ARIZONA STATE SENATE
RESEARCH STAFF

TO: JOINT LEGISLATIVE AUDIT COMMITTEE
Senator Robert Blendu, Chairman
Representative John Nelson, Cochair

HEATHER OWENS
LEGISLATIVE RESEARCH ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

DATE: December 3, 2007

SUBJECT: Sunrise Application of the Radiology Practitioner Assistants

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Attached is the final report of the sunrise review of the application submitted by the Radiology Practitioner Assistants, which was conducted by the Senate Health and House of Representatives Health Committee of Reference.

This report has been distributed to the following individuals and agencies:

Governor of the State of Arizona
The Honorable Janet Napolitano

President of the Senate
Senator Tim Bee

Speaker of the House of Representatives
Representative James Weiers

Senate Members
Senator Tom O'Halleran, Cochairman
Senator Barbara Leff
Senator Paula Aboud
Senator Thayer Verschoor
Senator Amanda Aguirre

House Members
Representative Bob Stump, Cochairman
Representative Nancy Barto
Representative Rick Murphy
Representative David Bradley
Representative Linda Lopez

Sunrise Applicant
Arizona State Library, Archives & Public Records
Office of the Auditor General

Senate Majority Staff
Senate Research Staff
Senate Minority Staff
Senate Resource Center

House Majority Staff
House Research Staff
House Minority Staff
Chief Clerk

HO/jas
Attachment

Senate Health and House of Representatives Health Committee of Reference Report

SUNRISE REQUEST OF THE RADIOLOGY PRACTITIONER ASSISTANTS

Background

Pursuant to Arizona Revised Statutes (A.R.S.) § 32-3104, the Joint Legislative Audit Committee (JLAC) assigned the sunrise review to the Senate Health and House of Representatives Health Committee of Reference. Attached is a copy of the application submitted by the Radiology Practitioner Assistants (RPAs).

Committee of Reference Sunset Review Procedures

The Committee of Reference held one public meeting on November 6, 2007, to review the RPAs' sunrise application pursuant to A.R.S. § 32-3104 and to hear public testimony.

Committee of Reference Recommendations

The Committee of Reference recommends that the Legislature amend the statutes of the Medical Radiologic Technology Board of Examiners to allow licensure of Registered Radiology Assistants.

Attachments

1. Staff memo.
2. Sunrise request of the Radiology Practitioner Assistants.
3. Meeting notice.
4. An excerpt of the minutes of the Committee of Reference meeting relating to the sunrise application.

ARIZONA STATE SENATE
RESEARCH STAFF

CORRECTED

HEATHER OWENS
ASSISTANT ANALYST
HEALTH COMMITTEE
Telephone: (602) 926-3171
Facsimile: (602) 926-3833

TO: MEMBERS OF THE HOUSE AND SENATE HEALTH COMMITTEE OF REFERENCE

DATE: October 31, 2007

SUBJECT: Sunrise Request of the Radiology Practitioner Assistants and the Registered Radiology Assistants

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The following memo is background information regarding the request for regulation of radiology practitioner assistants and registered radiology assistants. A public meeting is scheduled for November 6, 2007, to review, discuss and make a final recommendation as to the applicant's request. If you have any questions or need additional information, please feel free to contact me.

BACKGROUND

Radiologic Technologists - The Medical Radiologic Technology Board of Examiners (Board) currently regulates radiologic technologists (RT) in Arizona. Statute defines radiologic technology as the science and art of applying ionizing radiation to human beings for general diagnostic or therapeutic purposes. The Board issues certificates to persons applying to be RTs who are at least 18 years of age, who successfully complete a Board-approved course of study and who pass a national exam offered by the American Registry of Radiologic Technologists (ARRT). Currently seven community colleges and other institutes offer RT programs in Arizona. RTs may perform x-rays on any part of the body and they may perform CAT scans. RTs often specialize in a particular area, including: x-ray radiation, mammography, magnetic resonance, bone densitometry and radiation therapy for cancer patients.

