Amendments

Senate Executive Departments and Administration
April 19, 2001
2001-0975s
10/01

Amendment to SB 22

Amend the title of the bill by replacing it with the following:

AN ACT requiring the use of certified radiologic technologists for hospitals operating equipment licensed under the radiological health program.

Amend the bill by replacing all after the enacting clause with the following:

1 New Paragraph; Powers and Duties of Department; Rulemaking Added. Amend RSA 125-F:5 by inserting after paragraph V the following new paragraph:

V-a. Adopt rules, pursuant to RSA 541-A concerning the reporting of certification of hospital personnel operating medical diagnostic imaging equipment as provided in RSA 125-F:7-a.

2 New Paragraph; Licensing and Registration of Sources of Radiation; Operator Certification. Amend RSA 125-F:7 by inserting after paragraph I the following new paragraph:

I-a. The department, through its program, shall require hospital personnel operating licensed medical diagnostic imaging equipment, to be persons certified as provided in RSA 125-F:7-a unless exempted under RSA 125-F:7-a, III.

3 New Section; Operators of Licensed Equipment. Amend RSA 125-F by inserting after section 7 the following new section:

125-F:7-a Hospitals Operating Licensed Equipment; Certification; Exemptions.

I. For purposes of this section, "hospital" means an institution licensed under RSA 151 which is engaged in providing to patients, under supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of such persons.

II. Radiation equipment licensed by the department under this chapter which is used as medical diagnostic imaging equipment by hospital personnel shall only be operated by persons certified by the American Registry of Radiologic Technologists (ARRT) or persons exempted under paragraph III.

III. The requirements for certification of operators under paragraph II shall not apply to:

(a) Persons who provide medical diagnostic imaging services using medical diagnostic imaging equipment which is not located in a hospital.

IV. Hospital personnel using medical diagnostic imaging equipment licensed by the department under this chapter shall be required to provide relevant records to the department pursuant to the provisions of RSA 125-F:13.

V. The commissioner shall adopt rules pursuant to RSA 125-F:5, V-a for the information and procedures required for licensees under the program to comply with this section. Such rules shall not require any additional fees for certified operators or licensees.

4 Application of Certification Requirement. Any hospital personnel employed to operate a source of radiation licensed by the radiological health program as of the effective date of this act shall not be required to comply with the certification required in RSA 125-F:7-a as inserted by section 3 of this act until 2 years from the effective date of this act. Any person first employed or newly employed for such purpose after the effective date of this act shall comply with the provisions of RSA 125-F:7-a.

5 Effective Date. This act shall take effect 60 days after its passage.

2001-0975s

AMENDED ANALYSIS

This bill requires the use of certified radiologic technologists in hospitals for the operation of medical diagnostic imaging equipment licensed by the department of health and human services under the radiological health program.

Senate Executive Departments and Administration
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2001-0983s
10/01

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5 Effective Date. This act shall take effect 60 days after its passage.

2001-0983s

AMENDED ANALYSIS

This bill requires the use of certified radiologic technologists in hospitals for the operation of medical diagnostic imaging equipment licensed by the department of health and human services under the radiological health program.

Committee Minutes

Date: February 7, 2001
Time: 1:05
Room: 104, LOB

The Senate Committee on Executive Departments Administration held a hearing on the following:

SB22 requiring certified radiologic technologists for the operation of equipment licensed under the radiological health program.

Members of Committee present: Senator Prescott
Senator Flanders
Senator Francoeur
Senator Larsen
Senator D'Allesandro

The Chair, Senator Russell Prescott, opened the hearing.

Senator Russell E. Prescott, D. 19: At this time I'd like to bring to order and thank you for coming. Welcome to ED&A, I'm going to open the hearing on Senate Bill 22, *requiring certified radiologic technologists for the operation of equipment licensed under the radiological health program.*

We have the honor this morning, of having Senator Katie Wheeler here and wishes to speak.

Senator Katherine W. Wheeler, D. 21: Thank you, Mr. Chair, I apologize for not having signed the sheet, but I'm glad that I was recognized. Did I sign, oh good. Thank you.

I'm Senator Katie Wheeler and I'm very pleased to be before this committee. I represent District 21, which is Dover, Durham, Lee, Madbury and Rollingsford. I introduced a bill about 3 years ago to license, what I would call colloquially x-ray techs, it is not the right term, but that's the way I thought of them and that's the way my files were.

Because I learned from talking...actually, from talking to a very inquiring journalist that New Hampshire was one of the few states that did not regulate this profession at all. I started looking around and I realized that when I have an x-ray done, the machine is licensed and has to be regulated by the department, but the person operating the machine does not have to be.

So, this concerned me. I put in a licensure bill and, for those of you who are new to the legislative process, licensure bills are very tricky. They bring out the most energetic debate of any kind of bill.

I quickly realized that it wasn't ready to have just requiring licensure. I changed it to a study committee [Refer to Attachment #1], which passed in 1999. We did have many meetings in 1999. Then, we extended the life of the committee by legislation for a year.

The impeachment trial intervened, so we did not have many meetings last year, but we did come up with, I think an excellent result. Rather than starting a whole new licensure board, a whole new group of people to be licensed, we're saying that the people who are operating the machines, that are regulated by the Department of Health and Human Services, must be a certified radiologic technician...technologist, sorry.

You'll have people testifying after me that will explain how this certification process takes place. It's a national process, we don't have to set up a new Board of Examiners or a new regulatory body, which I think is a wonderful way to go.

It exempts, as you'll notice in the bill, starting on line 17 and 18, it exempts those who are already licensed to practice medicine; it exempts those who are licensed to practice dentistry; it exempts those who are licensed to practice podiatry; it exempts those who are licensed chiropractors; and it exempts those who are licensed osteopaths.

This bill does not affect them. But it does say, you can't have somebody in your office pushing the button who isn't certified. Do it yourself or get a certified radiologic technologist to push the button on the machine.

From my point of view, this is a public health and safety measure. We all know that we can suffer damage from over exposure. I'm of a generation where the shoe stores had the x-ray machines and stuck my feet in to look at the bones, while my little brother was being fitted for shoes. So far, my feet haven't fallen off, but I'm glad that they've stopped that process.

We know now that we don't just, at a whim, do x-rays and we want to make sure that they're done correctly, by well trained people. We do, it's my understanding that mammography is controlled, but that's the only form of x-ray that has the parameters that say you have to be certified. People can correct me about that.

Anyway, I bring before you a bill that I think is relatively simple. I don't think it will inhibit peoples' practice and I think it will protect the public health and safety. I urge you to look favorably upon it and ask any technical questions.

