

Sonja Boiteaux

Good morning! Thank you for the opportunity to provide this testimony today. My name is Sonja Boiteaux, and I am a certified and licensed radiographer and a certified Magnetic Resonance Imaging Technologist. Currently I serve as the MRI Education Coordinator in the Diagnostic Imaging Program at UTMDACC, and I teach in both the radiography and MRI programs there.

The Sunset Advisory Commission Report may have put a spotlight on the DSHS being overburdened, and even underfunded; however, that doesn't mean that it's regulatory function and purpose of licensing Medical Radiologic Technologists is invalid and it certainly doesn't provide measures to ensure that public health is protected. Discontinuing licensure of MRT's is not a solution.

While it is important that regulations be reviewed periodically to eliminate duplication/redundancies, I hope that my testimony can help the Commission understand that licensure of MRTs is NOT a redundancy. Before I discuss this further, I'd like to call attention to the following...first, laser hair removal is considered lower-risk by the DSHS than radiation safety. Yet the recommendation is to maintain licensure of laser hair removal under the TDLR. Second, there is a recommendation to maintain "Industrial Radiographer" certification under the division of "Radiation Control." Now let's just pause and think about that for a moment and make certain we are all clear...the recommendation is to keep licensure for Industrial Radiographers and discontinue it for Medical Radiologic Technologists...?

Participation in national certification and accreditation programs is voluntary. State licensure requirements are what ensure that MRT's have completed an educational program and obtained their credential, and furthermore licensure requirements are what provide the state with legal recourse against those who practice unscrupulously. As we enter the era of the Affordable Care Act it can be certain that many facilities such as urgent care centers, physicians offices, outpatient surgery centers, and outpatient imaging centers will offer Diagnostic Imaging testing. As Medicare/Medicaid reimbursement rates continue to fall administrators of these facilities will search out every possible way to contain costs making market forces unreliable at providing minimum standards to ensure quality care.

As an MRI educator I can speak to this firsthand, as I am aware of facilities in South Texas that have trained limited MRT's to perform MRI procedures with little to no training or education and without credentialing. While a conversation about licensure for MRI Technologists is a conversation for another day, this serves to illustrate that unlicensed techs are practicing in the field of diagnostic imaging. These unlicensed individuals increase the risk to consumers resulting in additional radiation exposure, misdiagnosis, and additional expense due to the need to repeat procedures due to poor quality imaging.

In closing, I request that the commission maintain licensure of MRTs. If reorganization is necessary then place them under the DSHS Division of Radiation Control or the TDLR. Lastly, if the commission would like additional information from the industry I am at your disposal. Thank you for your consideration!

It is noted that the commission's report states "the luxury of a detailed analysis of each regulatory program was simply not possible..." With that I'd like to address one further question posed within the commission's inquiry,

- **“Are the skill and training requirements for a license consistent with a public interest, or do they impede applicants, particularly those with moderate or low incomes, from entering the occupation?”** Education programs for MRT's are available at local colleges, community colleges, and as I affectionately call it...the best kept secret in Texas...the School of Health Professions at the UT MD Anderson Cancer Center. If the committee will indulge me, I will share the story of Stephanie, UTMDACC Class of 2010. Stephanie is a Latina, single-mother who worked at Papasito's prior to graduating from the UTMDACC program. Her application to the UTMDACC program was denied twice because she didn't meet the program's admission requirements. Each time she was denied she took the guidance & feedback of the program officials. She completed the Texas Core Curriculum courses and raised her GPA to meet the admission's requirements. Upon her graduation with a BS degree, Stephanie was hired at UTMDACC into a position that paid her a starting salary in excess of \$55k/year.
- **“Does the occupational licensing program serve a meaningful public interest and provide the least restrictive form of regulation needed to protect the public interest?”** In short, yes, it does.
- **“Could the program's regulatory objective be achieved through market forces, private certification and accreditation programs, or enforcement of other law?”** As I mentioned previously, market forces cannot be relied upon to ensure that minimum quality standards are met, and administrators will cut corners to cut operational expenses at the cost of quality. Once again, private certification and accreditation programs are voluntary and many also provide loopholes that do not support educational standards for MRT's.
- **“What is the impact of regulation on competition, consumer choice, and the cost of services?”** As I noted previously, untrained personnel performing diagnostic-imaging procedures put patients at risk for excess radiation exposure, misdiagnosis, and additional expenses due to the need for repeated procedures due to poor quality.