Radiologists - Radiologists are physicians who earn a four-year doctoral degree to become a medical doctor (M.D.) or doctor of osteopathy (D.O.) and complete a four-year residency in diagnostic radiology or radiation oncology. Radiologists are certified by the American Board of Radiology or the American Osteopathic Board of Radiology, to indicate that they have passed a standardized national examination in radiology. Radiologists are regulated in Arizona by the Arizona Medical Board if the radiologist is an M.D. or the Arizona Board of Osteopathic Examiners if the radiologist is a D.O.

RPAs and RAs - There are two models of advanced radiography practice – the radiology practitioner assistant (RPA) and the radiologist assistant (RA). RPAs and RAs practice at a more advanced level of radiology than RTs, but they still work under the supervision of a radiologist. There is an ongoing debate in the radiology industry about what distinguishes the RPA from the RA scope of practice and whether they should be considered separate groups. Both groups have their own certification process; RPAs receive certification through an exam offered by the Certification Board for Radiology Practitioner Assistants (CBRPA) and RAs are certified by an exam offered through the ARRT.

The differences between an RPA and an RA are subtle. According to the CBRPA, the required education for RPA certification is 92-100 credit hours while RA certification requires 42-59 credit hours. RPAs may also perform more invasive procedures than RAs. RPAs may perform initial evaluations of film images and procedures, while RAs may make observations only. However, radiologists always provide the final diagnoses and interpretations.

Three of the major radiology associations – the ARRT, the American Society of Radiologic Technologists (ASRT) and the American College of Radiology – have indicated support for the title of RA as opposed to RPA. In an effort to unify the practice of advanced radiography, the ARRT has created a special eligibility pathway to allow RPAs to earn the RA credential by taking the ARRT certification exam by December 31, 2007. After that date, candidates for ARRT certification must directly meet all RA requirements.

Other states vary in regulating radiology professions. According to the ASRT, the following 11 states regulate the profession of RAs: Arkansas, Florida, Iowa, Mississippi, Montana, New Mexico, New York, Oregon, Tennessee, West Virginia and Wyoming. Several of the states that regulate RAs, such as Montana, Iowa and Illinois, allow a person who has passed the RPA exam offered by the CBRPA to practice under the RA scope of practice. Many states do not address this type of regulation and leave it up to the individual facilities. There are currently two RPA educational programs in the United States and eight RA programs. None of these programs are located in Arizona.

REQUEST FOR REGULATION

Arizona does not formally recognize the RPA or RA position. The applicant is requesting that the Board grant certification to RPAs and RAs in a manner similar to its current certification of RTs. The applicant suggests that individuals who are already certified RTs and who have completed an accredited RPA or RA program be granted an extended certification as an RPA or RA. The applicant requests that the Board implement a system of registration, renewal and suspension or revocation of the RPA or RA certificate. The applicant states that regulation is needed in order to enforce existing codes of ethics for RPAs and RAs.

According to the applicant, there are currently six RPAs and no RAs in the State of Arizona. The applicant states that there will be little or no cost to the Board to regulate RPAs and RAs because the Board already has the infrastructure in place to regulate other radiology professions. The applicant suggests that adding a new type of certificate would involve minimal cost and effort by technical information specialists to make the changes electronically. The applicant does not stipulate the types of fees that would apply to RPA and RA certification.

HO/jas

SUNRISE REVIEW

APPLICATION FOR REGULATION

INTRODUCTION: -

This is an application for the regulation of a relatively new sub-specialty in radiology called the Radiology Practitioner Assistant (RPA) and the Registered Radiology Assistant (RRA).

Both the RPA and RRA are already regulated as Radiology technologists by the Medical Radiology Technologists Board of Education (MRTBE). The RPA and RRA certifications are an extension of the RT license. Therefore this is an application for regulation rather than an increase in Scope of Practice, as that would affect all RT's and not all RT's are eligible to operate under the broader Scope of Practice, just those who have completed accredited programs.

The differences between the 2 entities are very small. The main differences are that the RPA has a broader Scope than the RRA; to enter the RPA program you have to have at least 5 years of experience as an RT, to enter the RRA, you only need one year and the RPA classes are graduate level , while those of the RRA are under-graduate level. However, up until this last graduating class, when you graduated from the RRA course you had a bachelors degree as opposed to not requiring to have one upon graduation from the RPA course. This has since changed and RPA's now have a bachelors upon graduation.