We have some excellent people who'll be testifying including a radiologist who served on the study committee.

Senator Russell E. Prescott, D. 19: Thank you, Senator Wheeler. Any questions for Senator Wheeler? Thank you, very much. Edward Rooney.

Edward Rooney: [Refer to Attachment #2] Thank you, Mr. Chairman, members of the Committee. My name is Dr. Edward Rooney, I'm a veterinarian and I'm also currently the President of the New Hampshire Veterinary Medical Association. I am also a member of the State Radiation Advisory Committee, representing the field of veterinary medicine.

We in veterinary medicine support the intent of this legislation, although, I would like to identify what we consider to be a couple of omissions. Most veterinary practices in our state have registered x-ray machines with which we radiograph our patients.

Obviously, our patients are non-human and even the most intensively managed veterinary patient has relatively few x-ray procedures due to financial and other constraints.

Due to staffing issues, most veterinarians act as their own x-ray technicians within their offices. The lucky few with sufficient staff, veterinary technicians may be utilized to restrain patients, although the doctor is usually responsible for measuring the position of the patient for the x-ray.

These technicians are always under the direct supervision of a veterinarian at all times. For these reasons, we would ask that veterinarians be exempted under roman numeral II on page 1, as are most of the other health professions. We would also ask that, in addition, to veterinary students and residents that veterinarian technicians, under the direct supervision of a veterinarian also be exempted for the reasons I just described.

We do not have the luxury of veterinary medical students or residents working our backs in the most part. Basically the veterinarians and the technicians together.

That's basically all I had, thank you and if you have any questions I'd be glad to try and answer them.

Senator Russell E. Prescott, D. 19: Any questions? What was the language you would like to see.

Edward Rooney: Basically, in addition, to physicians, dentists, osteopaths, chiropractors, we would like to add veterinarians to that list. Also, under roman numeral II, sub-b, if we could add veterinary medicine to resident and student and then, if possible, if we could add a sub-c, veterinary technicians under the direct supervision of a veterinarian, basically taking the place of a resident or a student in a hospital.

Senator Russell E. Prescott, D. 19: Could you submit that in writing to us?

Edward Rooney: Yes sir.

Senator Russell E. Prescott, D. 19: Thank you. Any other questions? Seeing none, thank you very much.

Edward Rooney: Thank you, sir.

Senator Russell E. Prescott, D. 19: You're welcome. Brook Dupree...I hope I pronounced that correctly.

Brook Dupee: My mother approves of that, sir, she does it.

Senator Russell E. Prescott, D. 19: Okay. Thank you.

Brook Dupee: Good afternoon, Mr. Chairman, members of the Committee. My name is Brook Dupee, I'm here on behalf of the Department of Health and Human Services. (Inaudible).

I'm here today to speak on behalf of my Department, in favor of Senate Bill 22. And, to speak to sense of a work in progress. We've been familiar with Senator Wheeler's efforts and workings in the study committee. As we started reviewing the bill itself, we noted there are certain technical issues that require some correction to make it consistent with the existing statutory language.

There's also some points of verifications as to whether this conforms to include x-ray techs, other forms of nuclear medicine. So, we'd like to spend a day or so working with an attorney in our own Department to pull together an amendment that we think would be appropriate. Meet the sponsor's needs, as well, I think, be technically and accurate correct to this Committee and with your permission bring that back to you.

Senator Russell E. Prescott, D. 19: Any questions concerning that? Yes.

Senator Gary R. Francoeur, D. 14: Is this limited to medical radiology only? Or is it all radiology?

Brook Dupee: It's my understanding, and the sponsor's in the room, so I will defer to her, if necessary. But, the bill is meant to people who use the x-ray machines. So, we're not talking about people in medicine who use other radioactive sources.

Senator Gary R. Francoeur, D. 14: Just, so I can, as you rewriting or working on part of this. I know in the commercial field they use a lot of time on welding and stuff like that, and I want to make sure that those individuals are excluded, by a blanket saying all radiology, make sure that they're excluded out of it.

Brook Dupee: Those that do welding exploration...

Senator Gary R. Francoeur, D. 14: Yes, that type of stuff that this is limited in scope only to the medical practice. It's just talking about radiology, it isn't telling me what field in the industry.

Brook Dupee: Understood.

Senator Russell E. Prescott, D. 19: Any further questions? Seeing none, thanks.

Brook Dupee: Thank you, sir.

Senator Russell E. Prescott, D. 19: Yes. To your question is, yes, we will wait for your workings with the cosponsors. Representative Stephanie Micklon.

Senator Katherine W. Wheeler, D. 21: Micklon.

Representative Stephanie Micklon: I'm going to let him...let him suffer through it.

Senator Russell E. Prescott, D. 19: Thank you very much.

[laughter]

Representative Stephanie Micklom: Thank you, Mr. Chairman, I'll be brief as I have to appear at another hearing. Just to let you know, that I'm in support of this and that I believe that the merits are quite obvious and I just hope that you'll look favorable upon it. Thank you.

Senator Russell E. Prescott, D. 19: Thank you. Representative Lent.

Representative Donald Lent: Thank you, I don't need to speak.

Senator Russell E. Prescott, D. 19: Thank you. Stephen Seabrook.

Stephen Seabrook: Thank you, Senator. Good afternoon. I'm Steve Seabrook, I'm the vice-president of Southern New Hampshire Radiology Consultants, a professional group based in Bedford, New Hampshire. It's a group of 14 radiologists and they provide services to a multitude of medical imaging departments within hospitals in the State of New Hampshire.

I'm also a registered technologist for 26 years. I am speaking in support of this bill. I was in on some of the earlier group discussion in the formation of the bill as it exists in the current state today and also completed the sunrise questionnaire that was presented to a group at some point back in November by one of the members of the subcommittee leadership.

I'm speaking in support of this bill for 1 reason and that's patient safety. As you all know and probably believe most of us, many of us in this room have had some form of a diagnostic x-ray procedure in a lifetime. Probably more than that, but, if you haven't, I'm sure we're all going to have many of them when we're no longer here.

There are hundreds of thousands medical x-rays performed in the State of New Hampshire on an annual basis. Hundreds of thousands. What we're talking about isn't simple because you can't see it, that doesn't harm that it doesn't harm or it doesn't have the potential to harm that radiobiological effects of ion radiation (sounds like) has been well documented. We've all read about it at some point in time.

Over time, it can cause some serious problems for people. When its primary intention is to help cure people and get them through the medical process at hand.

Like I say, I've been involved in radiology for a long time. I've seen the whole technology grow from basic x-ray and flouroscopies to today's state of the are imaging systems that we have that are magnetic as a source of...primary source, if you will.

