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Testimony of Lisa K. Eary, RT(R), RDMS, RDCS, RVT

**IN OPPOSITION OF THE SUNSET ADVISORY COMMISSION'S STAFF REPORT-
ISSUE 3- RECOMMENDATION TO DISCONTINUE MEDICAL RADIOLOGIC
TECHNOLOGIST LICENSING.**

Before the Texas Sunset Commission Public Hearing

To: Sen. Nelson, Rep. Price, Sen. Birdwell, Rep. Burkett, Sen. Hinojosa, Rep. Dutton, Sen. Patrick, Rep. Gonzales, Sen. Schwertner, Rep. Raymond, Dr. Buckingham, Mr. Luce

I am a radiologic technologist who works at a children's hospital in Central Texas. All my co-technologists in our department take our profession very seriously. We perform radiographic procedures on children who may get x-rays daily, weekly, monthly, depending on their medical condition. It is imperative that we have knowledge of what doses of radiation we are giving these children, as they go through their lifetime. Our education teaches us how to make these doses ALARA (as low as reasonably achievable) and still produce a quality image so the Radiologist can give the best possible interpretation. We also see far too many children who are in abusive home or daycare situations. When these children come to us with suspicion of NAT(non-accidental trauma), it is critically important for the radiographs taken to be of superior quality as to not miss a hairline fracture in the forearm or a subtle fracture of the ribs. If the proper position is not performed, these fractures can be missed sending a child back into a terrible atmosphere. These are only a couple situations that we, as radiologic technologists deal with on a daily basis.

A radiologic technologist (RT), also known as medical radiation technologist or as radiographer, performs imaging of the human body for diagnosis or treating medical problems. Radiologic technologists work in hospitals, clinics, and private practice. A radiologic technologist uses his/her

expertise and knowledge of patient handling, physics, anatomy, physiology, pathology and radiology to assess patients, develop optimal radiologic techniques and evaluate resulting radiographic images.

Thirty-nine states currently recognize and have legislation on those delivering a dose of radiation to achieve optimal radiographic images or treat patients. By licensing of RTs in Texas, it ensures that all patients are receiving care in radiology from highly trained individuals that have passed national certifications, met ethical requirements, and have had the necessary training required to deliver a proper dose of radiation, a known carcinogen. As diagnostic imaging increases due to the increasing age of the population, more complex studies are being used to diagnose illness; state licensure of radiologic technologists should remain to protect the health and safety of Texas citizens

Licensure for radiologic technologists preserves the state's right to provide disciplinary action for individuals who may not treat patients according to professional standards or administer radiation correctly. Without licensure, the state cannot protect its citizens from untrained individuals.

Licensed radiologic technologists provide radiologists and other healthcare providers with technically consistent, correctly positioned images, which improve the consistency and accuracy of the providers' diagnosis. Unlicensed personnel have the potential to provide inconsistent or improperly positioned images, reducing the diagnostic effectiveness of exams and increasing the need for repeat imaging procedures. Repeat imaging increases radiation exposure and medical costs.

Licensed radiologic technologists adapt procedures and technical factors to each individual patient's needs. The radiologic technologists' training allows for technologists to evaluate the patient's medical status, patient's history, underlying pathologic processes, and physical factors to create a quality diagnostic image or therapy that is truly individualized for that patient.

Regards,

Lisa K. Eary, RT(R), RDMS, RDCS, RVT