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Sunset Commission, Issue 3, Page 44 MRT Program Support June 25, 2014



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Summary of Written Testimony

Sunset Commission, Issue 3, page 44

Programs To Discontinue, MRT Program

June 25, 2014

Thank you for the opportunity to give testimony in support of keeping the Medical Radiologic Technology (MRT) Program at the DSHS or transferring to the Department of Licensing and Regulation.

I am Marilyn Sackett, MEd, RT(R), FASRT, President Advanced Health Education Center in Houston, TX. My 5 page written testimony with supporting documentation has been provided to you. The statistics in my testimony have all been obtained from public records. The examples of medical images submitted are with family permission through a signed release.

- This recommendation is counter intuitive to the reality of the medical radiation environment. Transformation of x-ray equipment from analog to digital format has increased the patient radiation dose significantly. The MRT performs procedures, administers the radiation to the patient and has complete control over the dose through the equipment techniques.
- Regulatory oversight of non-radiology physicians using radiation is increasing worldwide as misadministrations are increasing an overutilization of the technology abounds. The lack of radiation safety training in medical schools or in continuing medical education has led to an increasing patient dose that is of concern to everyone.
- At the time of MRT Program implementation, untrained operators were common. One case study demonstrating what can and does happen when the MRT has not had the correct training is submitted with this testimony. This patient did not recover.
- Review of the current issued MRT certificates demonstrate that 20% of the persons cannot qualify for any private accreditation program such as the ARRT. If this program is discontinued, those persons will be in limbo.
- Highly regulated environments such as hospitals do not employ the largest majority of MRT's. There are 649 hospitals in Texas and 2,191 clinics and private physician offices.
- The highest radiation producing machines are CT scanners and x-ray units with fluoroscopic components. These are currently on the dangerous and hazardous procedures list at the MRT Program requiring a fully trained MRT for operation. If the program is discontinued there will be no restrictions for operation of these devices.
- Review of the enforcement actions at the Bureau of Radiation Control show that 68% of all equipment enforcement actions were for medical x-ray equipment and 43% of these were in the clinic and physician office setting. The Bureau is

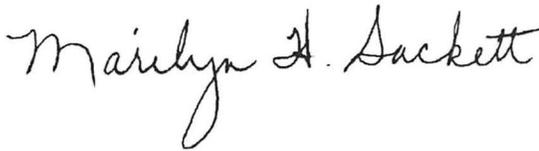
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unable to regulate operators and there are more than 18,000 medical x-ray registrants on the list. Who then will protect the patient from the misapplication of radiation?

- Enforcement actions from the MRT Program demonstrate that 51% of the actions have related to registrants or applicants not complying by either performing procedures without approval of qualifications or performing procedures above the level of qualifications. Additional enforcement actions included unprofessional conduct, criminal actions or history, and sexual misconduct. Since 61% of these enforcement actions were taken against registrants who cannot qualify for private accreditation, regulatory oversight for patient safety disappears.
- Proof of the effectiveness of the MRT Program is demonstrated in the change in the number of hardship exemptions issued by the Program. Hardship exemptions were requested for less qualified personnel to operate x-ray equipment. In the beginning there were over 2,000 requests for hardship exemptions. The Program now lists 173 approved exemptions and only 4 of these are for truly rural hospitals.

This program has been a success for patient care and the reduction of medical radiation dose to the patient. I ask you to reconsider this recommendation and do additional research.



Marilyn Sackett, MEd, RT(R), FASRT
President/CEO

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Full Written Testimony

**Written Testimony for Sunset Commission
Issue 3, page 44, Programs to Discontinue
June 25, 2014**

Thank you for the opportunity to give testimony in support of the Medical Radiologic Technology (MRT) Program at the DSHS.

I am Marilyn Sackett, MEd., RT(R), FASRT, President/CEO of Advanced Health Education Center in Houston, TX. We are a small HUB business accredited to provide continuing medical education to physicians, nurses, and MRT's. We have been the training contractor to the U.S. Nuclear Regulatory Agency for fifteen years, training inspectors and regulatory personnel in medical radiation procedures that involve radioactive materials used for oncology and nuclear medicine. We also operate a medical staffing company, MEDRelief Staffing, employing MRT's, nurses, and respiratory care personnel.

The Sunset Commission's recommendation is counter intuitive to the reality of the medical radiation environment. As medical radiation equipment has moved from analog to digital, the change in radiation dose possible to patients has changed significantly. Accreditation bodies, regulatory agencies, and the federal government have and are implementing dose and documentation requirements because of the many incidents occurring in all areas of medical radiology. The media and the internet is filled with overexposure incidents, burns, and increased cancer risk from medical radiation. The trend across the nation and the world is to increase regulation and control of radiation dose to the patients. The single most important factor in radiation dose to the patient lies in the hands of the person who administers the radiation. That person is regulated in Texas by the MRT Program.

The realization that physicians utilizing radiation producing equipment outside of radiology have no training in medical school or continuing education required to operate radiation producing equipment has led to regulatory oversight and requirements for training in radiation safety. Last year, the Texas Bureau of Radiation Control implemented a rule requiring all non-radiologist physicians using the equipment to attend radiation safety awareness training. This must be completed by July 1, 2015 or the ability to apply radiation to patients will be withdrawn.