Both entities are viewed as "super-techs" and can perform invasive procedures and fluoroscopy amongst other things that are above and beyond the scope of an RT.

1. A definition of the problem and why regulation is necessary:

We are applying for the regulation, both together and separately, of Radiology Practitioner Assistants (RPA) and Registered Radiology Assistants (RRA) , who are mid-level providers in Radiology.

If there is no regulation, then the possibility exists that an untrained person could perform procedures on unsuspecting consumers at the behest of a Physician.

Regulation will help consumers to ascertain if a health care worker who has performed or is going to perform a procedure on them is deemed competent and recognized by the State.

The extent of autonomy will be spelled out in the Scope of Practice, which will deal with what procedures can be performed with which level of supervision by the Attending of Radiologist.

2. ***The efforts made to address the problem include:***

Members of both of the RPA and RRA health profession have strict Codes Of Ethics that they adhere to. At this point there have been no disputes between these health professionals and the consumer in this State, but regulation will provide an means of recourse for the consumer should a dispute arise.

3. ***The alternatives considered include:***

The regulation of business employers, who as Radiologists are already regulated, rather than the employee practitioners, would be harder to enact due to the vast numbers of the former compared to the limited numbers of the latter.

The practitioners are all registered and certified by their respective Society.

A license would only attest to the practitioner's aptitude, which has already been ascertained by Board Certification.

These alternatives would not be adequate to protect the public, as they offer no recourse through applicable law for a consumer to settle a dispute.

4. ***The benefit to the public if regulation is granted includes:***

The public will be able to identify qualified practitioners and know that they are competent and are held accountable by a board composed of their peers, Radiologists and a State agency. This Board will administer the system of registration, renewal of regulation, suspension or revocation of regulation amongst other duties.

The public will be able to identify that the regulated professionals are held accountable for renewal every 2 years by a means of both continuing education and payment of a fee, thus maintaining their competence.

5. ***The extent to which regulation might harm the public includes:***

Regulation will not restrict entry into the health profession through excessive restrictions placed to ensure safe and effective performance. In fact it is what is needed to open up the avenues of entry into this health profession. I do not think that regulation will harm the public in anyway.

6. The maintenance of standards include:

The most effective quality assurances are the standards set by the supervising Radiologist. What we do reflects on them and if we are poor at our job then they will ultimately be held responsible also. So, if we do not perform at a high level of competence, then we will not be working. What Radiologist wants to open themselves up even further to the possibility of litigation against them. However, there are existing Codes of Ethics for both professions and standards that were set to achieve the certification.

There is also a requirement of 50 CEU's biannually to keep your certification current as well as both entities having national Boards that have to be passed to qualify.

The proposed legislation will assure quality by adhering to already set Codes of Ethics or adopting one entirely or both in part of the existing Codes of Ethics. Also regulation would ensure that there is a process of suspension or revocation of State regulation or certification.

7. A description of the group proposed for regulation:

Both the RPA and RRA are mid-level providers in the field of Radiology. We practice under an extension of our Radiology Technologist license with a supervising Radiologist.

We are represented in this State by many associations, societies and groups including the Medical Radiology Technologists Board of Education (MRTBE), American Registry of Radiology Technologists (ARRT), American College of Radiology (ACR), Society of Interventional Radiologists (SIR), National Society of Radiology Practitioner Assistants (NSRPA) and the Certification Board of Radiology Practitioner Assistants (CBRPA).

At present there are 6 RPA's in the State of Az and 0 RRA's.

The groups do offer a very small difference in the levels of practice, as the Scope of Practice for the RPA is a little broader than that of the RRA.

8. The expected costs of regulation include:

Certification of RPA's and RRA's costs to the public will be minimal. RPA's and RRA's must first be certified with MRTBE as an RT to be eligible to practice. All the required services and personnel for certification are in place at the Arizona Radiation Regulatory Agency (ARRA).