It's fundamental to our society and the health of our society that we have these systems. Certifications and why it's really necessary to have certified operators of this equipment, as I said earlier, is because of the radio-biological...the safety issues associated with this.

Along with that, there is also the not having qualified operators operating this equipment has the potential to result in false readings and repeat examinations. Which, by the way, is a hundred percent increase in radiation dose that that patient is receiving and shouldn't be necessarily be receiving.

Very important medical costs associated with x-ray in this country alone runs in the terms of about 4 billion, $4 billion annually. That's about 5% of the budget if I'm not mistaken. That is just for medical imaging. So, you see this is...it's profound, what we're talking about here.

The State of New Hampshire, unfortunately, is 1 of only 15 states in the union that does not have a legal, or a law on the books, if you will, that regulates and certifies the operators of diagnostic medical imaging equipment. Thirty-five do and it's time that New Hampshire become the 36th state.

Now, how do registered technologists become certified? Well, it's a minimum of a 2 year program at an accredited college. The State of New Hampshire has 1 program, it's at the New Hampshire Technical College up in Concord that graduate approximately 30 registered technologists a year.

Now, they're certified to be registered technologists. Then they have to go through another step to maintain the registry. Which is a continuing education process. So, it's sort of a, if we can make it an analogy, you take a driver's ed. course, you're certified, technically to drive a car.

But, then you have to pass a driver's test in order to drive the car. It's the difference between being certified and licensed. The same applies here, if I can use that analogy. Now, in the course of study that students take at any

college and their approved by the American Medical Association and the Joint Review Committee on education as well.

They're not unregulated education programs that are in existence within the country and in New Hampshire. The courses include things, such as, important things, such as, biology , human anatomy, physiology, radiation physics, medical radio-biology, mathematics, language, English, other sciences. The courses are very focused and very deliberate and, along with that comes a mandatory clinical didactic hours...clinical hours that are spent within the hospital or medical imaging center where their activities are monitored by qualified individuals.

Program Directors that are registered technologists to insure that the students are learning what they should be doing, the proper positioning, the proper technique, the proper radiation shielding that is necessary in order to get the right examination the 1st time.

After the clinical and educational process has ended, then the students are eligible to take a national registration examination, administered on an annual basis. It's a rigid test, not everybody passes that test, students have 1 additional time to take, retake, the test and pass it. If not, then perhaps they should find another form of employment...that's their alternative at that point.

There's some strict rules and regulations. I, as an individual, on a biannual basis have to maintain 24 credits of continuing education directly and specifically related to diagnostic radiologic technology in order to maintain my registration. It's that strict and that requires all, approximately, 1700 registered technologists in the State of New Hampshire that are here today.

On a national level, this has exposure. The same issue that we're speaking of today. There's an act that's been submitted to the...in Washington, it's called the " C.A.R.E. Act". That's the Consumer Assurance and Radiology Excellence. That's an act that will federally mandate that every state have a program just as what we are talking about today on the books.

Or they'll run the risk of having Medicare and Medicaid funds withdrawn from the state. So, it's a law with teeth that's being introduced, has been introduced into the Congress. Apparently it has a number of supporters in the Congress.

The American College of Radiology, which is the professional group that represents radiologists across the country as well as in New Hampshire. Of which, Dr. Beaurivage is a member, has come out with a public statement in

December supporting the same process that we're going through on a national basis. That only registered technologists will operate medical radiation, ionizing radiation equipment.

One other point that I'd like to make in, there is an omission in the law that, perhaps, does need to be looked at as it's written. That is for nuclear medicine technologists.

Nuclear medicine is slightly different than x-ray, but it is still, it's still a gamma emitting isotope that we're talking about and that's actually an injectable radioactive isotope that's injected into people.

Those nuclear medicine technologists in our state have to go through a similar program of education that radiologic technologists go through. Although, it may be different and they can be registered and certified by the Society of Nuclear Medicine. Not only the American Registry of Radiologic Technologists...The A.R.R.T. stands for.

I thank you for your time and your patience. Listening to me trying to give you some insight into what a radiologic technologist is and how he or she becomes one. Thank you.

Senator Russell E. Prescott, D. 19: Please hold on. Any questions?

Senator Robert B. Flanders, D. 7: Yes, I do. How far does the technician go? At what point does a technician stop being a technician and goes to somebody else to read, or do they do the complete process?

Stephen Seabrook: That's a great question, Senator? The technologist is not the individual that precipitates the whole medical examination. I actually comes from a referring physician, that could be a primary care physician or specialist that refers the patient after their process is completed in the office setting or it could be via a requisition or a prescription, if you will, to the hospital for a medical imaging test.

The x-ray technologist, the radiologic technologist, then takes the patient, via the requisition, he knows the clinical symptoms and the test that's required when they come in for something specific and proceeds to complete the x-ray testing. Now, that's positioning, that includes bringing you into the room, the proper radiologic techniques, that's making sure that the proper dose of ionizing radiation that you're exposed to is what is adequately needed in order to get a diagnostic x-ray test.

That can be for a chest x-ray or c.a.t. scat. You know, it's not just for x-ray, traditional x-ray use.

At that point, once the, and then there's the process of the film has to be processed, through a chemical processor and at that point, the technologist delivers the film off to the radiologist, who is the medical physician.

At that point, it becomes that individual's expertise to diagnostically and medically interpret the examination. And, if necessary, require that the examination have additional images performed for a multitude of potential reasons.

Senator Russell E. Prescott, D. 19: Senator Francoeur.

Senator Gary R. Francoeur, D. 14: Say you've got registration.

Stephen Seabrook: Yes.

Senator Gary R. Francoeur, D. 14: I haven't heard any complaints, but can you tell me why change what we have now?

Stephen Seabrook: Well, I think why it's necessary, Senator is simply that every day in our state, there are literally thousands of medical imaging tests being performed. Some are being performed by very qualified individuals that I, there's no question about that. Very qualified institutions, no question about that, but for the minor few patients, human beings now, that I'm referring to in this case that are being subjected to ionizing radiation in environments where the end user operator, the person that's actually setting them up and taking the images doesn't have the qualifications that a registered technologist has to being that.

Basically, you are subjecting that patient to harm, because that individual does not understand what they're doing when they deliver that dose of radiation to that patient. They don't understand what the effects can be of the DNA strand of that individual.

Pediatrics is a perfect example, if I may, just touch on that for a moment?

Senator Russell E. Prescott, D. 19: Sure.

