

Sonography Licensure Coalition's Response to Oregon Board of Radiologic Technology's "Legislative Concept Initial Proposal for Medical Imaging Technology"

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1 Thank you for the opportunity to respond to the “Legislative Concept Initial Proposal for Medical
2 Imaging Technology” (the “Initial Proposal”). The following comments and suggestions are provided on
3 behalf of the Sonography Licensure Coalition (the “Coalition”), which consists of the following
4 organizations:

- 5 American Registry for Diagnostic Medical Sonography (ARDMS),
- 6 American Society of Echocardiography (ASE),
- 7 Cardiovascular Credentialing International (CCI),
- 8 Society for Vascular Surgery (SVS),
- 9 Society for Vascular Ultrasound (SVU),
- 10 Society of Diagnostic Medical Sonography (SDMS), and
- 11 Society of Invasive Cardiovascular Professionals (SICP).

12 These organizations have Oregon members, registrants and/or policy interests. Currently, there are
13 approximately 750 credentialed sonographers in Oregon with an estimated 500 to 750 individuals
14 performing ultrasound examinations without appropriate certification.

15 Our comments relate to not only the sonography-specific proposal but also other provisions being
16 considered. The sonographers represented by our respective organizations touch thousands of lives
17 each day in Oregon, and these comments are offered with the goal of patient-centered public policy in
18 mind.

19 The addition of other medical imaging modalities will have a significant impact on the structure and
20 function of the existing Oregon Board of Radiologic Technology (“ORBT”). Unfortunately, insufficient

21 time was provided for the Coalition to draft specific statutory language incorporating these comments
22 and recommendations. However, the Coalition would be happy to work with the OBRT to provide
23 statutory language as the legislative process continues.

24

25 **Section 688.545 - Name of Board:** The Initial Proposal would rename the OBRT as the Oregon Board of
26 Medical Imaging Technology (OBMIT). However, because the objective is not licensure of “technology”
27 but rather licensure of individual health care providers, a more accurate name for the new Board would
28 be the ***Oregon Board of Medical Imaging and Radiation Therapy*** (OBMIRT).

29 **Section 688.405 - Definitions for ORS 688.405 to 688.605:** “*Diagnostic medical ultrasound*” should be
30 removed from the definitions found in the Initial Proposal as this is non-standard terminology. However,
31 a definition of the term “ultrasound” (the technology used in diagnostic medical sonography) should be
32 included.

33 Note that the U.S. Department of Labor’s Bureau of Labor Statistics (BLS) defines sonography as:

34 *“Sonography, or ultrasonography, is the use of sound waves to generate an image for the*
35 *assessment and diagnosis of various medical conditions.”*

36 The BLS defines “diagnostic medical sonographer” in the following manner:

37 *“Diagnostic medical sonographers use special equipment to direct nonionizing, high frequency*
38 *sound waves into areas of the patient’s body. Sonographers operate the equipment, which*
39 *collects reflected echoes and forms an image that may be videotaped, transmitted, or*
40 *photographed for interpretation and diagnosis by a physician.”*

41 **Definition of a Licensed Practitioner:** The definition of a licensed practitioner refers to a person licensed
42 to practice one of the healing arts and includes, but is not limited to, a physician. This definition is too
43 broad as it may authorize any licensed practitioner (e.g., acupuncturist, physical therapist, dentist,
44 chiropractor, nurse, LPN, and others) to supervise sonography and other medical imaging providers
45 instead of a physician.

46 **Definition of a Medical Imaging Technologist:** Currently the OBRT licenses Radiologic Technologists.
47 While the term ‘technologist’ is appropriate for this profession, using this term for other imaging
48 professions is not appropriate. The U.S. Department of Labor identifies Diagnostic Medical Sonography
49 as a separate and distinct profession (<http://www.bls.gov/oco/ocos273.htm>). Throughout the Initial
50 Proposal, the term ‘technologist’ should be reserved for only those providers of medical imaging that
51 use the term in their credential. When referring to the individuals performing the wide range of imaging
52 services to be covered by the legislation, “*medical imaging providers*” would be a more appropriate
53 term.

54 **Definition of Medical Imaging Technology:** The definition of “medical imaging technology” (or better,
55 “medical imaging”) is a critical definition yet, as proposed, it is extremely broad. For example, the
56 definition could be interpreted to include ophthalmic biometrists who use ultrasound to create images
57 of the eye within the jurisdiction of the Board. Ophthalmology technicians/technologists also use
58 various other imaging techniques. Dermatologists use medical photography to document skin lesions
59 which could be considered “medical imaging” under this definition. It may be more appropriate to
60 regulate certain other types of medical imaging under other Boards or statutes (e.g., veterinary
61 ultrasound may best be regulated by the Oregon Veterinary Medical Examining Board). While it is
62 important to precisely delineate the scope of what is included in medical imaging, it is equally important
63 to consider and identify what is NOT included in the scope of the proposed legislation. We suggest that

64 the term “**medical imaging**” be defined to specifically list the allied health professions that are intended
65 to be included under this legislation.