The MRTBE has the personnel and entire infrastructure to add another type of certification. The costs that will be generated by creating and having a new type of certificate printed. Adding the new certificate type to the existing database would also involve minimal cost and effort by the technical information specialists to make the changes electronically. No additional personnel will be required because there are only 6 RPA's and 0 RRA's currently residing in Arizona. Even projecting an extremely high number of RPA's and RRA's applying for certification would have a minimal impact on the MRTBE which already certifies over 7500 technologists.

The cost to the public will be nil because the MRTBE is supported by fees paid by certificate holders.

ARIZONA STATE SENATE

INTERIM MEETING NOTICE
OPEN TO THE PUBLIC

SENATE HEALTH AND HOUSE HEALTH COMMITTEE OF REFERENCE

Date: **Tuesday, November 6, 2007**

Time: **9:30 A.M.**

Place: **SHR 1**

AGENDA

1. Call to Order
2. Opening Remarks
3. Sunset Review of the Board of Homeopathic Medical Examiners
    - Presentation by Auditor General
    - Response by Board of Homeopathic Medical Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
4. Sunset Review of the Regulatory Board of Physician Assistants
    - Presentation by Regulatory Board of Physician Assistants
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
5. Sunset Review of the Board of Behavioral Health Examiners
    - Presentation by Board of Behavioral Health Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
6. Sunset Review of the Acupuncture Board of Examiners
    - Presentation by Acupuncture Board of Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
7. Sunset Review of the Board of Occupational Therapy Examiners
    - Presentation by Board of Occupational Therapy Examiners
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference

8. Sunrise application of the Arizona Alliance of Non-Physician Surgical Assistants
    - Presentation by Arizona Alliance of Non-Physician Surgical Assistants
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
9. Sunrise application of the Southern Arizona Behavioral Health Coalition
    - Presentation by Southern Arizona Behavioral Health Coalition
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
10. Sunrise application of the Arizona Dental Association
    - Presentation by Arizona Dental Association
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
11. Sunrise application of Radiology Practitioner Assistants
    - Presentation by Radiology Practitioner Assistants
    - Public Testimony
    - Discussion
    - Recommendations by the Committee of Reference
12. Adjourn

Members:

Senator Tom O'Halleran, Co-Chair
Senator Paula Aboud
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

~~10/18/07~~
10/19/07
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Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Senate Secretary's Office: (602)926-4231 (voice). Requests should be made as early as possible to allow time to arrange the accommodation.

ARIZONA STATE LEGISLATURE
Forty-eighth Legislature – First Regular Session

SENATE HEALTH AND HOUSE HEALTH COMMITTEE OF REFERENCE

Minutes of Interim Meeting
Tuesday, November 6, 2007
Senate Hearing Room 1 – 9:30 a.m.

Chairman O'Halleran called the meeting to order at 9:32 a.m. and attendance was noted by the secretary.

Members Present

Senator Tom O'Halleran, Co-Chair
Senator Amanda Aguirre
Senator Barbara Leff
Senator Thayer Verschoor

Representative Bob Stump, Co-Chair
Representative Nancy Barto
Representative David Bradley
Representative Linda Lopez
Representative Rick Murphy

Members Absent

Senator Paula Aboud

Speakers Present

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General
Todd Rowe, Board of Homeopathic Medical Examiners
Christine Springer, Board of Homeopathic Medical Examiners
Jerry Weinsheink, representing himself
Marianne Cherney, representing herself
Neil Garfield, Association for Public Access to Medicine
Barney Nugent, representing himself
Linda Heming, CHOICE
Iris Bell, Doctor, Arizona Homeopathic and Integrative Medical Association
Cliff Heinrich, Doctor, representing himself
Kathleen Fry, Doctor, representing herself
Denise Nugent, representing herself
Lee Bakunin, Attorney, representing herself
Bruce Shelton, Doctor, Arizona Homeopathic and Integrative Medical Association
Amanya Jacobs, Director of Evolution of Self School of Homeopathy
Cindy Zukerman, representing herself
Shelly Malone, representing herself
Stan Klusky, representing himself
Gladys Conroy, representing herself