One of the major health and safety reasons the MRT legislation was passed was to protect a trusting public from the untrained operator. At the time of the MRT Program implementation, untrained operators using radiation producing machines were common. Submitted with this testimony is a classic case of the difference between the skill set of a trained versus untrained operator. The family of this patient has given permission to use his medical images for demonstration of the poor diagnostic quality performed by an untrained operator in a physician's office. Also included is the radiograph of the family member upon admission to the hospital emergency room. The family was advised that the delay in treatment from the non-diagnostic radiograph led

to an early demise of their family member. It is unthinkable to return to unregulated practice.

Statistics show that the department is vital and required to protect the health and safety of Texas citizens. The research presented to the Sunset Commission has omitted some very important facts.

The report states that medical radiologic technologists have private accreditation programs. The Texas MRT workforce is segmented into three major categories, and from the 28,375 reported to be regulated by this program, 20% are not eligible for the private accreditation program because their training does not meet the standards.

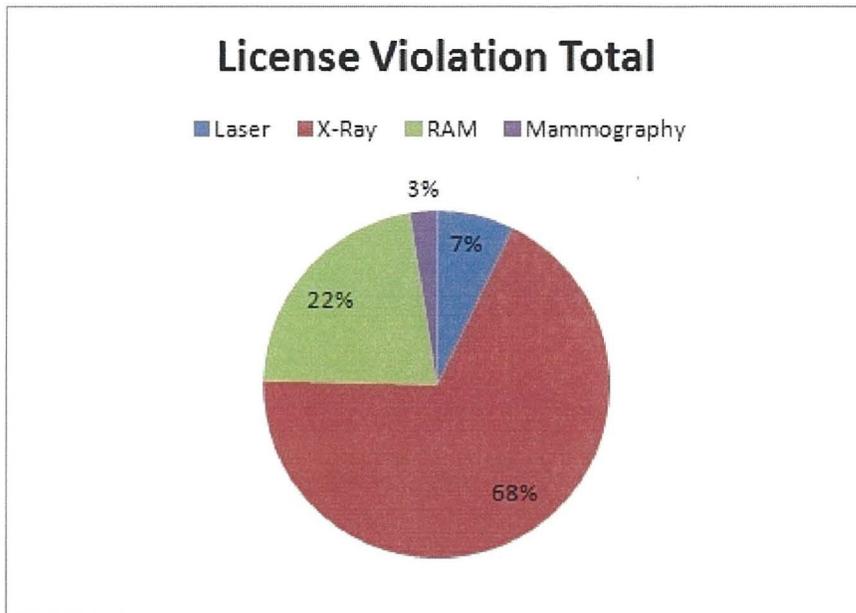
The Sunset Commission also states that MRT's work in highly regulated environments. The healthcare facilities that employ MRT's fall into three categories: hospitals, clinics, and private physician offices. There are 649 hospitals in Texas and 2,191 clinics and physician offices with registered medical x-ray machines. Obviously, the major setting where MRT's are employed is not in highly regulated environments, but in clinics or private office settings.

There are 1,821 CT scanners and 5,250 fluoroscopic units, total, between hospital settings and other facilities in Texas. These are the areas where the most radiation dose is administered to patients and currently personnel operating these units are regulated in the dangerous and hazardous procedures at the MRT Program.

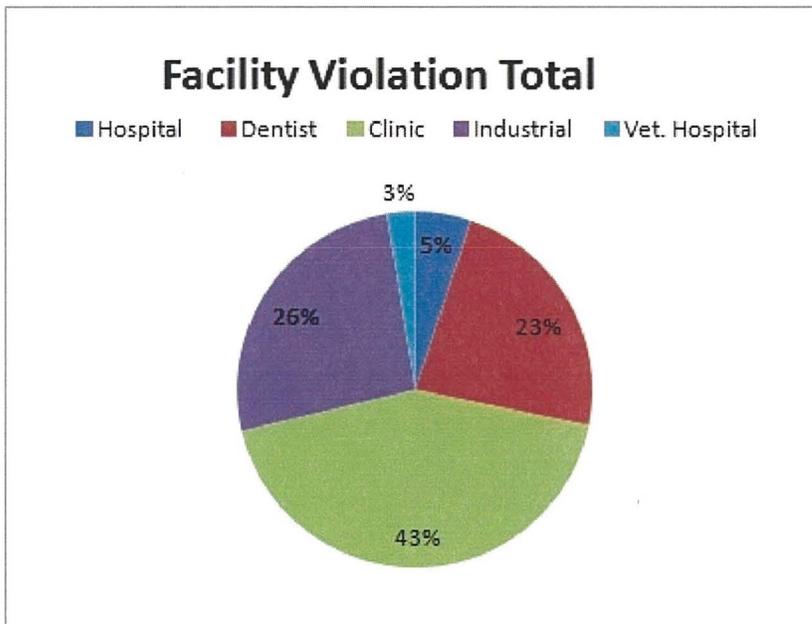
A review of the last two years of enforcement actions from the Texas Bureau of Radiation Control reveal that 68% of all enforcement actions were for medical x-ray equipment and 43% occurred in the clinic and physician office setting. Combine these statistics with the fact that the 20% of the MRT workforce would not be regulated if this recommendation was sent to the Legislature and a recipe for disaster would be the result. What savings, if any, in dollars and cents cannot be measured against a patient's pain and suffering.