Stephen Seabrook: Recently, a study has been completed and it's published in the American Journal of Radiology. It's a study that looks at the proliferation, the use of high speed c.a.t. scanners, helical c.t. scanners as

their referred to. They're volumetric, they very quickly go through your body and image you. It's a wonderful tool.

The study was done where a large number of pediatric patients were studied using c.a.t. scans, in freestanding centers and they could be owned by almost anybody. In this study it found that, it didn't matter if you were an adult, a teenager or a baby, the same medical dose of radiation was being used for that same imaging technique on that patient regardless of they were a little tiny baby or they were a full grown adult.

Needless to say, that's not right. Were those affects...somebody mentioned earlier, they had the Buster Brown® thing, I remember that, too a long time, little fluoro units as they were called when you go into the shoe store. Sure, we don't see those affects today. Radiation dose is cumulative. It's cumulative, it doesn't go away.

A lot of us will get skin cancer, but that's because, cumulatively speaking, we've got a lot of sunburns in our lives. Somewhere a long the line, the chromosome chains been busted up a little bit as a result of that.

That happens today, in medical imaging environments. It can happen wherever you have unqualified operators operating very, very potentially dangerous equipment. You just can't allow that to be happening. We have an obligation to our citizenry to insure that that does not happen and you really don't know.

You assume, as a patient, when you walk into a medical imaging environment, in a hospital or another center, that you are receiving the best care possible. You assume that, you rarely, if ever will question that individual who's performing that examination on you.

You have to assume that that individual has the qualifications to be doing what they're doing. If they don't, that's actually a disservice to you and your health.

Senator Russell E. Prescott, D. 19: Thank you.

Senator Sylvia B. Larsen, D. 15: I have a question.

Senator Russell E. Prescott, D. 19: Yes, Senator Larsen.

Senator Sylvia B. Larsen, D. 15: In your testimony, you said that there was an omission for nuclear medicine and are you suggesting that we should amend it to include nuclear medicine? I am unfamiliar with the terms.

Stephen Seabrook: Yes. I do firmly, when I read the draft as it came back, as somebody else said earlier, nuclear medicine is omitted from this. Nuclear medicine, although, there may be only maybe 100 nuclear medicine technologists in the whole State of New Hampshire. There may actually only be about 50. The fact of the matter is they're dealing with a radioactive isotope as well.

We need assurances that those individuals have proper credentials and that the patients they're providing services to are being safely cared for. I must say, I don't know of a freestanding nuclear medicine site anywhere in the State of New Hampshire. Every site is a licensed site, if I'm not mistaken there's people here that could address that issue and they're regulated to some degree and they're all, if I'm not mistaken within hospital settings.

Yes, I do believe nuclear medicine should be included in there. In many nuclear medicine tests, as I said earlier, are not necessarily registered by the A.R.R.T. Some are. Many are registered by the Society of Nuclear Medicine as well, S.M.N.

[tape change]

Senator Russell E. Prescott, D. 19: Any questions? I have a question.

Stephen Seabrook: Yes.

Senator Russell E. Prescott, D. 19: You mentioned, concerning A.R.R.T., here in the bill. Is that the only certification type, is that a private board, is that a private industry or is that a public industry? What is A.R.R.T.?

Stephen Seabrook: A.R.R.T., that's a fine question. It's the American Registry of Radiologic technologists. It is the Board, it's the educational component that devises and...how do I explain this...devises and operates in a radiologic programs on a national basis.

They're the people, the organization, if you will, that is sanctioned by the American Medical Association and a Joint Review Committee on Education. A national oversight body to assure that the education process is valid and that it meets the need at hand.

The A.R.R.T. administers their national examination on an annual basis to technologists...certified technologists. Those who have gone through the 24 month programs, but yet to become registered. That happens hopefully after the examination is administered.

Senator Russell E. Prescott, D. 19: So, they are sanctioned by a more public health type of an association?

Stephen Seabrook: American AMA.

Senator Russell E. Prescott, D. 19: AMA is public, private?

Stephen Seabrook: The AMA is the American Medical Association.

Senator Russell E. Prescott, D. 19: Isn't that another private industry as well? I mean another private group as well? Are there others that certify radiologists besides A.R.R.T., then?

Stephen Seabrook: No. Not in the United States. It's A.R.R.T. There are approximately 275,000 registered technologists in the United States.

Senator Russell E. Prescott, D. 19: You had a question Senator Flanders?

Senator Robert B. Flanders, D. 7: Make sure I understand what your testimony was. Two years of school.

Stephen Seabrook: Twenty-four month program, yes.

Senator Robert B. Flanders, D. 7: Two year program and then would be an exam and they're tested and then would be certified?

Stephen Seabrook: No, let me back you up just a little bit, Senator. The 24 month program deems one certified.

Senator Robert B. Flanders, D. 7: Okay.

Stephen Seabrook: Certified, if you will, to take the registry examination. Certified, then registered.

Senator Robert B. Flanders, D. 7: Then we're talking about licensing also, or not?

Stephen Seabrook: No licensing.

Senator Robert B. Flanders, D. 7: Okay. You mean certified and then tested?

Stephen Seabrook: Yes. That's correct. When I said 35 states, Senator, have laws on the books. Not all of those laws are licensing laws. They're certification laws. Every state has, basically, it's own variation on that theme of how they certify radiologic technologists.

What I mean by that is the continuing education needs...some states have their own on top of the A.R.R.T. needs so they sort of double up on it a little bit. We're not advocating that should be the case.

We feel that the...at least I feel, that the American Registry of Radiologic Technologists continuing education program and certification registration process is more than stringent enough to...if you can pass that examination, it means you understand a lot about science and the human body and disease process, then I would hire you...to work in my organization, to be a registered technologist, but only under those circumstances.

Senator Robert B. Flanders, D. 7: Follow-up.

Senator Russell E. Prescott, D. 19: Yes, Senator.

Senator Robert B. Flanders, D. 7: Any idea what this might do to the up-north hospitals? Because there are a lot of small hospitals in this state, that once we get out of Concord and we start heading north...any guestimate[sic] as to what this bill would do to those facilities?

Stephen Seabrook: Not being very familiar with the hospitals up north, but knowing there are a number of them, they already have registered technologists to operate on the equipment in those hospitals.

It's not meant to be punitive to those institutions. That's not within the scope of the bill.

Senator Robert B. Flanders, D. 7: That's what I'm trying to find out, just make sure...

Stephen Seabrook: No, never has it been the intention of this bill, to the best of my knowledge, that it's bill meant to be of that nature. It's meant to protect the public, from my perspective. Number 1 perspective.

Senator Russell E. Prescott, D. 19: Very good. Any further questions? Thank you.