Joan Reynolds, Regulatory Board of Physician Assistants
Debra Rinaudo, Board of Behavioral Health Examiners
Stuart Goodman, Board of Behavioral Health Examiners
Bev Hermon, BH Consulting
Richard Poppy, Therapeutic Practitioners Alliance of Arizona (The Alliance)
Rachael Hopkins, representing herself
Ronald Anton, representing himself
Josephine Sbrocca, representing herself
Cedric Davis, Board of Behavioral Health Examiners
Della Estrada, Arizona Acupuncture Board of Examiners
Kathryn Babits, Arizona State Board of Occupational Therapy Examiners
Eugene Smith, Arizona Alliance of Non-Physician Surgical Assistants
Susie Cannata, Arizona Alliance of Non-Physician Surgical Assistants
Rory Hays, Arizona Nurses' Association
Scott Leckie, Radiology Practitioner Assistants
Jane Van Valkenburg, Certification Board for Radiology Practitioner Assistants (CBRPA)
Mary Connell, M.D., representing herself
Christine Lung, American Society of Radiologic Technologists (ASRT)
John Gray, Grand Canyon University
Joyce Geyser, Arizona Radiological Society
James Abraham, National Society of Radiology Practitioner Assistants
Heather Owens, Senate Health Analyst
Aubrey Godwin, Medical Radiologic Technology Board of Examiners (MRTBE)
Teresa Rodgers, Behavioral Health Coalition of Southern Arizona
David Giles, Behavioral Health Coalition of Southern Arizona
Holly Baumann, Southwest Autism Research and Resource Center
John MacDonald, Arizona Dental Association (ADA)
Rick Murray, Arizona Dental Association
Anita Elliott, Arizona Dental Association
Nicole Laslavic, Arizona State Dental Hygienists' Association
Janet Midkiff, Arizona State Dental Hygienists' Association
Nicole Albo, Arizona Dental Assistants' Association
Alisa Feugate, Arizona Dental Hygienists' Association

OPENING REMARKS

Chairman O'Halleran welcomed everyone and requested that the speakers keep their comments as brief as possible, as the committee members are well-versed in the issues to be discussed today.

SUNSET REVIEW OF THE BOARD OF HOMEOPATHIC MEDICAL EXAMINERS

Presentation by Auditor General

Kim Hildebrand, Performance Audit Manager, Office of the Auditor General, gave a presentation on their findings issued in August, 2007 (Attachment 1). She described the history

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend the continuation of the Board of Occupational Therapy Examiners for ten years. The motion carried by a voice vote.

SUNRISE APPLICATION OF THE ARIZONA ALLIANCE OF NON-PHYSICIAN SURGICAL ASSISTANTS

Presentation by Arizona Alliance of Non-Physician Surgical Assistants

Eugene Smith, Arizona Alliance of Non-Physician Surgical Assistants, addressed the committee to explain that the application now requires licensure rather than certification, which is voluntary.

Senator Leff explained that non-physician surgical assistants are currently in limbo because, although they work in the operating room under a surgeon, they do not have a separate license. She stated they were not getting paid because insurance companies did not recognize their service as they recognize a surgical nurse or a physician's assistant. Hence, she stated, this profession must be licensed by the state. Further, she said, the Arizona Medical Board is now saying that these individuals are practicing medicine without a license, which can jeopardize the supervising surgeon's medical license.

Public Testimony

Susie Cannata, Arizona Alliance of Non-Physician Surgical Assistants, addressed the committee to state that this is an attempt to legitimize what is currently going on.

Rory Hays, Arizona Nurses' Association, stated that she is neutral on this but does have concerns regarding educational training, testing, scope of services, and regulation. She also spoke about grandfathering, which is an important step to be taken, but with assurances regarding testing and educational programs.

Recommendations by the Committee of Reference

Senator Leff moved that the Senate and House Health Committee of Reference recommend the Legislature approve the sunrise application submitted by the Arizona Alliance of Non-Physician Surgical Assistants. The motion carried by a voice vote.

SUNRISE APPLICATION OF RADIOLOGY PRACTITIONER ASSISTANTS

Presentation by Radiology Practitioner Assistants

Scott Leckie, Radiology Practitioner Assistants, explained that while radiology assistants (RAs) and radiology practitioner assistants (RPAs) are very similar entities, there is no legislation that recognizes RPAs, which is a fairly new sub-specialty of radiology. He described RPAs as

"physician extenders" who free up radiologists in order to expedite patient care.