66 **Other Definitional Issues:** Careful consideration to the terminology should be given when crafting
67 statutory language regarding medical imaging. Definitions for the technologies of *ultrasound* and
68 *magnetic resonance imaging* should be included in the statute while keeping in mind that ultrasound
69 may also be used for a variety of medical (e.g., physical therapy) and non-medical uses. For example:

70 *“Ultrasound” means the technology used to create sonographic images or for other medical*
71 *purposes on a human being.*

72 All references to a **nationally recognized accrediting organization** should be changed to a **nationally**
73 **recognized certification organization** when referring to certification bodies for individuals. In the
74 specific context used in the Initial Proposal, the use of *nationally recognized accrediting organizations* is
75 terminology that would apply only to educational programs not individuals.

76 We suggest defining standardized terminology for all medical imaging modalities that address students
77 and graduates of educational programs. For example:

78 *“Student” means an individual currently enrolled in an approved medical imaging educational*
79 *program.*

80 *“Graduate” means an individual who has completed the didactic and clinical education at an*
81 *approved medical imaging educational program, including documented clinical proficiency, but*
82 *who has not yet met all requirements for certification by a nationally recognized certification*
83 *organization.*

84 Students should be required to perform medical imaging procedures only under the personal (physically
85 in the room) supervision of the educational program’s assigned clinical instructor (someone licensed and
86 credentialed in the students’ imaging modality).

87 Graduates should be eligible for limited-term temporary licenses only – it is important that all graduates
88 of educational programs be licensed. However, we feel it is important that such licenses be available at
89 significantly reduced or no cost to graduates. Graduate licenses should expire and not be eligible for
90 renewal after an appropriate period (e.g., 1 or 2 years) to ensure graduates seek proper certification. In
91 addition, graduates should only be permitted to work under the personal (in the room) or direct (in the
92 building/facility) supervision of an appropriately licensed practitioner or an individual who is a licensed
93 and credentialed in the graduate’s medical imaging modality.

94 Other definitions which are needed include, but may not be limited to:

95 *“Certification” means the process by which a nationally recognized certification organization*
96 *determines competency in a medical imaging modality and/or medical specialty. Upon successful*
97 *completion of all requirements, a credential may be awarded.*

98 *“Credential” means the recognition awarded to an individual who has initially met and*
99 *continuously meets the requirements of a nationally recognized certification organization.*

100 *“Personal supervision” means the individual supervising the medical imaging provider is*
101 *physically in the room with the patient while the imaging procedure is being performed.*

102 *“Direct supervision” means the individual supervising the medical imaging provider is physically*
103 *in the building or facility while the imaging procedure is being performed.*

104 “General supervision” means that the individual supervising the medical imaging provider is
105 readily available to the imaging provider via telephone or other means within a reasonable
106 period of time.

107 The terms specialty, subspecialty, and modality should not be used interchangeably. There are several
108 modalities (radiography, sonography, etc.) which would be regulated by the Board. A number of these
109 modalities may be considered a component of one or more “specialties” of medicine (e.g., radiology,
110 cardiology, radiation oncology, obstetrics, etc.). Areas of specialization (or subspecialty) in the field of
111 sonography includes abdominal sonography, breast sonography, cardiac sonography (adult, pediatric,
112 and fetal), obstetrics and gynecology sonography, neurosonology, and vascular sonography.

113 **Section 688.415 - License required to practice:** Because of the inherent differences in the imaging
114 modalities, we believe that different licenses should be issued to each modality. It is critical that the
115 Board ensure that the licenses issued by the Board do not confuse the public as to the type of imaging
116 modality an individual is authorized to perform.

117 **Section 688.465 – Qualifications:** The Initial Proposal refers to an “advanced level licensing in diagnostic
118 medical sonography” but it appears to be in reference to allowing radiologic technologists to be licensed
119 as sonographers without certification in sonography. We have serious concerns about this provision as
120 this would create two types of licensed sonographers (some with sonographic credentials and some
121 without sonographic credentials) and could jeopardize patient care. On the other hand, we suggest that
122 the statutory language should authorize the Board to establish advanced level licenses within each
123 modality. Advanced level categories are in place or under consideration in Radiologic Technology,
124 Nuclear Medicine, and Diagnostic Medical Sonography. Specific language for implementation of
125 advanced level medical imaging providers could be implemented through the administrative rule
126 process.

127 As proposed, we strongly object to the Board’s consideration of education, experience and
128 documentation for Radiologic Technologists in lieu of certification in diagnostic medical sonography as a
129 prerequisite to sonography licensure. All medical imaging providers should demonstrate minimum
130 competency through certification in each imaging modality. There are certification pathways in
131 existence and in development for experienced medical imaging providers to become certified –
132 exempting anyone from the minimum requirements that all others must meet would create a loophole
133 that could endanger patient safety. A far better approach is to offer an appropriate implementation
134 timeframe for medical imaging providers to become certified before licensure is mandatory, thereby
135 providing ample opportunity for non-certified medical imaging providers to become certified and
136 ensuring patient safety. We suggest that a four year implementation period be established – similar to
137 the pending federal ‘Consistency, Accuracy, Responsibility and Excellence (CARE) in Medical Imaging and
138 Radiation Therapy’ legislation.