Stephen Seabrook: Thank you, very much.

Senator Russell E. Prescott, D. 19: John Boyden.

John Boyden: Good afternoon, thank you, Senator.

Senator Russell E. Prescott, D. 19: Thank you.

John Boyden: I'm here today representing the NH Chiropractic profession. My name is Dr. John Boyden, I'm a chiropractor in Bedford. I'm the President of the NH Straight Chiropractic Society. We are in opposition to the bill as it is written, I think we would be in favor if chiropractic assistance were exempted as well as chiropractors.

For several reasons. Chiropractors are licensed to take x-rays in our office and it's real about, if not more, 360 hours of classroom study and several hundred hours of clinical application in the outpatient setting for our training to become chiropractors and to become licensed and to take x-rays under our license under the law in NH.

When we have a chiropractic assistant in our office, one of the duties that we can train our assistant to do is to take x-rays in some offices. As a veterinarian, 1st thing, I'm going to have the privilege of having enough staff to do it..

It certainly helps, but the chiropractic assistants are trained under our license, under chiropractor's license. We feel as a profession, they are adequately taught through our training, it is our license, it is our responsibility on the quality of the film and the patient protection as well the protection of the chiropractic assistant in taking proper x-rays.

Another factor is to become an R.T. technologist, if you look at the curriculum, one has to be proficient in 39 radiological procedures after they take this 2 year course. If you look at that curriculum, only 5 of those routines are regular procedures that would probably be done in a chiropractor's office.

Plain film x-rays of a spine, so it seems a little burdensome to ask a chiropractor's assistant to take a 2 year course of study to gain a lot of knowledge, but not be able to apply very much of it in a chiropractor's office.

Also mentioned is; currently, you have to have your x-ray equipment licensed in your office through NH. There is a provision under that law that each office, or facility that has a registered x-ray machine has to have a radiation protection program sufficient to insure compliance with provisions that talk about the use of procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and public doses that are as low as reasonably achievable.

In the state, can come in and look at you radiation protection program and it involves the procedures that we use to take x-rays, patient protection, employee protection, environmental protection.

In essence, just to have your x-ray equipment licensed, there is some regulation to make sure you're doing things safely. The state does come in and inspect these machines. Does check our techniques, does ask how we take x-rays and make sure that we are using the lowest doses possible and that we have the training involved, at least, in the chiropractic office where we're working with our chiropractic assistants.

As I mentioned, x-rays are a key component to what we do in our offices as chiropractors and for a chiropractic assistant to be able to do this is very important to us. To have them go off for 2 years of school would be a financial burden, not only to them who have taken a profession of being a chiropractic assistant but also to chiropractic offices.

I do have some testimony I'd like to give you on these points that we covered. I'd like to answer any questions.

Senator Russell E. Prescott, D. 19: Thank you. Any questions.

Senator Sylvia B. Larsen, D. 15: I do.

Senator Russell E. Prescott, D. 19: Senator Larsen.

Senator Sylvia B. Larsen, D. 15: I understand that a chiropractor has been to school and taken classes and I assume training for x-ray technician during your schooling.

John Boyden: Correct, sure.

Senator Sylvia B. Larsen, D. 15: But when you hire a chiropractic assistant, do keep them with you for 2 years of training or do they immediately go into it...how do you initiate a new employee to be a radiation

assistant to you? What kind of training do you do for them? Do you leave them alone within the 1st year?

John Boyden: That depends on the learning curve of the individual. I have personally trained chiropractic assistants to take high quality x-rays in my office. I've spent several hours going through how the x-ray equipment works, how you setup a patient, what specifically you're looking for and what are the procedures you do every time you take an x-ray. How to follow the x-ray technique chart.

How to develop x-rays. So, it's a learning curve. Some learn very quickly, some don't learn very fast. I've had some that I wouldn't let take x-rays because they just could not learn the process. We don't just bring them in and say, "Here we want you to run this test, take an x-ray."

Because it's under our license, we're responsible for the interpretation and quality of that film.

Senator Russell E. Prescott, D. 19: Thank you.

John Boyden: Thank you.

Senator Russell E. Prescott, D. 19: Dr. Beaurivage.

Dr. Nancy Beaurivage: That doesn't happen very often, that someone pronounces my name correctly.

Mr. Chairman, Senators, I'm Dr. Nancy Beaurivage and I'm a radiologist and I'm here representing the NH Radiology Society. I'm here also to speak in support of this bill.

I've been fortunate to be working with Senator Wheeler for the past 2 years on the study committees dealing with this bill. Essentially, we look at it as an important piece of consumer health.

There is this gap where the equipment is licensed, regulated by the state, but the person who actually obtains the image is not. We believe that people can produce optimum images if they have training.

By training we mean a formal period of education where anatomy and physiology is taught. Where radiation protection is taught and where patient safety is taught. Also, there has to be a period where people actually learn on the job in a structured setting as well.

We like to have an independent, more objective kind of organization look at the quality and that's a part of the examination, the National Examination that Mr. Seabrook was talking to you about.

As a radiologist, for me, the proof is in the pudding, so that pudding is the picture that the technologist presents to me for interpretation. If the patient isn't positioned properly, I can miss a fracture, very easily. If too much radiation is used, it's too black and something that might be on the chest x-ray, like a small tumor, I wouldn't see.

If it's too white, conversely, it can make something appear that really isn't there, so that person has too be subjected to additional testing, maybe biopsies, other things.

So, this is something real that's going on all over NH people are having x-rays. I will tell you that, in most of the hospitals in the state, up north included, J.C.A.H. is a national hospital accrediting organization and they require certification of technologists. We're talking about the fact that probably about 40% of x-rays are taken off hospital sites, in those cases, private offices.

Which are not regulated. The equipment is, but the people producing the images are not. We also see from private offices when I review films that there are some patient radiation safety procedures and protocols that you would see in a hospital, I don't see in the films.

For instance, shielding of reproductive organs in young children. The female breast is radiation sensitive and there are some x-rays like spine x-rays where the female breasts are not routinely shielded when they could be.

So, those are some of the things that we see. An anecdotal story that was related to me 2nd and 3rd hand of a physician here in NH who had a neighbor who wasn't feeling very well. The surgeon was out in his driveway, so his neighbor went out and said, "I haven't been feeling too well." He said, "I went to my doctor, he said he saw something on my chest x-ray. I have to go back before I go to Florida."

So, he went back to his doctor's office, the x-rays were obtained in the doctor's office. The surgeon saw him again before he left for Florida and he said, "How'd you make out?"

He said, "Fine, I'm all set."

