

Tiffani Walker

December 9, 2016

Honorable Members of the Texas Sunset Commission,

My name is Danielle Martin and I am writing on behalf of Dr. Charles R Phelps II.

The Sunset Commission recommendations for streamlining the MRT Medical Radiologist Technologist (MRT) license, administered by the Texas Medical Board, are thorough but do not address a serious problem faced by certain MRTs.

Certain advanced-level radiographers, known as Radiologist Assistants ("RAs"), have obtained a Bachelor's or Master's degree through a recognized and accredited university program, as well as clinical training under a radiologist. RAs are mid-level physician extenders, similar to Physician Assistants or Nurse Practitioners (Advanced Practice Nurses), except that they are trained exclusively and uniquely to perform and assist in radiology. RAs work under the supervision of a radiologist to provide safe, efficient care in radiology, and can be especially effective in underserved and rural areas of the state where access to care is a concern.

The problem RAs face is that they are often unable to obtain credentials at Texas hospitals because they are not recognized in statute like other health professionals working in a hospital. Hospitals cannot distinguish between the education level, qualifications, supervision levels, and scope of practice because RAs are not recognized as advanced-level radiographers in statute or rules.

**As part of Sunset's streamlining of the MRT license, one new MRT license category should be added to recognize those radiographers who have obtained additional education and training in radiology.**

This amendment will not increase the number of outstanding licenses. RAs already hold an MRT license, so during the application process this change would simply allow for a different box to be checked and designation of a supervising radiologist to be made. When an MRT license is issued or renewed, a different designation would be placed on the license certificate.

Please support this important amendment.

Regards,



December 9, 2016

Honorable Members of the Texas Sunset Commission,

My name is Brandy Bales and I am writing on behalf of my fellow RA, Melissa Cano and myself.

The Sunset Commission recommendations for streamlining the MRT Medical Radiologist Technologist (MRT) license, administered by the Texas Medical Board, are thorough but do not address a serious problem faced by certain MRTs.

Certain advanced-level radiographers, known as Radiologist Assistants ("RAs"), have obtained a Bachelor's or Master's degree through a recognized and accredited university program, as well as clinical training under a radiologist. RAs are mid-level physician extenders, similar to Physician Assistants or Nurse Practitioners (Advanced Practice Nurses), except that they are trained exclusively and uniquely to perform and assist in radiology. RAs work under the supervision of a radiologist to provide safe, efficient care in radiology, and can be especially effective in underserved and rural areas of the state where access to care is a concern.

The problem RAs face is that they are often unable to obtain credentials at Texas hospitals because they are not recognized in statute like other health professionals working in a hospital. Hospitals cannot distinguish between the education level, qualifications, supervision levels, and scope of practice because RAs are not recognized as advanced-level radiographers in statute or rules. We are employees of Texas Children's Hospital and due to the inability to differentiate between the MRT and RA, it has limited my colleague and myself from fulfilling our potential. Although we provide quality care as MRTs, recognizing our advanced training would allow us to perform the services we have been trained to do, therefore improving the care we can provide our patients.

**As part of Sunset's streamlining of the MRT license, one new MRT license category should be added to recognize those radiographers who have obtained additional education and training in radiology.**

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Please support this important amendment.

Regards,

Brandy Bales RPA/RA (CBRPA), RT(R)(M)(ARRT)  
Melissa Cano BS RPA/RA (CBRPA), RT(R)



May 15, 2015

The Honorable Craig Estes  
State Capitol, Room 3E.18  
P.O. Box 12068  
Capitol Station  
Austin, Texas 78711

Dear Senator Estes:

Hospitals have a duty to evaluate the qualifications of healthcare providers who administer services to patients in their facility. Credentialing is based on the principle that hospitals are responsible for ensuring the highest quality of care possible for their patients. To accomplish this goal, medical care facilities take steps to verify a provider's qualifications through the collection, verification, and evaluation of data relevant to professional performance. After the provider has met the credentialing requirements for the hospital, the provider's expertise in a specific practice area is further evaluated – the process known as privileging. Credentialing and privileging help protect patients and hospitals.

In most hospitals and health care facilities, provider credentialing takes place in two phases. During the initial phase the hospital verifies that the provider has completed training, is **licensed to practice in the state where care is being administered**, and has no pending practice violations on record. The state licensing agency is a primary source to verify the validity, dates, and status of licenses. Obtained licenses help to verify a health provider's ability to practice within the scope of each license held. Rescinded licenses provide insight into an applicant's history and may require further investigation such as a written explanation from the applicant.

Credentialing at hospitals in Texas for Radiologist Assistants (RAs) has been hindered due to lack of state recognition of RAs. The lack of an RA licensure program under the Texas Medical Board (TMB) deprives hospital credentialing offices from a reliable mechanism to ensure a prospective RA is unrestricted to practice in the state (no adverse disciplinary actions within or outside the state, appropriate national certifications, continuing education requirements, roles, etc.).

Additionally, there is no defined delegation process in which the hospital can verify that a physician has approved the RA to practice under his/her license similar to the mechanism in place for physicians to acknowledge delegation to other non-physician providers such as physician assistants and nurse practitioners. This may cause confusion in a hospital



The Honorable Craig Estes  
Page 2  
May 15, 2015

system as there is no method to ensure a physician who seeks to supervise an RA hasn't exceeded the maximum number of non-physician providers which he/she can staff.

Furthermore, lack of RA recognition prevents reliable credentialing due to the lack of a reporting mechanism for adverse events / outcomes. Without recognition and licensure of RAs in Texas, there is no systematic mechanism for a hospital, clinic, patient, or legal authority to report a potentially unsafe RA.

The lack of formal RA recognition in the state makes hospitals hesitant to grant privileges due to the lack of a reporting system, defined roles and supervision maximums. Hospitals currently have a cumbersome task to individually research each RA to ensure that there are no legal issues of concern from other states or employers that would preclude authorizing practice. Having RA recognition and state licensure would allow hospitals to verify through the state that a prospective RA is safe to practice within the hospital and that no adverse actions prevent the granting of privileges.

In summary:

Lack of recognition for Radiologist Assistants leaves hospitals unable to credential RAs properly due to:

- Lack of reliable process to ensure the RA has unrestricted ability to practice in the state of Texas;
- Lack of defined minimum roles / responsibilities / prohibited tasks;
- No process to acknowledge delegation of duties from physician to RA or to limit the maximum number of RAs or equivalent non-physician providers a physician can supervise; and
- No defined mechanism for reporting adverse outcomes, patient complaints, or unprofessional conduct.

RAs educated in Texas have been relocating to states in which RA licensure exists (i.e., Arkansas, New Mexico, Oklahoma, and 27 other states), denying the citizens of Texas the type of patient care available to citizens of other states.

Sincerely,



Jerry Reid, Ph.D.  
Executive Director