139 **Section 688.495 – Licensing without examination.** This section addresses reciprocity for medical
140 imaging providers who are licensed in another state. Four new subparagraphs are listed (c through f) as
141 additional requirements. Subparagraphs c through e should have the word ‘and’ added at the end of the
142 subparagraph so it is clear that ALL of the requirements must be met.

143 **Section 688.545 - Composition of Board:** The Initial Proposal, with its broad definition of “medical
144 imaging technology” could be read to incorporate regulation of numerous allied health professionals
145 beyond the stated intent of nuclear medicine, magnetic resonance imaging, and diagnostic medical
146 sonography. It is important that each imaging modality that is included under the Board’s jurisdiction be
147 adequately represented on the Board and no imaging modality be allowed to dominate the Board. It is
148 also important that there also be broad physician input – while radiology is the primary physician
149 specialty involved in ionizing imaging, many other physician specialties are involved in non-ionizing

150 imaging modalities including, but not limited to, cardiology, emergency medicine, gynecology,
151 obstetrics, oncology, orthopedics, neurology, urology, and vascular surgery. Public input into the
152 licensure board is also a key element for a medical imaging Board. Taking into consideration the
153 estimated number of medical imaging professionals in each imaging modality, the following Board
154 composition is recommended:

- 155 • Two (2) Radiologic Technologists
- 156 • One (1) Limited X-Ray Machine Operator (Bone densitometry equipment operator)
- 157 • One (1) Computed Tomography Technologist*
- 158 • One (1) Magnetic Resonance Imaging Technologist*
- 159 • One (1) Nuclear Medicine Technologist/Radiation Therapist*
- 160 • Three (3) Diagnostic Medical Sonographers including:
 - 161 ○ One (1) Cardiac sonographer
 - 162 ○ One (1) Vascular sonographer
 - 163 ○ One (1) Sonographer (includes OB/Gyn, Abdominal, Breast, etc.)
- 164 • Two (2) Public Members (must not be a licensed practitioner or licensee of the Board)
- 165 • Two (2) licensed physicians including
 - 166 ○ One (1) licensed physician with board certification in radiology
 - 167 ○ One (1) non-radiologist physician directly involved in interpreting sonographic images

168 * Will typically also be credentialed as a Radiologic Technologist

169 **Other Organizational Issues:** Because of the new range of medical imaging modalities being included in
170 this legislation, it is important that individuals who understand each of the specific medical imaging
171 modalities be involved in determining the need for and appropriateness of disciplinary action. ‘Peer
172 Review Committees’ should be established to review and consider the results of the Board’s

173 investigations and make recommendations to the full Board regarding policy and disciplinary issues.
174 Each Peer Review Committee should be comprised of licensees of the affected medical imaging
175 modality. Physician and/or public members should also be included in the peer review committees. As
176 an example, a Diagnostic Medical Sonography Peer Review Committee might include:

- 177 • One sonographer member from the Board (Chair)
- 178 • One licensed cardiac sonographer
- 179 • One licensed vascular sonographer
- 180 • One licensed sonographer (includes OB/Gyn, Abdominal, Breast, etc.)
- 181 • One physician directly involved in interpreting sonographic images
- 182 • One public member

183 Peer Review Committees could reduce the work of the full Board (which will increase with the addition
184 of new imaging modalities to its scope) and provide valuable insight from the affected modality and/or
185 specialty. Such committees could meet on an as need basis and assist the Board and its investigators in
186 indentifying needed information for investigations as well as to propose disciplinary action to the Board.
187 Establishment of Peer Review Committees should be authorized in statutory language but could be
188 more fully defined in administrative rules.

189 **Section 688.605 - Duty to report violation:** The existing Section 688.605 *Duty to report violations;*
190 *confidentiality; procedure on claims of violation* contains a particularly concerning requirement that
191 states:

- 192 (1) Any radiologic technologist, any person licensed by the Board of Radiologic Technology **or**
193 **any other organization representing radiologic technologists** shall, and any other person
194 may, report to the board any suspected violation of ORS 688.405 to 688.555 or any rule
195 adopted pursuant to ORS 688.555. [emphasis added]

196 The statement is vague and overly broad because the Board only has statutory authority over its
197 licensed imaging providers. This statement could be interpreted to mean that membership organizations
198 such as ASRT, SDMS, SVU, and ASE (who 'represent' members who are also radiologic technologists)
199 would be required to report violations to the Board. Yet, it appears that employers of licensees are not
200 required to report known violations.

201 **Implementation Resources:** Careful consideration must be given to the capacity and capabilities
202 available to the state agency charged with the implementation of the proposed changes. Important
203 questions to ask include:

- 204 • What mechanisms are in place to handle a 25 to 50% increase in the number of licensees?
- 205 • What additional resources and processes are needed to handle the increase in numbers and
206 new types of investigations and disciplinary actions resulting from the addition of diagnostic
207 medical sonography and other imaging modalities to the Board's jurisdiction?