Public Testimony

Jane Van Valkenburg, Certification Board for Radiology Practitioner Assistants (CBRPA), addressed the committee to testify in support of the sunrise application for radiology practitioner assistants. She discussed the difference between RAs and RPAs, explaining that RPAs have more in-depth education, allowing them to do more things in the clinical area (Attachment 13). She discussed Radiologic Technologists and stated that Arizona currently has no RAs. She stated that needs differ from locale to locale, and urged that the decision on how to use these people should be left to each hospital's credentialing agency and the supervising radiologists. She stressed that there is room in the profession for both RPAs and RAs.

Senator Leff asked what the difference is between an RA and an RPA; Dr. Van Valkenburg replied that the scope of practice for the RPA is written in broad language to meet the needs of individual hospitals and radiologists, whereas the scope of practice for the RA is quite narrow with a list of allowed procedures. Senator Leff asked for more clarification; Dr. Van Valkenburg stressed that an RPA can work independently, while the radiologist is not in the room.

Senator Leff asked why the American College of Radiology recommends against the RPA; Dr. Van Valkenburg replied that it was a matter of control, that they do not want the more independent RPAs, while the RAs can be controlled by the scope of practice.

Senator Leff asked what type of training the RPA has that he or she can be working independently of the radiologist; Dr. Van Valkenburg described the training and stated that the radiologist must be comfortable with their skills before allowing any independent work that could include invasive procedures. She went on to explain that RPAs do not do final diagnoses and that they are always supervised.

Senator Leff asked why the medical society and the radiologists do not wish Arizona to license RPAs but they do accept RAs; Dr. Van Valkenburg again replied that it is a matter of control.

Chairman O'Halleran asked why there were no radiologists on the CBRPA Board; Dr. Van Valkenburg replied that that would dominate the Board.

Mary Connell, M.D., representing herself, identified herself as a radiologist and stated the importance of having a partner to the radiologist who extends the physician's services, and that she is in favor of Arizona licensure of either RAs or RPAs, however they are configured.

Senator Leff asked again about the two categories; Dr. Connell replied that the RPAs have a more rigorous training program and seem to have more experience and that she would evaluate each individual to determine their level of confidence and physician supervision.

Senator Verschoor asked if the RAs and RPAs would work under her license; Dr. Connell replied that they cannot in this state as Arizona only licenses radiologic technicians (RTs).

Chairman O'Halleran asked if Utah recognizes RPAs; Dr. Van Valkenburg replied that they recognize them as an extension of the RT. She further clarified that RT is the entry-level position, which then can lead with additional training into other options within medical imaging.

Christine Lung, American Society of Radiologic Technologists (ASRT), testified against the sunrise application. She stated that a radiologist extender is the registered radiologist's assistant (RRA) with specific education and training requirements. She stated that there are no RRAs working in Arizona because the state does not recognize them.

Senator Leff asked what adding the RRA brings when there are already RTs; Ms. Lung explained that RRAs have an expanded scope of practice, including invasive procedures with direct supervision of a radiologist, and is supported by the ASRT.

John Gray, Grand Canyon University, stated that he supports this application for RRAs, but not RPAs, as long as other agency models are followed.

Joyce Geyser, Arizona Radiological Society, stated her support of licensure for RAs but not RPAs, citing scope of practice reasons in that RPAs want too much independent activity.

James Abraham, National Society of Radiology Practitioner Assistants, addressed the committee stating that he is an RPA practicing in Montana, he is in favor of this application, and he believes that radiologists should define the scope of practice.

Senator Leff asked which states license RPAs; Mr. Abraham replied that it was his understanding that Montana, Oregon, Wyoming, Illinois, Iowa, Florida, Minnesota, Ohio, Indiana, and West Virginia have such licenses, or will soon. Senator Leff asked about scope of practice; Mr. Abraham replied that each state defines its own.

Heather Owens, Senate Health Analyst, explained that Montana statutes allow the Radiology Board to license RAs, which can also be referred to as RPAs, with one scope of practice allowing for direct supervision.