Went to Florida, came back, feeling worse than ever. Saw the surgeon, surgeon said, I think you need to go to the hospital, why don't you get your x-ray there. He had a lung tumor.

The problem is that, in the State of NH, we don't have the mechanism now to provide a baseline of training and, also, the important 2nd part of that is to maintain your certification, you have to have continuing medical education. That's the other part of that.

Now, Mr. Seabrook alluded to mammography and you may or may not know that there is a national law governing mammography. It's called the Mammography Quality Standards Act that was passed in the mid-1990's.

What was happening then, and you may have seen these, if you remember on *"60 Minutes"* or one of the other television magazines where they showed, in private offices, equipment vendors, that means manufacturers of mammography equipment going into doctors' offices and training the receptionist in 2 hours how to take a mammogram.

The mammography was abysmal. But, there was no regulation at that point. I have seen, because of the act, I personally have seen a dramatic improvement. The dose has been lowered in mammography, the positioning is better and the technique is, overall better.

So, I know what improvements in training of people can do. So, I again, speak very favorably for this bill. One of the things I'd like to bring up is the fact that we had intended to exclude the practice of veterinary medicine. It was never intended to be included and that was an omission.

One of the other things is, for Senator Francoeur, this was not meant to be industrial radiation. Paragraph, 1a, is licensed medical diagnostic imaging equipment. So that would exempt people in x-ray security at Manchester Airport for example as well.

Senator Russell E. Prescott, D. 19: Thank you. Any questions.

Nancy Beaurivage: Any questions?

Senator Russell E. Prescott, D. 19: Yes, Senator, please.

Senator Sylvia B. Larsen, D. 15: I've never operated a radiology machine, so can you, you can, I assume through dialing change the dosage of radiation that's submitted...

Nancy Beaurivage: Yes and different sized people need different amounts to penetrate them so it's not a one size fits all sort of situation. It's the body part, it's the size of the person, it's the shape of the person. Those are parameters that the technologist has to take into consideration.

Senator Sylvia B. Larsen, D. 15: Can you end up with an immediate consequence to excessive radiation? Does it burn, or is it more the long term effect of having too high a dosage on bone or bone marrow?

Nancy Beaurivage: It's both. There are reports in my literature of people, especially doing, I'll say cardiac catheterzation where they're using fluoral and their threading catheters into people. That dose can be so high that there can actually be radiation skin burns and even, where the skin actually sluffs[sic] or gets so burned, it actually starts coming off, peeling off.

The radiation dosage that we are most used to in the diagnostic imaging area is that of cumulative radiation.

Senator Russell E. Prescott, D. 19: Thank you, any questions. Seeing no more who would like to speak, I'd like to put this into recess as cosponsor Senator D'Allesandro I overlooked.

Senator Robert B. Flanders, D. 7: May I ask one question. Evidently, there's nobody here speaking for dentists? I guess my question is, if anyone knows. Dental assistants go through 2 years of school, do they come out qualified to do this? They do.

Nancy Beaurivage: They were already governed by the Dental Board in NH and they have a specific program for their training.

Senator Robert B. Flanders, D. 7: So they're excluded from this then?

Nancy Beaurivage: Yes.

Senator Robert B. Flanders, D. 7: Thank you. I didn't want some dentist to call me tonight at home.

Nancy Beaurivage: That's one they're not here, Senator.

Laughter

Stephen Seabrook: Senator?

Senator Russell E. Prescott, D. 19: Yes.

Stephen Seabrook: I think we need a point of clarification. Senator Flanders asked about dental assistants. I think you may want to qualify that with dental hygienists...

Senator Robert B. Flanders, D. 7: Okay, what's the ones when you're in the chair and they cover you all up and they take the x-ray?

Stephen Seabrook: Then they stick the thing in and your choke on that thing...

Senator Robert B. Flanders, D. 7: Right and it hurts you for about 10 seconds.

Stephen Seabrook: They, for example are dental hygienists going to school at Northeaster University. That's the only one I know. They go through a very similar program to radiologic techs for the dental radiation portion only.

Senator Robert B. Flanders, D. 7: Thank you.

Stephen Seabrook: Thank you.

Senator Russell E. Prescott, D. 19: I'd like to take out of recess, SB22 and just remark that Senator D'Allesandro speaks in favor and we'd like to close that hearing.

This verbatim transcript respectfully submitted by:

Marilyn C. Priest.

Attachment #1

THE GENERAL COURT
OF
NEW HAMPSHIRE
CONCORD 03301

CLESSON J. BLAISDELL
PRESIDENT OF THE SENATE

DONNA SYTEK
SPEAKER OF THE HOUSE

October 28, 1999

The Honorable Jeanne Shaheen
Governor of New Hampshire
State House, Room 208
Concord, NH 03301

The Honorable Beverly A. Hollingworth
President of the Senate
State House, Room 302
Concord, NH 03301

The Honorable Donna Sytek
Speaker of the House
State House, Room 308
Concord, NH 03301

Dear Governor Shaheen, Senate President Hollingworth, and Speaker Sytek:

Re: **The Study Committee on Licensure of Radiographers and Radiologic Technologists**
SB 60, Chapter Law 0096, Laws of 1999
(New Title) establishing a committee to study the licensure of radiographers and radiologic technologists

Pursuant to SB 60, Chapter Law 0096, Laws of 1999, enclosed please find the final report of the study committee. Should you have any questions or comments regarding the report, please to not hesitate to contact me.

Sincerely,

Katherine Wells Wheeler

Senator Katherine Wells Wheeler, Chair
Study Committee on Licensure of
Radiographers and Radiologic Technicians

mmk

Cc: Comm. Donald Shumway, Dept. of Health and Human Services
Gloria M. Randlett, Senate Clerk
Karen O. Wadsworth, House Clerk
Kendall F. Wiggin, State Librarian
Members of the Committee

Final Report of the Chaptered Study Committee on

Licensure of Radiographers and Radiologic Technologists
SB 60, Chapter Law 0096, Laws of 1999

October 28, 1999

Members of the Committee
Sen. Katherine Wells Wheeler
Sen. James W. Squires
Sen. Patricia Krueger
Rep. Maurice E. Goulet
Rep. Nancy C. Stickney
Rep. Carolyn A. Virtue

Committee Staff
Linda Brosseau, Senate Secretary
Megan Konys, Senate Legislative Aide

Executive Summary

The Committee to study the licensure of radiographers and radiologic technologists (SB 60, Chapter 0096, Laws of 1999) met five times, August through October of 1999. In accordance with the charge of Chapter 0096 , the committee is studying the licensure of radiographers, radiologic technologists, and the inclusion or exception for persons operating x-ray systems designed for the irradiation of part of the human body for diagnostic or therapeutic purposes. The committee has sought input from the following persons and representatives, registered radiologic technologists or x-ray technicians, radiologists licensed under RSA 329, the Department of Health and Human Services, and physicians, podiatrists, dentists, and other professionals utilizing or operating x-ray systems.

