SFA BILL ANALYSIS

Senate Fiscal Agency • Lansing, Michigan 48909 • (517) 373-5383

Senate Bills 741 and 742
Sponsor: Senator Michael J. O'Brien
Committee: Health Policy

Date Completed: 11-14-90

SUMMARY OF SENATE BILLS 741 and 742 as introduced 1-23-90:

Senate Bill 741 would amend the Public Health Code to:

-- Create the Michigan Board of Radiologic Technology.
-- Establish requirements for licensure and specialty certification of a radiologic technologist.
-- Prohibit, beginning 30 months after the bill took effect, a radiologic technologist from practicing mammography technology, nuclear medicine technology, radiation therapy technology, or radiography unless he or she were licensed and certified in one or more of those specialties, or otherwise authorized in the Code.
-- Provide that a licensee could engage in the practice of radiologic technology only upon the prescription of a physician.
-- Provide for the licensing and specialty certification of persons who already were employed in radiologic technology and who had specialty certification.

Senate Bill 742 would amend the State License Fee Act to establish the following fees for a person licensed or seeking licensure in radiologic technology, as proposed in Senate Bill 741: $20 for application processing, $100 for an examination, $30 for an annual license, $25 for a temporary license, and, $25 annually for each specialty certification.

The bills are tie-barred to each other. Senate Bill 741 is described in more detail below.

Board of Radiologic Technology

The Michigan Board of Radiologic Technology would be created in the Department of Licensing and Regulation, and would consist of 11 voting members who would have to meet the requirements in the Code on qualifications for members of licensing and registration boards.

Membership would be made up of two public members; four physicians, at least two of whom were radiologists certified by a national organization approved by the Department; two radiographers; and, a technologist in each of the following areas: mammography, nuclear medicine, and radiation therapy. Terms of office would expire on June 30, four years after appointment.

Licensing Requirements

The Board would be required to adopt as requirements for licensure that a

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licensee had successfully completed a Board-accredited radiologic technology training program and had passed an examination developed or approved by the Board for one or more of the specialty certification areas under the bill. These requirements could be waived, if the person met certain employment and education requirements as provided in the bill.

The Board could promulgate rules to adopt by reference requirements for certification or other approval of persons engaged in radiologic technology set by a national organization that certifies or approves persons engaged in the practice of radiologic technology.

For up to two years after the effective date of rules, the Board would be required to grant licensure as a radiologic technologist and health profession specialty certification to a person who had been employed in radiologic technology and the specialty certification area for a minimum of three out of the five years immediately prior to the date of the his or her license application and who, at the time of application, was certified or approved in the specialty area by a Department-approved national organization.

If a person met the experience requirement, but were not certified in the specialty area by a Department-approved national organization, the Board would have to require that person to pass a specialty certification examination before granting licensure as a radiologic technologist and certification in a specialty area.

License Renewal

The Board could promulgate rules on license and certification renewal to require a licensee seeking renewal to give the Board either or both of the following:

-- Satisfactory evidence that during the year prior to applying for renewal the licensee attended Board-approved continuing education courses or programs in subjects related to radiologic technology in his or her specialty certification area.
-- Satisfactory evidence of continuing competence that demonstrated that the licensee continued to meet the profession's educational and practical standards, according to rules promulgated by the Board.

Certification

Beginning 30 months after the bill's effective date, a radiologic technologist could not practice mammography technology, nuclear medicine technology, radiation therapy technology, or radiography unless he or she had been issued by the Board a health profession specialty certification in one of these areas.

"Practice of mammography" would mean radiography of the breast to enable a physician to determine the presence, size, location, and extent of cancerous or potentially cancerous tissue. "Practice of nuclear medicine technology" would mean using radiopharmaceutical agents on a human to enable a physician to make a diagnosis. "Practice of radiation therapy technology" would mean administering a dose of radiation prescribed by a physician to a human for therapeutic purposes. "Practice of radiography" would mean the making of a film or other record of an internal structure of the body by passing x-rays or gamma rays through the body to act on film or other image receptor. "Practice of radiologic technology" would mean one or more of the following: practice of mammography by

a mammography technologist, practice of nuclear medicine by a nuclear medicine technologist, practice of radiation therapy by a radiation therapy technologist or radiation therapist, and practice of radiography by a radiographer.

The Board would be required to promulgate rules establishing requirements and procedures for certifying a radiologic technologist in one of these specialties. The rules would have to include specific training and examination requirements. The Board would have to issue a health profession specialty certification to a radiologic technologist if it determined that the technologist met the training and examination requirements.

Use of Titles

The bill would include the terms "radiologic technologist", "radiographer", "radiation therapy technologist", "radiation therapist", "nuclear medicine technologist", mammography technologist", "R.T.", "L.R.T.", "N.M.T.", "L.N.M.T.", "M.T.", or "L.M.T." within the words, titles, and letters listed in the Code that can be used only by those persons authorized in the Code to use them.

MCL 333.16131 et al. (S.B. 741) Legislative Analyst: L. Arasim
Proposed MCL 333.2272 (S.B. 742)

FISCAL IMPACT

The bills would result in a one-time cost to the State of $400,000 and an annual net cost to the State of approximately $48,500, and would have no fiscal impact on local government.

The bills would require the Department of Licensing and Regulation to develop four exams for each class of radiologic technologist. The one-time cost to develop the exams would be $100,000 for each exam ($400,000 total). Development of each exam would include job analysis, scope of practice determination, and statistical verification, which would be done on a contractual basis.

Also, the bills would establish an 11-member Michigan Board of Radiologic technology in the Department of Licensing and Regulation. Assuming that the Board met once per month, the annual cost of the Board per diem and travel expenses would be $13,200 (11 members x 12 meetings x $100/day).

In addition, according to the Michigan Society of Radiologic Technologists, approximately 7,300 radiologic technologists would be licensed. The Department of Licensing and Regulation estimates that it would need five or six FTEs to work with the Board and administer the licenses. The cost of five FTEs would be as follows:

Quantity	Position	Annual Cost
2	Regulation Agent VII	$ 81,098
1	Department Specialist VIII	44,349
2	Clerk E7	52,826
	Total Salaries	$178,273
	Plus: Benefits @ 31% of Salaries	55,265
	CSS&M	10,000
	Rent	5,750
	Travel	5,000
	Total FTE Cost	$254,288

The 7,300 radiologic technologists would be required to pay a $30 annual license fee. This would generate $219,000 of additional annual revenue to the State.

This analysis assumes that the one-time start-up costs, other than the development of the exams, would be offset by the $20 application processing fee, and that the cost of administering the exam would be offset by the examination fee.

Fiscal Analyst: J. Schultz