If a transfer of the MRT Program to another agency instead of DSHS is recommended in the report, it would continue to protect the citizens of Texas.

Current Disciplinary Actions of the Texas Bureau of Radiation Control 2013-2014
Last updated June 4, 2014



Current Disciplinary Actions from Texas Bureau of Radiation Control 2013-2014
Last updated June 4, 2014

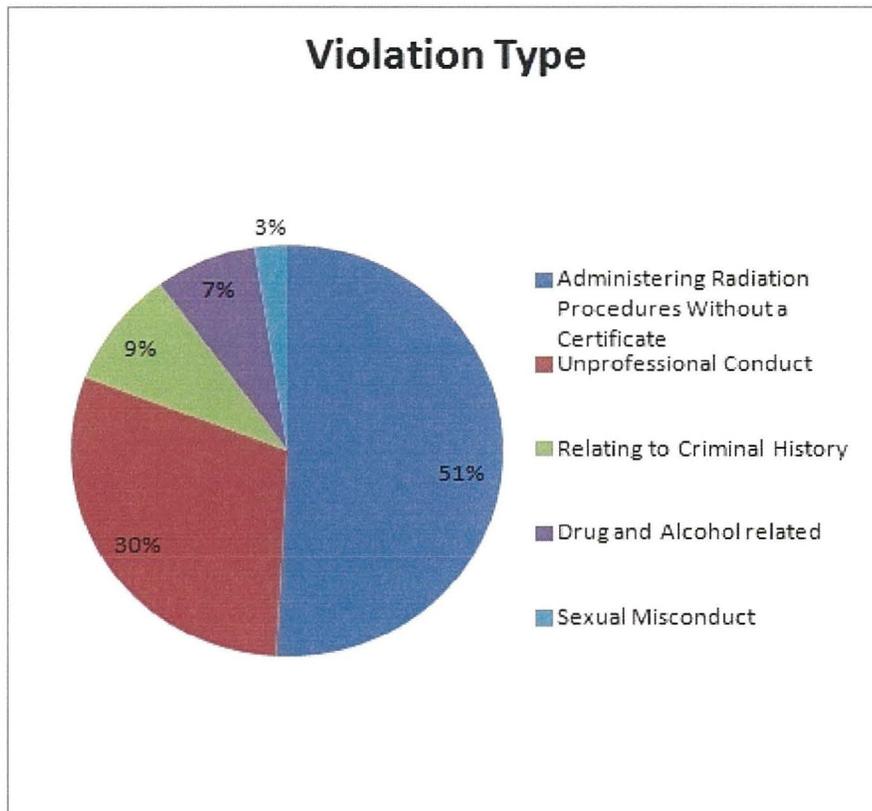


One of the major accomplishments of this program is the requirement that all operators must complete training before applying medical radiation to a patient. The enforcement actions from the MRT Program demonstrate that protecting the public has been a

primary function. All of the enforcement actions taken would have affected the care of patients in any and all health care environments. 51% of the enforcement actions taken by the MRT Program have related to registrants or applicants not complying with the regulations. This means that they were performing procedures without registration and approval of qualifications, they failed to respond to requests for information regarding qualifications, or they were performing procedures above the level of registration, i.e. dangerous and hazardous procedures. Other enforcement actions taken include:

- 30% for unprofessional conduct which included endangerment or safety issues,
- 9% of their actions related to persons who had or were convicted of criminal actions,
- 7% related specifically to sexual misconduct in the workplace or with a patient,
- 3% fell into a miscellaneous category

Another significant fact is that 61% of the violations were against certificate holders not eligible for private accreditation.



Another proof that the program has achieved its purpose is the list of requested hardship exemptions. Hardship exemptions were provided in the regulations for those health care facilities or physicians who resided in an area where the workforce for qualified medical radiologic technologists might not have been sufficient. In the early days of the program there were more than 2,000 requests for hardship exemptions. The

number for 2014 is 173 hardship exemptions with only four from truly rural hospitals. Major metropolitan population areas of Houston, Dallas, and San Antonio represent 46% of the requests for hardship exemptions from physicians and chiropractors. These major metropolitan areas form the core of the corridor where most Texans reside. In Texas there are 46 approved schools for training general medical radiologic technologists, four for the limited medical radiologic technologist and 23 approved programs to train the basic level of non-certified technician. The Texas corridor supports 55% of the training programs for all levels of qualifications for the MRT Program. The supply of trained personnel has been more than effective to meet health care facility job opportunities.

As an individual who is actively involved in radiation safety training and was Chairman of the Advisory Board that promulgated these rules, I have seen the improvement in patient care achieved through this program. I ask you to reconsider this recommendation and do additional research.

Respectfully submitted,



Marilyn Sackett, MEd, RT(R), FASRT
President/CEO