The committee members heard testimony from the following individuals, Diane Tefft with the NH Bureau of Radiologic Health, DHHS, Sabin Guertin, Manager of Licensing and Regulation Services, DHHS, Nancy Beaurivage, MD, Hitchcock Clinic in Concord and NH Radiological Society, Herbert A. Sewade Jr., NHTI and NH Society of Radiologic Technicians, Thomas Lane, Former Director of Radiology, Dover, Janet Monahan and Palmer Jones of the NH Medical Society, Dr. David Gladstone, Dartmouth Hitchcock Medical Center, Radiation Safety Officer, Dr. Robert Harris, Russell MacLeery, NH Podiatric Medical Association, Brad Taylor, President of the NH Veterinary Society, Pat Thompson, Board of Dental Examiners, Linda Towsley, NH Society of Radiologic Technology, Ann Laforce, RN, Concord Orthopedics, Allen Hall, NH Board of Medicine, Dr. Ray Jarvis, NH Board of Dental Examiners, Wayne Johnson, DHHS.

The committee's discussions centered on the issues surrounding licensure of radiographers and radiologic technologists in the state of NH. It is important to note that NH currently has no law requiring licensure of radiographers or radiologic technologists, nor is there any law requiring NH hospitals or other facilities to hire "certified" radiographers or radiologic technologists. The committee members agreed that it is necessary to have some state guarantee that radiographers and radiologic technologists are appropriately trained and educated so as not to cause harm or endanger themselves or the citizens of NH.

Both Diane Tefft and Sabin Guertin with DHHS stated that they believe that NH would be taking a positive step forward by requiring some type of licensure for radiographers and radiologic technicians. They stressed that this is an issue of public safety. In contacting approximately 40 other states, Diane Tefft found that most other state governments have laws in place regulating licensure of radiographers and radiologic technicians. She also briefly discussed the feasibility of limited licensure, established for individuals who specialize in one type of radiographic procedure such as mammography or radiation therapy. Ms. Tefft also informed the committee that NH has established standards for the control of radiation equipment through the NH Bureau of Radiologic Health. Any machine that emits radiation must be registered and inspected by the state to allow monitoring of the quality of images produces using the lowest possible level of exposure to radiation.

The committee heard testimony from numerous interested parties relative to licensure of radiographers and radiologic technologists. The following is a brief overview of the information presented:

- The administration of ionizing radiation can cause harm to patients via radio-pharmaceuticals, radiation therapy, and repeated x-rays. Therefore, when taking a radiograph it is important to ensure that the radiologic technologist obtains a high quality image, and that the image is read by a qualified technologist.
- Currently, most hospitals hire qualified radiographers and radiologic technologists who have been certified through the American Registry of Radiologic Technologists (ARRT), however there are some smaller medical offices in more rural areas of the state that do not have certified staff to operate radiologic equipment.
- The NH Department of Health and Human Services currently requires therapeutic radiologic technologists be ARRT certified.
- The NH Veterinary Society testified that veterinarians have regulations and policies in place to assist them in radiation training and safety for veterinary medicine
- The Board of Dental Examiners examines, registers, and administers licenses to applicants whom it finds qualified to practice dentistry and dental hygiene. Also, in accordance with their administrative rules, the Board trains, tests, and administers licenses to dental hygienists to practice dental radiology.
- The NH Podiatric Medical Association stated that doctors of podiatric medicine take their own x-rays. Doctors of podiatric medicine are trained and tested in radiation theory, monitoring and protection and serve extensive rotations in podiatry school,

positioning and shielding patients properly, taking x-rays of the foot and ankle, and monitoring for potential scatter radiation.

- The NH Board of Medicine stated that as the Board regulates only physicians and physicians assistants, it would not be appropriate for the Board to establish rules or regulations for training and education for radiographers or radiologic technologists.

The committee members agree that the legislature needs to establish some form of oversight for radiographers and radiologic technologists in New Hampshire. During the course of the meetings held by the committee, the members were unable to determine the most appropriate method and means for implementing such oversight. The committee agreed that it needs more time to address these issues responsibly and in a manner that will not adversely affect the citizens of the state.

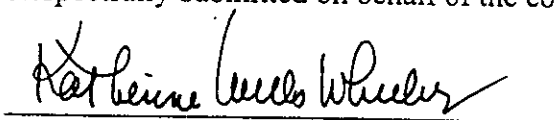
In addition, the members have yet to address a few critical issues which were raised during the course of their work including the following:

- Should the state require licensure or some other means of oversight for radiographers and radiologic technologists?
- Who should be required to have a license?
- What kind of licensing fee, if any, would be required?
- If licensure is required for all radiographers and radiologic technologists, would this limit access for those living in rural areas of the state?
- Should more authority be given to the State Radiation Advisory Committee?
- Should the legislature pass enabling legislation for the NH Board of Medicine and other related boards to pass rules regulating the training and educational requirements for radiographers and radiologic technicians?
- Should orthopedic surgeons be required to have a radiographer or a radiologic technologist assist them during surgical procedures?
- Should a separate board of registration for radiologic technology be created?

Committee Recommendations

The committee members recommend that the legislature extend the life of this study committee. Legislation to extend the life of the committee is being drafted for the 2000 session.

Respectfully submitted on behalf of the committee,



Senator Katherine Wells Wheeler, Chair

CO-SPONSOR APPROVAL FORM

Date: **2/7/2001** LSR #: **2001-0915**

Co-Sponsor **Edward (Ned) Gordon** County: _____ District: **02**

Fiscal Note Required: **YES**

I / WE APPROVE THIS LSR FOR INTRODUCTION TO THE GENERAL COURT:

Sen. Sylvia Larsen Edward N. Gordon 2/7/01
(Prime Sponsor) (Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

(Co-Sponsor) (Date)

DEADLINE FOR RETURN OF THIS FORM: **immediately**

(PER HOUSE RULE 38(b), LEGISLATION SHALL BE SIGNED FOR INTRODUCTION WITHIN 10 CALENDAR DAYS AFTER THE DRAFT LEGISLATION IS MAILED FOR APPROVAL.)

** Important Notes **

The total number of sponsors who can be printed on legislation is limited to 5 representatives and 5 senators, including the prime sponsor.