Aubrey Godwin, Medical Radiologic Technology Board of Examiners (MRTBE), explained that the radiologist must be comfortable with these assistants and that this will affect the level of supervision, regardless of the scope of practice adopted by the state. He stated that his Board supports the formation of these assistants' groups.

Senator Leff asked Ms. Geyser why she is not in favor of licensing RPAs; Ms. Geyser explained that interpretation and diagnosis should not be in any assistant's scope of practice.

Discussion

Chairman O'Halleran stated his preference for certifying only the RAs due the scope of practice issue, the radiologists' group recommendation, the AMA's concern with the test, and ensuring that interpretation and invasive procedures are done by the radiologists.

Senator Leff stated her agreement with his assessment, but asked if this is for licensure, not

voluntary certification. Chairman O'Halleran stated that this is indeed for licensure.

Recommendations by the Committee of Reference

Cochairman Stump moved that the Senate and House Health Committee of Reference recommend that the Legislature amend the statutes of the Medical Radiologic Technology Board of Examiners to allow licensure of Registered Radiology Assistants. The motion carried by a voice vote.

SUNRISE APPLICATION OF THE SOUTHERN ARIZONA BEHAVIORAL HEALTH COALITION

Presentation by Southern Arizona Behavioral Health Coalition

Teresa Rodgers, Behavioral Health Coalition of Southern Arizona, explained that this application was submitted in order to ensure that local practitioners meet standards of practice and are licensed. She explained that behavioral analysts use different methodologies and work with patients with various diagnoses including developmental disabilities and autism. She stated that certification began thirty years ago in Florida in mental institutions and has since developed nationwide.

Dr. Rodgers proposes that licensure go forward as a separate entity using the national standards of the Behavior Analysis Certification Board.

Representative Lopez asked if there is a training program in Arizona; Dr. Rodgers stated that Northern Arizona University has a program with 40 students. Representative Lopez asked if there is a real need for this profession; Dr. Rodgers replied that the profession is growing nationwide but it is currently difficult to find enough certified behavior analysts to meet the demand.

Public Testimony

David Giles, Behavioral Health Coalition of Southern Arizona, supports the application, explaining the importance of treatment plans for cognitively impaired people and the requirement that treatment plans be authorized by licensed practitioners. He stated that this profession is the best to treat children with autism.

Senator Leff asked if people practicing now would no longer be able to practice if the Legislature allows licensure; Mr. Giles replied in the negative, explaining that this would provide a way for families to find a clinician. Representative Bradley stated that licensure will actually expand opportunities.

Holly Baumann, Southwest Autism Research and Resource Center, stated her support for this application, explaining that the current lack of oversight represents a significant healthcare risk for some of Arizona's most vulnerable citizens.

Janet Midkiff, Arizona State Dental Hygienists' Association, stated that they support the concept of training community people to be dental health representatives, and that the definition of the COHR does make sense to them. She stated concerns about the education, licensing, or certification of the people who fill the COHR positions. She said that her organization would like to work with the ADA and to be a part of the access to care issue.

Nicole Albo, Arizona Dental Assistants' Association, stated her support for the COHR program provided that the positions will be filled by certified dental assistants with additional training components. She stated that she has been working with the ADA to develop a curriculum for expanded COHR training.

Representative Murphy asked if the committee could approve the concept but not specify the details, letting the Legislative process do that. Mr. Murray stated that the supervision issue is the biggest concern.

Alisa Feugate, Arizona Dental Hygienists' Association, stated that she supports the concept of the COHR but is neutral on the application at this time due to concerns about supervision and scope of practice.

Recommendations by the Committee of Reference

> **Cochairman Stump moved that the Senate and House Health Committee of Reference recommend that the Legislature amend the statutes of the Arizona Board of Dental Examiners to create a new certified professional, the Community Oral Health Representative, to coordinate community-based oral health promotion and provide specified dental care under the general supervision of a licensed dentist. The motion carried by a voice vote.**

Without objection, the meeting adjourned at 4:15 p.m.

Jane Dooley, Committee Secretary
November 6, 2007

(Original minutes, attachments and audio on file in the Office of the Chief Clerk; video archives available at http://www.azleg.gov/)