Committee Members:

I am Cheryl Rising, FNP and legislative liaison for the North Dakota Nurse Practitioner Association. I am here in support of Senate Bill No. 2236 with the addition of Advance Practice Registered Nurse (APRN) added under the definition of Licensed Practitioner, page 2 line 3.

There has been discussion with American Association of Nurse Practitioners (AANP). This bill appears to potentially limit nursing (and specifically CRNA's) from providing some existing services. The concern is that on page 2 line 23, After Dec. 31, 2015, "an individual may not perform or offer to perform medical imaging or radiation therapy procedures on humans for diagnostic or therapeutic purposes...then at the end states unless that individual is licensed under this chapter," exempting physicians, surgeons, chiropractors, dentists, or podiatrists performing medical imaging or radiation therapy; dental assistants or dental hygienists, medical students or medical imaging or radiation therapy students under the supervision of certain provider, an individual employed by the US government performing duties associated with their employment; a nurse performing sonography on a focused imaging target for certain purposes; or a limited xray machine operator.

I discussed this bill with Paula Schmalz, CRNA she stated it is important that exemption #5, page 3, line 10 through 12, be retained as is through the legislative process; "A nurse licensed under chapter 43-12.1 who performs sonography...or to provide real time visual guidance for another procedure". This language is imperative since regional block anesthesia is often done under direct visualization using fluoroscopy for at-site

verification of administration of local anesthetic or medication (steroids) resulting in effective outcomes.

We support page 2 line 3 licensed practitioner the addition of advance practice registered nurse.

Then under exemptions page 2 line 29 the APRN would be included.

Cheryl Rising, FNP

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701-527-2583

March 10, 2015

Representative Scott Louser,

Good morning distinguished representative from the State of North Dakota,

My name is Dione T. Bohl and I serve as a nationally registered diagnostic medical sonographer at Trinity Hospital in Minot, ND. It was my intention to give this testimony in person, however, due to my current treatment status and the restrictions imposed by our primary imaging safety principle A.L.A.R.A. (as low as reasonably achievable) my presence at this forum would not be allowed. A.L.A.R.A. is the physics principle medical imagers must adhere to in order to provide a safe environment of care for the patient as well as all medical personnel in the immediate vicinity. Within the principle, we must limit the amount of TIME of exposure, increase our distance from the emitting source and maximize shielding from the emitting source. As a medical imaging specialist, the past 22 years has allowed me to enter into numerous trauma, STAT emergent and critical patient care environments. These environments are dynamic, high stress and in the course of a given shift will change literally minute by minute. I would like to specifically speak to the issue of TIME:

Time is an unrepeatable moment in any given situation that however strongly we would like to change or repeat something we cannot. We may try, but the TRUTH is it is beyond our control and so we must be ready to respond effectively, intelligently and compassionately to any given patient imaging situation. Our effective response is molded by experience and personal interactions with our peers, physicians and most of all our patients. Let me further explain:

1. It is the teenage boy who has just entered the ER, after being transported by helicopter due to the life threatening injuries, who does not have TIME for the trauma surgeon to step away and revise an order from routine abdomen to limited abdomen because in the TIME it takes for the ultrasound system to power up the patient's conditions have deteriorated even further and immediate assessment for abdominal free fluid is needed so as to move the patient on to CT imaging.
2. It is the pre-term infant, desaturating in the NICU, who, while a UA line is being placed, does not have TIME for the neonatologist to step away from the table and change the order from adult echocardiogram to pediatric echocardiogram. This incorrectly ordered exam will not flow under the preset rules to the PACS archive and then on to the outside imaging facility that reads our STAT pediatric echocardiogram cases. In this event and under current requirements, once completing the study, the sonographer would need to leave the patient bed side, return to a PACS work station located down in radiology and manually send the STAT pediatric echocardiogram for interpretation. Additionally, a completely different set of sending rules and configurations apply to this situation and can increase send times up to two or more hours.
3. It is the OR surgical patient laying on the operating table after a vicious attack who does not have TIME for the vascular surgeon to change the carotid duplex order from routine to limited because he is trying to close a lacerated artery in time to prevent brain death.

4. It is the new physician learning the electronic medical record and all of its functionality who is searching for the correct way to type in an order. The physician calls the ultrasound department asking for word search descriptions and then in frustration says, "Can you just put in the order for me? You know what is needed." Her TIME is short and her list of inpatients is growing by the hour.

These are just few of the day to day scenarios we face. Each of them different and each of their outcomes depends on our ability to maximize resources by providing timely effective healthcare.

Respectfully,

Dione T. Bohl B.S., RT(R), RDMS, RVT

Ultrasound Supervisor – Trinity Health