WARNING: You should add co-sponsors as soon as possible. Delay may result in co-sponsors names not being printed on the bill. Co-sponsors may only be added until the bill is ready for printing. After a bill is sent for printing additional co-sponsors may be listed in the journal.

PLEASE CONTACT THE RECORDS MANAGEMENT SECTION, OFFICE OF LEGISLATIVE SERVICES, AT (603)271-3435 OR IN ROOM 109, STATE HOUSE, IF YOU HAVE ANY QUESTIONS. FAX (603)271-6607.

Attachment #2

Thank you Mr Chairman and members of the committee. I am Dr Edward Rooney. I am a veterinarian, and I am the current president of the New Hampshire Veterinary Med. Assn. I am also a member of the State Radiation Advisory Committee representing the field of veterinary medicine.

We in veterinary medicine support the intent of this legislation, though we do have some ~~problems~~ identified what we feel are two omissions ~~with specific wording~~. ~~Most veterinary practices~~ Most veterinary practices in our State have ~~licensed~~ registered X-ray machines with which we radiograph our patients. Obviously, our patients are nonhuman, and even the most intensively managed veterinary ~~clients~~ patients are exposed to very few X-ray procedures due to financial

and other constraints. Due to staffing issues, most veterinarians act as their own X-ray technician within their practices. For the lucky few with sufficient staff, veterinary technicians may assist restrain a patient (under the direct supervision of the doctor), while the doctor ~~steps out of the room~~ measures and positions the patient. The doctor may leave the room while the X-ray beam is engaged in order to save time.

For these reasons, we would ask that veterinarians be ~~included in~~ exempted under Roman Numeral II on page 1 as are most of the health professions.

We would also ask that in

addition to veterinary students, residents
veterinary technicians under the direct
supervision of a veterinarian be
exempted from certification for
the reasons described.

Thank you.

I would be happy to answer
any questions from the committee
if there are any.

Attachment #3

NEW HAMPSHIRE CHIROPRACTIC PROFESSION

Joint Legislative Committee

NH Straight Chiropractic Society

NH Chiropractic Association

February 7, 2001

To: Members of the Executive Department and Administration Committee

Re: **Senate Bill 22**, *An act requiring certified radiologic technologist for the operation of equipment licensed under the radiological health program.*

Dear NH Legislators,

The New Hampshire Chiropractic Profession does not support SB 22 as it currently stands. We believe that chiropractic assistants working under a chiropractor's license should be exempt from the requirements put forth in this bill for the operation of licensed x-ray equipment. We believe the information below supports our position.

- Chiropractors are highly qualified and trained to perform diagnostic x-rays procedures with 360 or more classroom hours of x-ray procedures and interpretation as well as hundreds of hours of clinical application in an out patient setting.

- We are not aware of any complaints to the NH Board of Chiropractors or the Chiropractic Profession regarding the quality or use of diagnostic x-rays taken in a chiropractor's office.

- Chiropractic assistants are trained to assist the chiropractor under his or her license and taught specifically how to take x-rays in a chiropractic manner.

- Certified radiologic technologist are not trained to perform diagnostic quality chiropractic x-ray examinations. A certified RT is train in medical x-ray examination procedures.

- If this bill becomes law, currently employed chiropractic assistance who are trained in chiropractic x-ray procedures will have to return to college in order to comply with the certification requirement.

- RT students must demonstrate competency in 39 radiological procedures, of which only 5 are routine procedures (spine) in a chiropractor's office.

- Part He-P4020.04 of the NH Rules For The Control of Radiation reads as follows: *(a) Each licensee or registrant shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of He-P 4020 through He-P 4023. (b) The licensee or registrant shall use procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and public doses that are as low as is reasonably achievable ("ALARA").* This rule requires a licensee to implement safety and training procedures that result in high quality x-rays whether taken by a chiropractor or chiropractic assistant.

The Chiropractic profession supports public safety when diagnostic x-ray examinations are utilized. The safety of the public to receive diagnostic x-ray examinations in a chiropractor's office is established through Chiropractic Licenser and current x-ray equipment license requirements in NH.

If you have any additional questions or need more information, please contact one of our Chiropractic Profession representatives below.

Thank you for your consideration of our concerns.

John D. Boyden, II, DC
President, NHSCS
603-626-1333

Peter Romanello, DC
President, NHCA
603-898-5821

NHSCS Lobbyist
Stuart D. Trachy
136 North Main St, Ste. 3
Concord, NH 03301
603-226-2984

NHCA Lobbyist
Jim Monahan
114 North Main St, Ste. 401
Concord, NH 03110
603-228-3322

Speakers

CO-SPONSOR

COMMITTEE HEARING ON SB 22

Date: 2-7-01 Place: LOB-RM 104

NAME: CAROLINE McCARLEY

Business Address: _____

City: _____ Phone: _____

REPRESENTING: SENATE DIST. 6

WISH TO SPEAK: YES ____ NO ✓ Time Needed: _____

Supporting Bill: ✓ Opposing Bill: _____

PLEASE LEAVE COPY OF ANY PREPARED STATEMENT
WITH COMMITTEE CLERK

SENATE EXECUTIVE DEPTS. & ADMIN. COMMITTEE

Date 2/7/01 Time 1:00 Public Hearing On SB22

Appearing in FAVOR: (Please print) **Please check box at left to speak.**

Speaking?	Name	Address	Representing
☐	Rep. Tammy Emerton (Co-Sponsor)	Goffstown	Co-Sponsor
☑	Edward Rooney, DO	Auburn	NHVMA DOCTOR
☒	Brook Dupee		NHDHHS
☑	Stephen Seabrook	Bedford	Southern NH Radiology P.C.
☑	Sen Katie Wheeler	District 21	
☑	Nancy Beaulieu, MD	DHMC-Concord	NH Radiology Society
☑	SEN. D'ALESSANDRO	Dist # 20	
☐	Rep Stephanie Nicklas (Co-Sponsors)	Dist 06 Salem	
☐	Rep Jim Lent.	Stratford	
☐			

Appearing in OPPOSITION: (Please Print) **Please check box at left to speak.**

☑	John Boyden, II DC	Bedford	Chiropractic Prof.
☐	Carl Mosbey	Concord	Concord Orthopaedics
☐			
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Committee Report

STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE

Date: April 19, 2001

THE COMMITTEE ON Executive Departments Administration

to which was referred Senate Bill 22

AN ACT requiring certified radiologic technologists for the operation of equipment licensed under the radiological health program.

Amendment#: 2001-0975s

VOTE: 5-0

Having considered the same, report the same with the following amendment and recommend that the bill: **AS AMENDED OUGHT TO PASS.**

Senator Sylvia B. Larsen
For the Committee